



STERLING
F u n d i n g

MERCHANT FUNDING CHECKLIST

Requested Funding Amount \$ _____ Remittance Percent _____ Remittance Amount \$ _____

MERCHANT INFORMATION

Corporate Business Name:		DBA Name:	
Federal ID:		State Tax ID:	
Address:		Phone:	Fax:
Billing Address: (if different from above)		Phone:	Fax:
Contact Name:		Contact Title:	
Contact E-mail:		Contact Phone:	Contact Fax:
Type of Entity: (check one) <input type="checkbox"/> Corporation <input type="checkbox"/> State Incorporated <input type="checkbox"/> Limited Liability <input type="checkbox"/> Company Partnership <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Non Profit			
Specific Type of Business:	Business Start Date: (mm/yyyy)	Gross Annual Sales:	Length of Ownership:

PRINCIPAL INFORMATION

Name:	Title:	Social Security #:	Date of Birth: (mm/dd/yyyy)
Home Address:		Home Phone:	Cell Phone:
Length at Current Residence: ____ Years ____ Months	Prior Address: (if at current address less than two years)		Percent of Ownership:

TRADE REFERENCES

Company Name:	Contact Name, Title:	Phone:	Fax:	Products Purchased:
Company Name:	Contact Name, Title:	Phone:	Fax:	Products Purchased:
Company Name:	Contact Name, Title:	Phone:	Fax:	Products Purchased:

BUSINESS PROPERTY INFORMATION

<input type="checkbox"/> Own <input type="checkbox"/> Lease	Lease Start Date:	Lease Term:	Monthly Rent/Mortgage:	Type of Building:	Sq. Ft.
Landlord/Mortgage Company:		Contact Name:	Phone:	Fax:	

MERCHANT PROCESSING

<input type="checkbox"/> New Merchant (include four months of processing statements)	<input type="checkbox"/> Currently Processing with Sterling Payment Technologies	<input type="checkbox"/> Seasonal Merchant (include an additional two months of processing statements) Explain:
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CREDIT CARD OPTIONS AND EQUIPMENT INFORMATION

Total Gross Monthly Sales:	Visa/MasterCard Monthly Sales:	Visa/MasterCard Annual Sales:
Terminal Make and Model:	Number of Terminals:	<input type="checkbox"/> Dial-up <input type="checkbox"/> Highspeed
<input type="checkbox"/> Software Type/POS System <input type="checkbox"/> Electronic Cash Register	Company Name:	Version and Model:
		Printer Make and Model:
		Provider Contact Name:
		Provider Phone:

BUSINESS

Is the Merchant currently participating in a funding or food and beverage advance program? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Explain:
Is the Merchant a franchise? <input type="checkbox"/> Yes <input type="checkbox"/> No	Merchant Website:
	Purpose of Funding:

The person signing below authorizes Sterling Funding LLC and its agents or representatives to investigate, verify or research references, statements or data, including personal credit reports and authorizes Sterling Payment Technologies, LLC to provide any such information for the purpose of a requested funding proposal or as it relates to a Sterling Merchant Funding Agreement. The merchant acknowledges that the above information is true and accurate.

Merchant Signature

Print Name

Title

Date

ISC Name: _____ Phone _____ ISC Number: _____