



THE BUSINESS		
	Legal Name:	
	Fed ID:	
Business Address:	City/State/	Zip:
Billing Address:	City/State/Zip:	
		Website:
	Years in Business:	
		With Whom:
		AMEX:
Annual Gross:		
<u>1ST OWNER INFO</u>		
Name:	Date of Birth:	S.S.:
Home Address:		Cell:
Home Phone:		DL State:
Email:		
2ND OWNER INFO		
Name:	Date of Birth:	S.S.:
Home Address:		Cell:
Home Phone:		DL State:
Email:		
BUSINESS LOCATION		
Lease/Rent/Own:	Term:	Monthly Rent:
Landlord/Mortgage Co.:	Contact:	Phone:
Email:	_	
<u>REFERENCES:</u>		
Bank Name:		
Trade # 1:	Phone:	Contact:
		Contact:
	Phone:	
Is there any pending, threatening or	recently filed claims, court judgements of	or tax liens? Yes or No
	siness reorganization or sale of your busi	
Please Read:		
	/ principles; certify that all information/ documents	
	Global Funding, it agents, partners and lenders to	
regarding the Merchant and its owner and pri	ncipals from their parties, to verify any information	provided on the application.
OWNER #1 Signature:	Date:	
OWNER #2 Signature:		Date:

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SUBMIT@PBIGLOBALLENDING.COM

CALL/ TEXT (860) 474-0077