

**Administrative Form**

WWW.MOTHERFUND.COM

1-866-923-6710 or 469-402-1110

Fax 469-402-0876 or 469-402-0647



Agent Name: \_\_\_\_\_

Legal Name		DBA	
Physical Business Street Address		Business Started	Federal ID #
City/State	Zip Code	Type of Business	
Business Phone ( )		Product or Service Description	
Business Fax ( )		State of Incorporation/Organization	
Type of Company LLC /C-CORP /S CORP/PARTNERSHIP/OTHER		Current Total Monthly Sales \$ Prior Year Total Annual Sales \$	

***Please fill in Owner Information & Percentage of Ownership. Use additional sheets if more than 2 owners.***

Owner Name		Owner Name	
Percent of Ownership		Percent of Ownership	
Address		Address	
City/State	Zip Code	City/State	Zip Code
Date of Birth	SSN	Date of Birth	SSN
Home Phone	Cell Phone	Home Phone	Cell Phone
E-mail Address		E-mail Address	

<b><i>Trade &amp; Bank References (ALL FOUR MUST BE COMPLETED)</i></b>	<b><i>Phone Number</i></b>	<b><i>Contact/Account #</i></b>
VENDOR 1	( )	
VENDOR 2	( )	
VENDOR 3	( )	
Bank Name	( )	

***Property Information (ALL INFORMATION MUST BE COMPLETED) A landline must be provided for the landlord.***

Own or Lease	Monthly Payment \$	Time Remaining on Lease
Landlord Company:	Contact:	Phone Number ( )
Is your lease current? Yes: ___ No: ___ If no, please explain: _____		

***Please answer the following questions.***

Have you received a Merchant Advance within the last 5 years? Yes: \_\_\_ No: \_\_\_ If yes, Who? \_\_\_\_\_  
 Original Funded Amount: \_\_\_\_\_ Original Purchase Amount : \_\_\_\_\_ Current Balance: \_\_\_\_\_ Remit % \_\_\_  
 Do you currently have a business loan with a financial institution? Yes: \_\_\_ No: \_\_\_  
 If yes, who? \_\_\_\_\_ Monthly payment: \$ \_\_\_\_\_ Origination date: \_\_\_\_\_  
 Have you ever filed for Bankruptcy Protection? Are you contemplating filing Bankruptcy? Reorganization? An Assignment for the benefit of creditor? Yes: \_\_\_ No: \_\_\_ If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 Are there any pending, threatened or recently filed claims, judgments, tax liens or UCC-1's against the merchant or guarantor? If yes, please specify: \_\_\_\_\_  
 \_\_\_\_\_  
 Do you have the authority to make financial decisions for the business listed above? Yes: \_\_\_ No: \_\_\_

Initial Here: \_\_\_\_\_

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**MotherFund offers 3 different business programs. Which products below describe what your business needs?**

Check the box/s that describes your business

**Marketing Program**

Would you be interested in a marketing program that will allow you to expand your business and bring new customers in the door?

**Merchant Cash Advance**

Merchants who do in excess of \$10,000 of their sales volume in Visa/MasterCard, Discover and American Express. Please submit the last 6 months of credit card statements.

**Credit Card Processing**

Merchants who do not currently accept Visa/MasterCard, Discover and American Express or if you do accept credit cards and would like to change to get better rates and/or service. We will beat or match any competitor.

Please answer the following questions so MotherFund can offer you the best program for your business.

Requested Amount of Funding? \_\_\_\_\_

What will the funds be used for? \_\_\_\_\_

What percentage of your business is from the following sources?

Credit Cards: \_\_\_\_\_ Cash: \_\_\_\_\_ Checks: \_\_\_\_\_ Invoicing: \_\_\_\_\_

Do you bill your customers in advance or after services are rendered? \_\_\_\_\_

If yes, which one and explain any terms and/or conditions. \_\_\_\_\_

Number of Employees: 1-10 \_\_\_\_\_ 11-31 \_\_\_\_\_ 32-50 \_\_\_\_\_ 50+ \_\_\_\_\_

Have you owned the business since it started? Yes: \_\_\_\_\_ No: \_\_\_\_\_ If no, what year did you purchase business? \_\_\_\_\_

**The following information is required to begin the merchant advance approval process.**

6 Months of recent Credit Card Statements	Current Business License
2 Months of Business Bank Statements	Owners Driver's License and a Business Voided Check

**PLEASE SUBMIT THE COMPLETED APPLICATION AND ALL REQUIRED DOCUMENTS TO  
469-402-0876 or 469-402-0647.**

By providing the above information, I/we authorize ROCKWALL CAPITAL dba MOTHERFUND or its agents to investigate my/our financial responsibility and creditworthiness, specifically principal or corporate entities, and will provide financial statements, tax returns, etc. as requested. A photocopy of this authorization will be deemed as acceptable for release of credit information. I/we also authorize ROCKWALL CAPITAL, LLC dba MOTHERFUND to obtain information regarding the commercial lease for the above referenced location from my leasing company and or agent. I/we authorize you to update my/our credit profile from time to time in the future, as you deem appropriate.

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_