



Your Success Is Our Business

LOAN APPLICATION

2150 Coral Way, Suite 1 | Miami, FL 33145

Questions? Call 1-866-257-2973

E-MAIL OR FAX TO:

apply@gokapital.com | (305)285-2097

www.GoKapital.com

Sales Agent: _____

Company Information

Legal Company Name (& DBA):	
Website:	Industry:
Incorporation State:	Tax ID:
Legal Entity: <input type="radio"/> LLC <input type="radio"/> Corporation <input type="radio"/> Sole Prop.	
Business Address:	City: State: Zip:
Business Start Date:	Business Telephone #:
Average Monthly Revenue: \$	Monthly Credit Card Processing: \$
Requested Financing Amount: \$	Use of Funds:
Existing business loan/advance? <input type="radio"/> Yes <input type="radio"/> No	If yes, list the loan balances: \$
Do you Own or Rent Location? <input type="radio"/> Rent <input type="radio"/> Own	Monthly Rent/Mortgage: \$
Landlord/Bank Name:	Landlord Phone #:

Business Owner Information (1)

Business Owner Information (2)

Full Name:	Full Name:
% Ownership:	% Ownership:
Home Address:	Home Address:
City: State: Zip:	City: State: Zip:
Cell Phone #:	Cell Phone #:
Credit Score (Estimate):	Credit Score (Estimate):
Social Security No:	Social Security No:
Date of Birth:	Date of Birth:
E-mail Address:	E-mail Address:

The Merchant and Owner(s)/Officer(s) identified above (individually, an "Applicant") each represents, acknowledges and agrees that (1) all information and documents provided to GoKapital, Inc. ("Company") including credit card processor statements are true, accurate and complete, (2) Applicant will immediately notify Company of any change in such information or financial condition, (3) Applicant authorizes Company to disclose all information and documents that Company may obtain including credit reports to other persons or entities (collectively, "Assignees") that may be involved with or acquire commercial loans or purchases of future receivables including Merchant Cash Advance transactions, including without limitation the application therefore (collectively, "Transactions") and each assignee is authorized to use such information and documents and share such information and documents with other Assignees, in connection with potential Transactions, (4) Each Assignee will rely upon the accuracy and completeness of such information and documents (5) Company, Assignees, and each of their representatives, successors, assigns and designees (collectively, "Recipients") are authorized to request and receive any investigative reports, credit reports, statements from creditors or financial institutions, verification of information, or any other information that a recipient deems necessary, (6) Applicant waives and releases any claims against Recipients and any information providers arising from any act or omission relating to the requesting, receiving or release of information, and (7) Each Owner/Officer represents that he or she is authorized to sign this form on behalf of Merchant.

Signature (1): _____ Signature (2): _____

Title (1): _____ Date (1): _____ Title (2): _____ Date (2): _____