

APPLICATION



1086 Teaneck Road, Suite 4D
Teaneck, NJ 07666
201-340-6138
info@alleoncapital.com

Bank Statement Funding Application

Please fill in the spaces below and email us the application to info@alleoncapital.com or fax to 201-340-6343. We promise to get back to you within 48 hours of submission. After review, additional information may be requested.

Business Legal Name ("Borrower"):	Practice DBA Name:
Address:	Suite/Floor:
City:	State:
Zip:	Phone:
Mobile:	Fax:
Website:	Email:
Legal Entity: <input type="checkbox"/> Corp <input type="checkbox"/> Sole Prop <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Other	Federal State Tax #:
Provider Type: <input type="checkbox"/> Medical <input type="checkbox"/> DME <input type="checkbox"/> Home Healthcare <input type="checkbox"/> Other	Date Practice Started:
Average Monthly Revenue:	Procedures Performed:

Business References

Trade Reference 1:	Name:	Phone:	Landlord/Mortgage Company Contact:	Name:	Phone:
Trade Reference 2:	Name:	Phone:	Bank Reference:	Name:	Phone:
Trade Reference 3:	Name:	Phone:	Rent/Mortgage Payment (Practice):		

Owner/Principle Information

Name:	Name:
Address:	Address:
City, State Zip:	City, State Zip:
Phone:	Phone:
Email:	Email:
% of Ownership:	% of Ownership:
Date of Birth:	Date of Birth:
SSN#:	SSN#:
Driver's License #:	Driver's License #:

Funding Information

Average Monthly Revenue:	Amount Requested:
--------------------------	-------------------

Reason For Financing at this Time:

Have you used a cash advance plan before?: YES NO

If 'Yes' list previous cash advance provider:

By signing below, the Borrower and its owners / principals: (1) certify that all information and documents submitted in connection with this Application is true, correct and complete; and (2) authorize Alleon Capital Partners, LLC and its affiliates to receive credit reports and any other information regarding the Borrower and its owners / principals from third parties, to verify any information provided on the Application.

By: _____

Date: _____

FAX to: 201.340.6343