



OCEAN DRIVE FUNDING  
 3800 N 28TH TERRACE  
 HOLLYWOOD, FL 33020  
 O: (954) 459-4585 F: (305) 602-3162

## Business Funding Application

<b>Business Legal Name:</b>				<b>Business DBA Name:</b>			
<b>Type of Business Entity (Check One)</b> <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Ltd. Partnership <input type="checkbox"/> LLP <input type="checkbox"/> Sole Proprietor		Federal Tax ID	Funding Amount Requested:	Does the Merchant have any open MCA or loan accounts?(Check one) <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what is the amount and open balance?	Date Funded:	
<b>Industry Type:</b> (Describe) _____		Current Credit Card Processor:	State of Incorporation:	Use of Proceeds:	Business start date under current Ownership:	Business Email Address:	
Physical Street Address:		City:		State:	Zip Code:	Physical Location Phone#:	
Billing Street Address (if different than above):		City:		State:	Zip Code:	Billing Location Phone#:	
Average Monthly Gross Revenue:	Avg. Monthly Credit Card Volume:	Avg. Transaction Amount:		Gross Annual Sales Last year	Gross Sales YTD:	Any Open Bankruptcies? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Average monthly bank account balance:	Number of NSF's total last 4 months:	Is your business seasonal? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what are peak months?		Any judgments/liens? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Business Location(s): <input type="checkbox"/> Rented <input type="checkbox"/> Mortgaged	Landlord/Bank Name:	Landlord/Bank contact #:		Monthly Payment:	Are you current with your rent/mortgage: Yes    No		
Owner/Officer    Primary Contact <input type="checkbox"/>				Title:	Percentage Ownership:		
First Name:	Last Name:	SS#:	Date of Birth:	Phone:	Cell:		
Street Address:		City:			State:	Zip Code:	
Owner/Partner    Primary Contact <input type="checkbox"/>				Job Title:	Percentage Ownership:		
First Name:	Last Name:	SS#:	Date of Birth:	Phone:			
Street Address:		City:			State:	Zip Code:	
Business Trade Reference #1: _____ Phone#: _____ Business Trade Reference #2: _____ Phone#: _____ Business Trade Reference #3: _____ Phone#: _____							

### AUTHORIZATIONS

By signing below, each of the above listed business and business owner (individually and collectively, "you") authorize OCEAN DRIVE FUNDING ("ODF") and each of its representatives, successors, assigns and designees ("Recipients") that may be involved with or acquire commercial business funding or commercial loans having daily repayment features or purchases of future receivables including Merchant Cash Advance transactions and ACH debt transactions, including without limitation the application therefore (Collectively, "Transactions") to obtain consumer or personal, business and investigative reports and other information about you, including credit card processor statements, bank statements and tax returns, from one or more consumer reporting agencies, such as Transunion, Experian and Equifax, and from other credit bureaus banks, creditors and other third parties You also authorize ODF to transmit this application form, along with any of the foregoing information obtained in connection with this application, to any or all of the recipients for the foregoing purposes You also consent to the release, by any creditor of financial institution, of any information relating to any of you, to Ocean Drive Funding and to each of the recipients, on its own behalf.

**CONSENT TO ELECTRONIC DISCLOSURES:** You expressly consent to transactions and disclosures with Recipients online and electronically Disclosure will be provided to you either on the screen, on Recipients' website or via electronic mail to the email address you provided.

**Owner / Officer's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Owner / Officer's Name: (Print)** \_\_\_\_\_