



Funding Application

Business Information				
Legal Business Name	iness Name DBA (Doing Business As)			
Tax ID/EIN #	Date of Incorporation	Entity Type	Le	ength of Ownership
Street Address		City	State	ZIP Code
Requested Amount	Use of Funds		Estimated Credit Score	
Business Owner Informa	tion			
Name		SSN	Birthday	Ownership Percentage
Street Address		City	State	ZIP Code
Cell Phone Number		Email		

By signing below, each of the above-listed business and business owner/officer (individually and collectively, "you") authorize Black Tie Funding (BTF) 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 a 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 BTF 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 BTF, and to each of the Recipients, on its own behalf. You consent to receive e-mail, text messages, facsimiles, and telephone calls from BTF, its employees, and agents to the numbers you have provided. You consent to receive these communications regardless of whether your telephone numbers appear on state or federal Do Not Call lists, and this consent for messaging does not bind you to any term of your application or advance. Std. cellular rates will apply.

Signature

Date