

Business Description

OWNERSHIP INFORMATION								
	Leat No.							
First Name	Last Na	Last Name		Date of Birth				
Street Name			S	SN				
City & State		Postal Code		Approx FICO Score				
Phone	Email			(Ownership %			
	BUSIN	IESS INFORM	MATION					
Company Legal Name		DBA						
Website		EIN		Business Start Date				
Business Address			Business Phone					
City & State		Postal Code	Industry	у				
Property:								
Rent / Own	Annual Reve	Annual Revenue		Entity Type: (LLC, Corp, etc.)				
Pusiness Description		Business Email						

FINANCIAL INFORMATION

Amount Requested		When I	Funds are Needed?	,				
Use of Funds								
Existing Financing? (Y / N)	Balances if Yes		Other Bank Name	•				
Desired Term/Duration			Desired Repayment: Weekly / Monhtly					
		. D: 1						
	Financing	g Disclos	ure:					
acknowledges, and agrees that (1) All information and documents provided to Verawood Financial are true, accurate, and complete, (2) Applicant will immediately notify Verawood Financial of any change to the information or financial condition, (3) Applicant authorizes Verawood Financial to disclose all information and documents provided to Verawood Financial or that it obtains including credit reports, information of other persons or entities involved with the Applicant, or other significant information, to third party partners or entities, (Collectively, "Assignees") that may be involved with or part of the seek to acquire commercial financing from and with repayment features of loans, financing or the purchases of future receivables, including without limitation to the application therefore, (Collectively, "Transactions"), and each Assignee will be authorized to use and share such information and documents expressively for potential transactions, (4) each Assignee will rely on the accuracy and completeness of the such information and documents, (5) Verawood Financial its assignees, representatives, successors, designees in connection, (collectively, "recipients") are authorized to request and receive any investigative reports, credit reports, statements, information from creditors or financial institutions, verifications, or any other information the Recipient has deemed necessary of the Applicant, (6) Applicant waives and releases any claims against Recipients and any information providers arising from any act or omission relating to the requesting, receiving, releasing of information to aid in with the setup, underwriting or approval of potential transactions, and (7) each Owner/Officer represents that He or She is authorized to sign on behalf of the Merchant. Verawood Financial may from time-to-time market promotional offers or notify the Applicant of future opportunities via telephone, electronic mail, text message, social media, or other platforms. By submitting the Verification form you authorize Verawo								
underwriting of all state		form for Fina	ancing as may be n	nowledge. I authorize ecessary in arriving at an age 2 of Verification form				
Name & Signature		Date						

ADI	DITIONAL	OWNERSHIP	PINFORMAT	ION	
First Name	Last Nar	ne	Date of Bi	rth	
Street Name			SSN		
City & State		Postal Code	Approx FICO	Score	
Phone	Email			Ownersh	nip Percentage
underwriting of all	statements conta	ained in this form for F	te to the best of my k Financing as may be I ncing Disclosure on F	necessary i	n arriving at an
Name & Signature		Date	9		
ADI	DITIONAL	OWNERSHIP	PINFORMAT	ION	
First Name	Last Na	ıme	Date of	Birth	
Street Name			SSN		
City & State		Postal Code	Approx FIG	CO Score	
Phone	Email			Owne	rship Percentage
underwriting of all	statements conta	ained in this form for F	te to the best of my ki Financing as may be i ncing Disclosure on F	necessary i	n arriving at an
Name & Signature		Date			