

## **INSTRUCTIONS FOR SUBMITTING AN APPLICATION:**

- > **STEP 1:** Complete your application and prepare the 4 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.

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



Office: (718) 761-3888 Fax: (888) 942-2009 Support@SynergyCap1.com

<b>BUSINESS INFORMATIO</b>											
The Business DBA Name:	SYNERGY CAPITAL										
Corporation Name:	Fed	eral ID:									
Entity Type: □Corp □LLC □Sole Prop □Partnership					Type of Business?						
Business Address:	Suite/Office #:										
City:	State:	z	IP Code:			Preferred Pho	Preferred Phone: □Work □Cell				
Work Phone:	Cell Phone:				F	ax:	к:				
Email:											
Product Sold:	Years i	n Busines	s:			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:	State: ZIP Code: Home Phone:									
Personal Email:		D				_   ,, _ , _	annes de Antono e e				
Personal Email:		Pei	rsonal Pr	operty: ⊔I	Rent ⊔0	Own Years at C	urrent Address:				
CO-APPLICANT INFORM	ATION		rsonal Pr	operty: ⊔I	Rent ⊔0		GY CAPITAL				
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CO-APPLICANT INFORM				operty: ⊔I	Rent 🗆 (	SYNER	GY CAPITAL				
CO-APPLICANT INFORM Co-Owner Full Name:		_icense #:		operty: 🖂	Rent 🗆 0	SYNER % of Ownership	GY CAPITAL				
CO-APPLICANT INFORM Co-Owner Full Name: S.S. #:	Driver's I	_icense #:				SYNER % of Ownership	GY CAPITAL				
CO-APPLICANT INFORM Co-Owner Full Name: S.S. #: Personal Credit Score:	Driver's I	_icense #: ddress:	IP Code:		Home	% of Ownership D.O.B.:	GY CAPITAL				
CO-APPLICANT INFORM Co-Owner Full Name: S.S. #: Personal Credit Score: City:	Driver's I	_icense #: ddress:	IP Code:		Home	SYNER % of Ownership D.O.B.: Phone:	GY CAPITAL				
CO-APPLICANT INFORM Co-Owner Full Name: S.S. #: Personal Credit Score: City: Personal Email:	Driver's I  Home A  State:  ness and but n of its represal loans having transactions or personal ments and be quifax, and fithis applicate of the Recipions.	cicense #:  ddress:  Z  Persona  siness owners of the sentatives, song daily repart, including with the sentatives are ank statement of the croin form, allowed the sents for the sentatives.	IP Code: I Propert  Ir/officer (ir successors ayment fea rithout limit and investi ents, from redit burea ong with ar foregoing	y: □Rent [  Individually are, assigns and tures or pure attion the app gative reports one or more us, banks, cre y of the fore purposes. Y	Home  Own  d collecti d designe chases of blication the s and oth consume reditors an going info fou also c	% of Ownership D.O.B.:  Phone: Years at Curre  ively, "you") res ("Recipients") future herefor er information or reporting and other third formation obtained consent to the	GY CAPITAL				
Co-APPLICANT INFORM  Co-Owner Full Name:  S.S. #:  Personal Credit Score:  City:  Personal Email:  AUTHORIZATION  By signing below, each of the above listed busin authorize Synergy Capital ("Synergy") and each that may be involved with or acquire commercial receivables including Merchant Cash Advance (collectively, "Transactions") to obtain consume about you, including credit card processor state agencies, such as TransUnion, Experian and E parties. You also authorize Synergy to transmit in connection with this application, to any or all release, by any creditor or financial institution, or	Driver's I  Home A  State:  ness and but n of its represal loans having transactions or personal ments and be quifax, and fithis applicate of the Recipions.	cicense #:  ddress:  Z  Persona  siness owners of the sentatives, song daily repart, including with the sentatives are ank statement of the croin form, allowed the sents for the sentatives.	IP Code: I Propert  Ir/officer (ir successors ayment fea rithout limit and investi ents, from redit burea ong with ar foregoing	y: □Rent [  Individually are, assigns and tures or pure attion the app gative reports one or more us, banks, cre y of the fore purposes. Y	Home  d collecti d designe chases of blication the s and oth consume reditors are going infort ou also co	% of Ownership D.O.B.:  Phone: Years at Curre  ively, "you") res ("Recipients") future herefor er information or reporting and other third formation obtained consent to the	o:  Int Address:  SYNERGY				
CO-APPLICANT INFORM  Co-Owner Full Name:  S.S. #:  Personal Credit Score:  City:  Personal Email:  AUTHORIZATION  By signing below, each of the above listed busing authorize Synergy Capital ("Synergy") and each that may be involved with or acquire commercial receivables including Merchant Cash Advance (collectively, "Transactions") to obtain consume about you, including credit card processor state agencies, such as TransUnion, Experian and Exparties. You also authorize Synergy to transmit in connection with this application, to any or all release, by any creditor or financial institution, or Recipients, on its own behalf.	Driver's I  Home A  State:  ness and but of its representations of the responsion of the responsion of the Recipital and information of the Recipital and information of the responsion of the recipital and information of the recipit	cicense #:  ddress:  Z  Persona  siness owners of the sentatives, song daily repart, including with the sentatives are ank statement of the croin form, allowed the sents for the sentatives.	IP Code: I Propert  Ir/officer (ir successors ayment fea rithout limit and investi ents, from redit burea ong with ar foregoing	y: □Rent [  Individually are, assigns and tures or pure attion the app gative reports one or more us, banks, cre y of the fore purposes. Y	Home docollection	SYNER % of Ownership D.O.B.:  Phone: Years at Curre  ively, "you") res ("Recipients") future herefor er information or reporting and other third formation obtained consent to the to each of the	o:  Int Address:  SYNERGY				

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CURRENT MERCHANT CAS											
(Please list all current loans you have outstanding with estimated balances)  SYNERGY CAPITAL											
1 <sup>st</sup> Position Company:			Balance:	Daily or	or Weekly Payment:						
2 <sup>nd</sup> Position Company:			Balance:	Daily or	or Weekly Payment:						
3 <sup>rd</sup> Position Company:			Balance:	Daily or	r Weekly Payment:						
LANDLORD INFORMATION: SYNERGY CAPITAL											
Company Name:			tact Name:								
Address:	?\$\$:				State:						
Phone Number:	Emai	Email Address:									
TRADE REFERENCES:											
Trade Reference 1 Co.:	eference 1 Co.: Conta				Phone:						
Trade Reference 2 Co.:	de Reference 2 Co.: Conta				Phone:						
Trade Reference 3 Co.:	rade Reference 3 Co.: Conta				Phone:						
CREDIT INFORMATION:											
By signing below, each of the above listed business and business owner/officer (individually and collectively, "you") authorize Synergy Capital ("Synergy") 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 Synergy 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 Synergy and to each of the Recipients, on its own behalf.											
OWNER Open Judgements? □Yes □No If yes, how much?											
Bankruptcy in the last 12 months? ☐Yes ☐		If yes, date	of discharge?								
Signature:			:		Date:						
Print Name:											
CO-OWNER Open Judgements	If yes, how much?										
Bankruptcy in the last 12 months? □Yes □											
Signature:			1		Date:						
Print Name:											
ATTACHMENTS											
Please submit the 6 to 8 most recent business bank statements											
Month 1 ☐ Month 2 ☐ Month 3 ☐	Month 4	4 🗆	Month 5 □	Month 6 □	Month 7 □	Month 8 □					