



Merchant Pre-Qualification Form

Business Information					
Business Legal Name:		State of Incorporation:		Type of Business Entity (check one): <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Sole Proprietor	
Business DBA Name:					
Physical Street Address:	City:	State:	Zip Code:		
Billing Street Address (if different from above):	City:	State:	Zip Code:		
Physical Location Phone #:	Preferred Contact Phone #:	Cell Phone #:			
Federal Tax ID #:		Fax #:	Business Website Address:		
Industry Type: (Description)		<input type="checkbox"/> Rented <input type="checkbox"/> Mortgaged <input type="checkbox"/> Owned Outright Amount:		Funding Amount Requested:	
Gross Annual Sales:		Business Start Date:		Use of Proceeds:	
Monthly Bank Deposit Volume:		Average Daily Bank Balance:		Credit Card Processor:	
Any Outstanding Loan or Advance Balances?: <input type="checkbox"/> YES <input type="checkbox"/> NO		If Yes, List Balance	Funding Company	Any Open Bankruptcies? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Seasonal Business <input type="checkbox"/> YES <input type="checkbox"/> NO		If Yes, List Peak Months:		Any Judgments/Liens? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Ownership Information					
Owner/Officer			Ownership %:	Primary Merchant Email:	
Last Name:	First Name:	SS #:	DOB:	Home Phone:	
Street Address:			City:	State:	Zip Code:
Owner/Officer 2			Ownership %:	Secondary Merchant Email:	
Last Name:	First Name:	SS #:	DOB:	Home Phone:	
Street Address:			City:	State:	Zip Code:

References		
Landlord Name/Mortgage Company:	Contact Person:	Phone #:
Business Trade Reference #1:	Contact Person:	Phone #:
Business Trade Reference #2:	Contact Person:	Phone #:
Business Trade Reference #3:	Contact Person:	Phone #:

Authorization

The Merchant and its owner(s) and/or principal(s) (collectively, "Applicant") each represent, acknowledge and agree as follows: (1) All information and documents provided to Alpha Group Enterprises, LLC d/b/a AlphaCap ("AlphaCap") are true, accurate and complete. (2) Applicant will immediately notify AlphaCap of any material change in such information or financial condition. (3) Applicant authorizes AlphaCap to disclose information and documents that AlphaCap obtains for the purpose of obtaining the requested funding including but not limited to business loans, lines of credit, purchases of future receivables, or other business financing instrument (collectively, "Transactions") to other persons or entities (collectively, "Assignees") for the purpose of the aforementioned Transactions. Each Assignee is further authorized to use such information and documents (and to share such information and documents with other Assignees) in connection with potential Transactions. (4) Each Assignee may rely upon the accuracy and completeness of such information and documents. (5) AlphaCap and Assignees are hereby given "written authorization" to obtain information from Applicant's personal and/or business credit file or other information from Experian or other reporting agency solely for the purpose of pre-qualification of Merchant for requested business funding. (6) AlphaCap, Assignees, and each of their representatives, successors and/or designees (collectively, "Recipients") are duly authorized to request and receive any investigative reports, credit reports, statements from creditors or financial institutions, verification of information, or any other information that Recipients deem necessary. (8) Applicant waives and releases any claims and/or liability against Recipients and any information-providers arising from any act or omission relating to the requesting, receiving or release of information. (9) Each owner or principal or applicant further represents that he/she is authorized to apply for business funding on behalf of Merchant.

Owner / Officer 1 Name: (Print) _____

Owner / Officer 1 Signature: _____

Date: _____

Owner / Officer 2 Name: (Print) _____

Owner / Officer 2 Signature: _____

Date: _____