

# H & J CAPITAL GROUP

Application.  
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## BUSINESS INFORMATION

|   |  |   |                    |  |                             |
|---|--|---|--------------------|--|-----------------------------|
| Business DBA Name:  |  | Business LEGAL Name:  |                    | Business Street Address:   |                             |
| City, State, Zip Code:  |  | Main Contact:   |                    | Office Number:   |                             |
| Cell Phone Number:  |  | Federal Tax ID# (required for partnerships and corporations): |                    | Email Address:   |                             |
| Website:  |  | Number of Locations:  | Years in Business: | Years with Current Ownership:  | Existing credit score _____ |
| Type of Ownership:<br><input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Government <input type="checkbox"/> Limited Liability (LLC) <input type="checkbox"/> Tax Exempt Org. <input type="checkbox"/> Medical Corporation <input type="checkbox"/> Association/Estate/Trust <input type="checkbox"/> International Organization <input type="checkbox"/> Other: _____ |  |   |                    | If Corporation, what is the state of incorporation? _____  |                             |
| Type of Business:<br><input type="checkbox"/> Retail Storefront <input type="checkbox"/> Restaurant <input type="checkbox"/> Hotel/Lodging <input type="checkbox"/> Service <input type="checkbox"/> Mail/Telephone Order <input type="checkbox"/> Internet <input type="checkbox"/> Trade Show <input type="checkbox"/> Kiosk <input type="checkbox"/> Other: _____  |  |   |                    | Type of Goods Sold and/or Services Offered: _____<br><br>Cash will be used for (check one or more):<br><input type="checkbox"/> Expansion <input type="checkbox"/> Renovations <input type="checkbox"/> Equipment <input type="checkbox"/> Inventory <input type="checkbox"/> location <input type="checkbox"/> Cash Flow<br><input type="checkbox"/> Pay Taxes <input type="checkbox"/> Marketing <input type="checkbox"/> Pay off existing advance/loan<br><input type="checkbox"/> Other: _____ |                             |

## OWNERSHIP INFORMATION

|                        |  |               |                       |               |                        |
|------------------------|--|---------------|-----------------------|---------------|------------------------|
| Name:                  |  | Title:        | Ownership Percentage: | Address:      |                        |
| City, State, Zip Code: |  | Phone Number: |                       | Date of Birth | Social Security Number |

## PARTNER INFORMATION (Required if than 51% ownership)

|                              |                         |        |                     |                    |            |
|------------------------------|-------------------------|--------|---------------------|--------------------|------------|
| Corporate Office/Owner Name: |                         | Title: | Length Of Ownership |                    | Ownership% |
| Home Address:                |                         | City:  | State:              | Zip Code:          |            |
| Date Of Birth:               | Social Security Number: |        | Home Phone Number   | Cell Phone Number: |            |

## FINANCIAL INFORMATION

### Sales

|                                       |  |   |  |   |  |
|---------------------------------------|--|---|--|---|--|
| Average Monthly Total Sales: \$ _____ |  | Average Monthly Credit Card Sales: \$ _____ |  | Desired Advance Amount: \$ _____          |  |
| Date Cash Needed _____                |  | Daily Payment can afford _____              |  | Would you prefer bi-weekly/monthly? _____ |  |

|                      |                            |  |                        |  |                        |
|----------------------|----------------------------|--|------------------------|--|------------------------|
| <b>Rent/Mortgage</b> | Landlord/Mortgage Company: |  | Landlord Contact Name: |  | Rent/Mortgage Payment: |
|----------------------|----------------------------|--|------------------------|--|------------------------|

|                                |  |                        |  |  |  |
|--------------------------------|--|------------------------|--|--|--|
| Landlord Contact Phone Number: |  | Lease Expiration Date: |  | Have you used a cash advance program before?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  |
|--------------------------------|--|------------------------|--|--|--|

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| Do you have an OPEN cash advance? <input type="checkbox"/> Yes <input type="checkbox"/> No |  | Are there any State Tax Liens/Federal Tax Lien pending against the business owner? Are you on payment plan? <input type="checkbox"/> Yes <input type="checkbox"/> No |  | Has the business or any of its owners ever declared bankruptcy? Yes <input type="checkbox"/> No <input type="checkbox"/><br>If Yes: Discharge Date: _____ |  |
|--|--|--|--|---|--|

|                             |                 |   |                             |                                       |  |
|-----------------------------|-----------------|---|-----------------------------|---------------------------------------|--|
| Existing Open Cash Advances |                 | Are you current on your cash advances? <input type="checkbox"/> Yes <input type="checkbox"/> No |                             |                                       |  |
| Name of Lender 1            | Current Balance | Amount Funded   | Do you want to pay them Off | Date Funded<br>Length of Cash Advance |  |
| Name of Lender 2            | Current Balance | Amount Funded   | Do you want to pay them Off | Date Funded<br>Length of Cash Advance |  |
| Name of Lender 3            | Current Balance | Amount Funded   | Do you want to pay them Off | Date Funded<br>Length of Cash Advance |  |

By signing below, I/We certify the above information is true and correct as set forth in this worksheet. Applicant named above hereby authorize H and J Capital Group, its affiliates, assigns, agents, bank or financial institutions to obtain an investigative business and/or consumer report from credit agencies and also to investigate the trade references or any other references given on this application and/or any other documents submitted by applicants.

SIGNATURE 1: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

SIGNATURE 2: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_