

APPLY FOR WORKING CAPITAL

ExpansionCapitalGroup



Expansion Capital Group, 5020 S. Broadband Lane, Ste 100, Sioux Falls, SD 57108
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Expansion Capital Group LLC Commercial Working Capital Application

Please fill in the spaces below and mail/fax us the application. By doing so, you are giving Expansion Capital Group LLC, as well as its agents and affiliates, permission to review your business and personal credit history in order to provide you with formal funding approval.

Business Legal Name:		Doing Business As (DBA):	
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		Federal State # (Tax ID):	
Business Start Date (MM/YYYY):		Length of Ownership:	
Landlord Name:	Landlord Phone:	Time left on lease:	
Monthly Rent Payment:	Are you current with rent/mortgage? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Owner(s)/Principal Information			
Name:		Date of Birth:	
Address:		Address:	
City:		State:	
State:		Zip:	
Email:		Email:	
% of Ownership:		SSN:	
% of Ownership:		SSN:	
References			
Trade Reference:	Contact:	Phone:	
Trade Reference:	Contact:	Phone:	
Funding Information			
Nature Of Business:		Type of Product/Service Sold:	
Average Monthly Credit Card Volume:			
Average Monthly Sales:		Annual Business Revenue:	
Number of Business Bank Accounts:		Average Daily Bank Balance:	
Have you used a cash advance plan before? <input type="checkbox"/> YES <input type="checkbox"/> NO		Current Advance Balance:	
Desired Funding Amount:			
Purpose of Funds Requested:			
By signing below, the Merchant 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 Expansion Capital Group LLC, its agents, partners, and lenders to receive credit reports and any other information regarding the Merchant and its owners and principals from third parties, to verify any information provided on the Application.			
Signature of Owner #1: _____		Date: _____	
Signature of Owner #2: _____		Date: _____	
Please FAX back to (866) 332-3861 or EMAIL to apps@expansioncapitalgroup.com			

Credit approval is subject to Expansion Capital Group's credit standards, and actual terms (including actual financed amount) may vary by applicant. Expansion Capital Group requires certain supporting documentation with each new application. If you have any questions regarding this, call us at (877) 204-9203. Expansion Capital Group is located at 5020 S. Broadband Lane, Sioux Falls, SD 57108. © Copyright 2015 Expansion Capital Group, LLC. All Rights Reserved. California loans are made pursuant to Expansion Capital Group's California Department of Business Oversight Finance Lenders Law License #60DBO44063.