



Merchant Pre-Qualification Form

Zip Capital Group
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Business Legal Name:		Business DBA Name:			
Type of Business Entity (Check One):		Primary Business Structure: (Check All That Apply):		Does the Merchant have any open MCA or loan accounts? (Check one):	Federal Tax ID:
<input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Ltd. Partnership <input type="checkbox"/> LLP <input type="checkbox"/> Sole Proprietor		<input type="checkbox"/> Home-Based Business <input type="checkbox"/> Franchise <input type="checkbox"/> E-Commerce <input type="checkbox"/> None of the Above		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Industry Type: (Describe)	Current Credit Card Processor:	State of Incorporation:	Use of Proceeds:	Business start date under current Ownership:	Merchant Email Address:
Physical Street Address:			City:	State:	Zip Code:
Physical Location Phone #:					
Billing Street Address (if different than above):			City:	State:	Zip Code:
Billing Location Phone #:					
Preferred Contact Phone #:	Business Location(s): <input type="checkbox"/> Rented <input type="checkbox"/> Mortgaged Monthly Payment:	Avg. Monthly Credit Card Volume:	Avg. Transaction Amount:	Gross Annual Sales (from previous year's Tax return):	
List the Total Business Bank Deposits and # of Days with a Negative Balance	Last Month: -Total Bus. Bank Deposits: \$ _____ # of Days with a Negative Balance: _____	Two Months Ago: Total Bus. Bank Deposits: \$ _____ # of Days with a Negative Balance: _____	Three Months Ago: Total Bus. Bank Deposits: \$ _____ # of Days with a Negative Balance: _____	Four Months Ago: Total Bus. Bank Deposits: \$ _____ # of Days with a Negative Balance: _____	
List the Total VISA/MasterCard volumes:	Last Month: \$ _____ # Tickets: _____	Two Months Ago: \$ _____ # Tickets: _____	Three Months Ago: \$ _____ # Tickets: _____	Four Months Ago: \$ _____ # Tickets: _____	
Owner/Officer	Primary Contact <input type="checkbox"/>		Job Title:		
First Name:	Last Name:	SS#:	Date of Birth:	Home Phone:	
Street Address:			City:	State:	Zip Code:

AUTHORIZATIONS

By signing below, each of the above listed business and business owner/officer (individually and collectively, "you") authorize [Zip Capital Group] ("ZCG") 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 ZCG 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 ZCG and to each of the Recipients, on its own behalf."

Owner / Officer's Signature: _____ X _____
Owner / Officer's Name: (Print) _____ **Date:** _____

Merchant Cell Phone#: _____ Merchant Fax#: _____ Merchant Web Address: _____

Landlord Name: _____ Landlord Contact#: _____

Is Your Business Seasonal? Yes No If yes, what are the peak months? _____ Any Judgements/Liens Yes No

Any Open Bankruptcies? Yes No Second owner name and % of ownership: _____ / _____ %

Business Trade Reference #1: _____ Phone #: _____

Business Trade Reference #2: _____ Phone #: _____

Business Trade Reference #3: _____ Phone #: _____