TKM FINANCIAL, LLC

Phone 719-470-0125

E-Mail: timmonahan@tkmfinancial.com

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| Legal/Corporate Name:  | DBA:  |
| Physical Address:  | City:  | State:  | Zip:  |
| Telephone #:  | Fax #:  | Federal Tax ID:  |
| **Date Business Started:**  | Length of Ownership:  | **Gross Annual Sales:**  |
| Type of Entity (circle one): Sole Proprietorship Partnership Corporation LLC Other  | Email Address:   |
| Type of Business (circle all that apply): Retail MO/TO Wholesale Restaurant Supermarket Other  | **Product/Service Sold:**  |
| **MERCHANT/OWNER INFORMATION**  |
| Corporate Officer/Owner Name:   | Title:  | Ownership %:  |
| Home Address:  | City:  | State Zip:  |
| SSN:  | Date of Birth:  | Home #:  | Cell #:  |
| **PARTNER INFORMATION**  |
| Partner Name:  | Title:  | Ownership %:  |
| Home Address:  | City:  | State:  | Zip:  |
| SSN: | Date of Birth:  | Home #:  | Cell #:  |
| **BUSINESS PROPERTY INFORMATION**  |
| Business Landlord or Business Mortgage Bank:  | Contact Name and/or Account #:  | Phone #:  |
| **BUSINESS TRADE REFERENCES**  |
| Business Name:   | Contact Name and/or Account #:  | Phone #:   |
|  Business Name:   | Contact Name and/or Account #:  | Phone #:   |
|  Business Name:   | Contact Name and/or Account #:  | Phone #:   |
|  **OTHER RELEVANT INFORMATION**  |
| Monthly Visa/ MC Volume (estimated): | Number of Terminals: | Terminal Type: |
| Monthly Landlord Rent Amount **$**  | Behind in rent with Landlord?:  | Owe Taxes, have Liens?:  |
| Prior/Current Cash Advance Company (if applicable):  | Balance:   | Source  |
|  Applicant authorizes TKM Financial, LLC and/or its assigns, agents, banks, or financial institutions to obtain an investigative and/or consumer report from a credit bureau or a credit agency and to investigate the references given on any other statement or data obtained from applicant.   X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ X \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Applicant’s Signature Date  X \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ X \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Partner’s Signature Date  |