

## Merchant Cash Advance Program to \$250,000

Access your future sales... Today!

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Your business is only steps away from accessing an often hidden business asset, your future sales. The monies are an advance against future sales, not a loan. In actuality we are purchasing a portion of your future revenues at a discount today (i.e. \$75 today for \$100 of future sales). You can use the funds any way you see fit:

- Staff Additions or Inventory Increases
- Marketing and Advertising Initiatives
- Pay Taxes
- Business Expansion and/or Strategic Acquisitions
- Emergency Cash Needs

### Qualifications

Qualifying is simple as long as your business:

- Accepts Visa / Mastercard and process at least \$4,000 per month
- 1 year + in business under current ownership
- Any BKs must be discharged at least 6 months and no open suits or judgments

### Loan Process

Funding typically occurs 3-5 working days from receipt of a full package:

- Submit completed application & requested addl. info for review (1-2 days)
- We will provide you with a proposal with a variety of terms for your approval
- Upon approval, documents are emailed for your signature (1 day)
- Upon receipt of signed documents funding occurs (2-3 days)

### Let's Get Started! Simply Provide Us With...

- Completed Application (Attached)
- 3 Months Business Bank Statements (all pages)
- 3 Months Merchant / Processing Statements (all pages)

**Fax to: (888)438-2046 or Email to: [Info@ilslease.com](mailto:Info@ilslease.com)**

\*\*Additional information may be requested during either credit review or with the completed documentation. Additional information may include recent business financials and/or business and personal tax returns, copy of the location lease agreement, articles of incorporation, etc..

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<b>Merchant Information</b> <small>(Please complete All Information Below Accurately)</small>										
Legal Name:						UMCA ID:				
D/B/A Name:						Type of Business:				
Merchant Corporate/Legal Address:										
City:		State:		Zip:						
Phone:		Fax:		Web Site Address:						
<b>Legal Form of Entity &amp; Authorized Signer (Please Check Box and Complete as Indicated):</b>										
<input type="checkbox"/> Corporation		Name of President:								
		Name of Officer Signing Application:				Title:				
<input type="checkbox"/> LLC		Name of Manager/Managing Member:				(Must Be Signer of Application)				
<input type="checkbox"/> Partnership		Name of General Partner:				(Must Be Signer of Application)				
<input type="checkbox"/> Sole Proprietorship		Name of Owner:				(Must Be Signer of Application)				
Date of Organization:			State of Organization:			Federal Tax ID #:				
<b>Number of Partners/Shareholders/Members/Owners in Business: (Please List Them)</b>										
1.-					3.-					
2.-					4.-					
Merchant Primary Establishment Address (if Different):										
City:		State:		Zip:						
Phone:		Fax:		Cell Phone:						
How Long Have You Owned the Establishment?				Years		Months				
Number of Employees:		Number of Additional Locations Under Same Legal Corporate Entity:								
Have the Business or Owners Ever Filed For Bankruptcy ?				<input type="checkbox"/> Yes		<input type="checkbox"/> No		When?		
Name of Landlord:			Landlord Phone:							
<b>Merchant Sales Information</b>										
What are Your Total Annual Credit Card Sales ?				What are Your Total Annual Sales (Cash + CC) ?						
Number of Seats (if applicable):				Cuisine Type (if applicable):						
Is Your Business Seasonal?		<input type="checkbox"/> Yes		<input type="checkbox"/> No		Percentage Sales Decrease In Low Volume Months:		%		
List Low volume Months:										
<b>Cash Needs</b> <small>(Minimum of \$5,000 up to a Maximum of \$500,000 Based Upon Approved Credit)</small>										
Total Cash Needed:				Date When Cash Is Needed:						
What is Your Desired Weekly Payment Amount?										
<b>Cash Will Be Used For (Please Check One or More):</b>										
<input type="checkbox"/> Expansion		<input type="checkbox"/> Renovations		<input type="checkbox"/> Equipment		<input type="checkbox"/> Inventory		<input type="checkbox"/> Open Another location		<input type="checkbox"/> Cash Flow
<input type="checkbox"/> Pay Taxes		<input type="checkbox"/> Marketing		<input type="checkbox"/> Pay Off existing Advance		<input type="checkbox"/> Other: _____				
<b>Existing Cash / Financing Providers</b>										
Name of Cash Provider:				Current Balance:						
Amount Funded:		Rate: %		Do You Want To Pay Them Off?		<input type="checkbox"/> Yes		<input type="checkbox"/> No		
Date Funded:		Please attach the most current statement on your account if you want to pay off this cash provider.								

Merchant Name: \_\_\_\_\_

Name of 2nd.Cash Prov.:		Current Balance:	
Amount Funded:		Rate: %	Do You Want To Pay Them Off? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date Funded:		Please attach the most current statement on your account if you want to pay off this cash provider.	

**Information on Business Owner/Primary Guarantor (required)**

Name of Guarantor:							
Date of Birth:		Social Security Number:					
Drivers License #:		State:		E-Mail Address:			
Home Address:							
City:					State:		Zip:
Home Phone:			Cell Phone:				
Spouses Name:							
Do You Own or Rent ?	<input type="checkbox"/> Own	<input type="checkbox"/> Rent	How Long ?		Years		Months
Have You Declared Personal Bankruptcy in the Past ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	When?				
Do You Currently Have Collection Issues Pending ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No					

I hereby give permission to Innovative Lease Services, Inc ("ILS"), or any agent or credit-reporting agency that it may designate, to obtain any and all information concerning my assets and other credit matters, which they may require in connection with this credit Application. I specifically acknowledge and agree that (1) all statements which I have made in this Application are made for purposes of obtaining the financing, (2) verification and reverification of any information which I have supplied in connection with this Application may be made at any time by ILS, either directly or through a credit reporting agency, from any source named in this Application and the original copy of the Application will be retained by ILS, even if the financing is not approved, (3) ILS will rely on the information which I have supplied herein and I have the continuing obligation to amend and/or supplement that information if any of the material facts which I have represented should change prior to the total obligations under the credit Agreement being paid in full and (4) each Guarantor, upon request from time to time by ILS, will provide ILS with financial statements and such other information as ILS deems appropriate, all in form and detail satisfactory to ILS. This Application is part of a credit review process and additional information may be required. I hereby authorize ILS to submit this Application to one or more banks. Any institution considering this Application will make its own credit decision regarding this Application. The sales representative submitting this Application cannot extend credit or commit to any financing or funding until a credit decision has been made by the appropriate institution.

**Signature of Merchant Authorized Signer & Loan Guarantor:**

**X** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Merchant Authorized Signer's Title:** **X** \_\_\_\_\_

1. This application must be completed in its entirety. It must be signed and dated by an Authorized Signer of the Merchant who is also the Loan Guarantor.
2. Along with this application please fax the Merchant's three most current credit card statements and the most current bank statement. However, if cash sales are materially higher than credit card sales (by at least 25%) then please fax three months of the most current bank statements and the most current credit card statement.
3. How would you like to be contacted about this financing request?  
 Business Phone     Cell Phone     Home Phone     E-Mail     Business Fax

Transmittal of this Application and all information to be attached may be made by facsimile transmission.

**PLEASE FAX THIS APPLICATION TO:**

**Source of Application (For Office Use Only)**

Sales Rep Name:		Sales Rep E-Mail:	
Company Rep Works For:		Company ID Number:	
Sales Rep. Phone Number:		Date Submitted:	