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

SYNERGY CAPITAL

Office: (718) 530-6148
Mobile: (347) 435-7200
Fax: (888) 966-0602
Anthony@synergycap1.com

## BUSINESS INFORMATION

| | | | |
|---|---|---|---|
| The Business DBA Name: | | | |
| Corporation Name: | | Federal ID: | |
| Entity Type: ☐Corp ☐LLC ☐Sole Prop ☐Partnership | | Type of Business? | |
| Business Address: | | | Suite/Office #: |
| City: | State: | ZIP Code: | Preferred Phone: ☐Work ☐Cell |
| Work Phone: | Cell Phone: | Fax: | |
| Email: | Business Website: | | |
| Product Sold: | Years in Business: | Gross Annual Sales: | |
| Business Property: ☐Rent ☐Own | Monthly Rent or MTG Payment ($): | Term on Lease: | |
| Do you have a cash advance now? ☐Yes ☐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: | Perso nal Property: ☐Rent ☐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: ☐Rent ☐Own | Years at Current Address: | |

## AUTHORIZATION

By signing below, each of the above listed business and business owner/officer (individually and collectively, "you") authorize **Synergy Capital** 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 and/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 **Synergy Capital** to transmit this application form, 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 **Synergy Capital** and to each of the Recipients, on its own behalf. I am providing my business cell phone and business e-mail address and hereby consent to the receipt of correspondence/messages regarding transactions with **Synergy Capital** and/or its affiliates on either medium. I also hereby consent to the receipt of text messages knowing that msg. and data rates may apply. I understand that consent to receive texts is not a condition of approval. I can expect approx.10 msgs./ month. I/we certify that all the information contained herein is complete, true and accurate. (Form Demola)

SYNERGY CAPITAL

| | | |
|---|---|---|
| Signature: | Title: | Date: |
| Signature: | Title: | Date: |

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

**ATTN: ANTHONY DEMOLA | SEND FAX TO: (888) 966-0602**

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## CURRENT MERCHANT CASH ADVANCES

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

| | | |
|---|---|---|
| 1st Position Company: | Balance: | Daily or Weekly Payment: |
| 2nd Position Company: | Balance: | Daily or Weekly Payment: |
| 3rd 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. (FORMDemola)

SYNERGY CAPITAL

| | | |
|---|---|---|
| **OWNER** | Open Judgements? ☐Yes ☐No | If yes, how much? |
| Bankruptcy in the last 12 months? ☐Yes ☐No | If yes, date of discharge? | |
| Signature: | Title: | Date: |
| Print Name: | | |
| **CO-OWNER** | Open Judgements? ☐Yes ☐No | If yes, how much? |
| Bankruptcy in the last 12 months? ☐Yes ☐No | If yes, date of discharge? | |
| Signature: | Title | Date: |
| Print Name: | | |

## ATTACHMENTS

Please submit the 4 most recent business bank statements

| | | | |
|---|---|---|---|
| Month 1 ☐ | Month 2 ☐ | Month 3 ☐ | Month 4 ☐ |

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