

160 Pearl Street, 6<sup>th</sup> FL.,  
New York, NY 10005



Office: (718) 569-6924  
Mobile: (646) 455-9463  
Fax: (888) 966-0602  
BSCOTTI@SynergyCap1.com

## 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, 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 Scotti)



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

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

Attn: Bruno Scotti | 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)

1 <sup>st</sup> Position Company:	Balance:	Daily or Weekly Payment:
2 <sup>nd</sup> Position Company:	Balance:	Daily or Weekly Payment:
3 <sup>rd</sup> 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, 6<sup>th</sup> FL, New York, NY 10005. (FORM<sup>Scotti</sup>)



<b>OWNER</b>	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:		

<b>CO-OWNER</b>	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:		

## ATTACHMENTS

Please submit the 4 most recent business bank statements

Month 1 <input type="checkbox"/>	Month 2 <input type="checkbox"/>	Month 3 <input type="checkbox"/>	Month 4 <input type="checkbox"/>
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