



changing the way businesses access capital

We know your time is valuable, for your convenience this form is also available on-line by clicking here. You may also click here to Schedule A Call with your Business Advisor.

Once completed, please save and email to Service@MainStBusiness.Capital or fax to (714) 436-0210.

BUSINESS INFORMATION

Business Name: _____ Federal Tax ID Number: _____
Address: _____ City: _____
State: _____ Zip: _____ Phone: _____ Fax: _____
Proprietorship Corporation LLC Time In Business Under Current Ownership: _____
Industry: _____ Annual Revenues: _____
Contact Name: _____ Email Address: _____

PRINCIPAL INFORMATION

Principal Name: _____ Title: _____ Percentage of Ownership: _____
Soc Sec #: _____ DOB: _____
Address: _____
City: _____ State: _____ Zip: _____ Phone: _____
Principal Name: _____ Title: _____ Percentage of Ownership: _____
Soc Sec #: _____ DOB: _____
Address: _____
City: _____ State: _____ Zip: _____ Phone: _____

By signing below, each undersigned individual provides written instruction to Main Street Business Capital, LLC. or its designee (and any assignee or potential assignee thereof) authorizing review of his or her personal credit profile from a national credit bureau. Such authorization shall extend to obtaining a credit profile in considering the application of the credit applicant and subsequently for the purposes of update renewal or extension of such credit and for reviewing or collecting the resulting account. A photocopy of facsimile of this authorization shall be valid as original.

Applicant Signature: _____ Date: _____
Applicant Signature: _____ Date: _____