



INSTRUCTIONS FOR SUBMITTING AN APPLICATION:

- **STEP 1:** Complete your application and prepare the 6 most recent months' bank statements and merchant credit card statements. For more information about required documents contact us at: (718) 761-3888.
- **STEP 2:** Fax the above documents to: (888) 942-2009.

SYNERGY CAPITAL

160 Pearl Street, 6th FL., New York, NY 10005
OFFICE: (718) 761-3888 | **FAX:** (888) 942-2009
INFO@SYNERGYCAP1.COM

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New York, NY 10005



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BUSINESS INFORMATION



The Business DBA Name:					
Corporation Name:			Federal ID:		
Entity Type: <input type="checkbox"/> Corp <input type="checkbox"/> LLC <input type="checkbox"/> Sole Prop <input type="checkbox"/> Partnership			Type of Business?		
Business Address:				Suite/Office #:	
City:	State:	ZIP Code:	Preferred Phone: <input type="checkbox"/> Work <input type="checkbox"/> Cell		
Work Phone:	Cell Phone:		Fax:		
Email:		Business Website:			
Product Sold:	Years in Business:		Gross Annual Sales:		
Business Property: <input type="checkbox"/> Rent <input type="checkbox"/> Own	Monthly Rent or MTG Payment (\$):		Term on Lease:		
Do you have a cash advance now? <input type="checkbox"/> Yes <input type="checkbox"/> No		With Whom?		Balance?	

OWNER INFORMATION

SYNERGY CAPITAL

Owner Full Name:			% of Ownership:		
S.S. #:	Driver's License #:		D.O.B.:		
Personal Credit Score:	Home Address:				
City:	State:	ZIP Code:	Home Phone:		
Personal Email:		Personal Property: <input type="checkbox"/> Rent <input type="checkbox"/> Own		Years at Current Address:	

CO-APPLICANT INFORMATION

SYNERGY CAPITAL

Co-Owner Full Name:			% of Ownership:		
S.S. #:	Driver's License #:		D.O.B.:		
Personal Credit Score:	Home Address:				
City:	State:	ZIP Code:	Home Phone:		
Personal Email:		Personal Property: <input type="checkbox"/> Rent <input type="checkbox"/> Own		Years at Current Address:	

AUTHORIZATION

By signing below, I/We certify the information above is true and understand that making false statements might be considered fraud. Applicant(s) named above hereby authorizes **Synergy Capital**, its affiliates, assigns, agents, banks or financial institution to obtain a credit report and investigation report with information submitted by applicant for purpose of obtaining a working capital advance. I/We grant our irrevocable permission to release our confidential information to Synergy Capital and/or its affiliated companies. I/We understand this information is being used for their credit underwriting purpose only. Your signature below also serves as consent for Synergy Capital and its authorized agents to contact you by phone or email. (Form SYNERGY)



Signature:	Title:	Date:
Signature:	Title:	Date:

Loan amount you're requesting: (include the amount to be paid off from your existing loan/advance) (\$):

ATTN: CUSTOMER SERVICE | SEND FAX TO: (888) 942-2009

160 Pearl Street, 6th FL.,
New York, NY 10005



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CURRENT MERCHANT CASH ADVANCES



(Please list all current loans you have outstanding with estimated balances)

1 st Position Company:	Balance:	Daily or Weekly Payment:
2 nd Position Company:	Balance:	Daily or Weekly Payment:
3 rd Position Company:	Balance:	Daily or Weekly Payment:

LANDLORD INFORMATION:

SYNERGY CAPITAL

Company Name:	Contact Name:	
Address:	City:	State:
Phone Number:	Email Address:	

TRADE REFERENCES:

Trade Reference 1 Co.:	Contact Name:	Phone:
Trade Reference 2 Co.:	Contact Name:	Phone:
Trade Reference 3 Co.:	Contact Name:	Phone:

CREDIT INFORMATION:

Permission is also granted to contact any business past, present or future, we may deal with including Banks, Landlord, and Insurance companies we currently use or will use in the future. By my signature below, I certify the information I provided on this form is true and correct. Applicant(s) named above hereby authorizes **Synergy Capital**, its affiliates, assigns, agents, banks or financial institution to obtain a credit report and investigation report with information submitted by applicant for purpose of obtaining a working capital advance. I/We grant our irrevocable permission to release our confidential information to Synergy Capital and/or its affiliated companies. I/We understand this information is being used for their credit underwriting purpose only. I agree that this Disclosure and Authorization form in original, faxed, photocopied or electronic (including electronically signed) form, will be valid for any reports that may be requested by or on behalf of the Company. Confirmation of credit checks processed may be confirmed by calling (718) 761-3888 or mailing Synergy Capital, 160 Pearl Street, 6th FL, New York, NY 10005. (Form SYNERGY)



OWNER	Open Judgements? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how much?
Bankruptcy in the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, date of discharge?	
Signature:	Title:	Date:
Print Name:		
CO-OWNER	Open Judgements? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how much?
Bankruptcy in the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, date of discharge?	
Signature:	Title:	Date:
Print Name:		

ATTN: CUSTOMER SERVICE | SEND FAX TO: (888) 942-2009