



---

**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.

**SYNERGY CAPITAL**

160 Pearl Street, 6th FL., New York, NY 10005  
**OFFICE:** (718) 761-3888 | **FAX:** (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

**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**



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**



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 ("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.



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



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

## 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:

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.



<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 6 to 8 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"/>	Month 5 <input type="checkbox"/>	Month 6 <input type="checkbox"/>	Month 7 <input type="checkbox"/>	Month 8 <input type="checkbox"/>
----------------------------------	----------------------------------	----------------------------------	----------------------------------	----------------------------------	----------------------------------	----------------------------------	----------------------------------

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