

COMPANY INFORMATION			Date:		
Legal Company Name:			Legal Entity:		Do you have a open MCA or Cash Advance?
Business DBA Name:			<input type="checkbox"/> Corporation	<input type="checkbox"/> LLC	<input type="checkbox"/> YES - Amt: \$ _____
Federal Tax ID:			<input type="checkbox"/> Partnership	<input type="checkbox"/> LLP	<input type="checkbox"/> NO
Physical Address (no PO Boxes)			State of Incorporation:		
City:	State:	Zip Code:	Company Type / Industry:		
Company Phone:		Email:	Rent or Own:	Monthly Payment:	
Business Inception Date:		# Employees:	Landlord Name:		
Funding Amount Requested:			Landlord Phone:		
Intended Use Of Funds:			Has your business accepted credit cards for at least 3 months? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Does your business have more than one bank account? <input type="checkbox"/> YES <input type="checkbox"/> NO			Would you like us to see if we can save you money with DAC merchant processing? <input type="checkbox"/> YES <input type="checkbox"/> NO		

ESTIMATED CASH FLOW OVERVIEW			
Annual Business Revenue		Average Bank Balance	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Month's Deposit Total	2 Months Ago Deposit Total	3 Months Ago Deposit Total	4 Months Ago Deposit Total
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
# Days with Neg. Balance:	# Days with Neg. Balance:	# Days with Neg. Balance:	# Days with Neg. Balance:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

CREDIT CARD PROCESSING OVERVIEW			
Monthly Credit Card Volume		Average Transaction Amount	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Month's CC Sales TTL	2 Months Ago CC Sales TTL	3 Months Ago CC Sales TTL	4 Months Ago CC Sales TTL
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
# of CC Transactions	# of CC Transactions	# of CC Transactions	# of CC Transactions
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Owner Information (1)	
First Name:	Last Name:
<input type="text"/>	<input type="text"/>
Email:	
<input type="text"/>	
Home Phone:	
<input type="text"/>	
Cell Phone:	
<input type="text"/>	
Social Security Number:	
<input type="text"/>	
Date Of Birth:	Annual Income:
<input type="text"/>	<input type="text"/>
Driver's License No.:	
<input type="text"/>	
Home Address (No PO Box):	
<input type="text"/>	
City:	State:
<input type="text"/>	<input type="text"/>
Zip Code:	Business Ownership %:
<input type="text"/>	<input type="text"/>

Owner Information (2)	
First Name:	Last Name:
<input type="text"/>	<input type="text"/>
Email:	
<input type="text"/>	
Home Phone:	
<input type="text"/>	
Cell Phone:	
<input type="text"/>	
Social Security Number:	
<input type="text"/>	
Date Of Birth:	Annual Income:
<input type="text"/>	<input type="text"/>
Driver's License No.:	
<input type="text"/>	
Home Address (No PO Box):	
<input type="text"/>	
City:	State:
<input type="text"/>	<input type="text"/>
Zip Code:	Business Ownership %:
<input type="text"/>	<input type="text"/>

By signing below, each of the above listed business and business owner/officer (individually and collectively, "you") authorize David Allen Capital, Inc. ("DAC") and each of its representatives, successors, assigns and designees ("Recipients") that may be involved with or acquire commercial loans having daily repayment features or purchases of future receivables including Merchant Cash Advance transactions, including without limitation the application therefor (collectively, "Transactions") to obtain consumer or personal, business and investigative reports and other information about you, including credit card processor statements and bank statements, 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 DAC 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 or financial institution, of any information relating to any of you, to DAC and to each of the Recipients, on its own behalf.

Signature (1):

Signature (2):

DAC Agent Name: **DAC ID#**