



45 Main Street, Suite 309, Department #268, Brooklyn, NY 11201
Phone: 1-800-708-9895 Fax: 1-866-230-5131

Cambridge Total Merchant Solutions Application Form S-3

Please fill out the following information and sign on page two. We will also need your three latest complete credit card processing statements, and your three latest complete bank statements, or alternatively 6 of the latest complete bank statements.

Do you currently have a POS System? Yes _____ No _____

If yes, what is the software that you currently use: _____

Is Payroll currently done in house? Yes _____ No _____

• **Employee Payroll Data:**

- Number of employees: Full-time: _____ Part-time: _____
- Type of pay period: Weekly _____ Bi-weekly _____ Other _____
- Gross Monthly Payroll: \$ _____
(please breakdown payroll and number of employee's by state and w/c code)
- Current Administration Costs: _____

• **State Unemployment Data (SUTA)**

- Current Rate(s) _____%
- Provide a copy of your SUTA page
 - If you have locations in more than one state a SUTA page for each state will need to be provided

• **Workers' Compensation Data**

- Provide a copy of your Declaration page
(Shows class codes, rates, annual payroll per class code & mod factor)
- 4 years of detailed injury loss runs or OSHA log for current year and prior year
- If currently with a PEO, please provide a copy of your w/c certificate

Workers comp code	# of employees per code	Annual Wages per code
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

• **Employee Health Benefits Data**

- Copy of your current billing statement
- Copy of your coverage/benefits sheets
- Employee census for all employees on insurance
- Do the employees pay for part of their insurance? Yes No
- How much per month? _____

• **Current Benefits Information**

- Current Health Plan: _____ Co-pay: _____
- Current Dental Plan: _____ Co-pay: _____
- Current Vision Plan: _____ Co-pay: _____
- Prescription Plan: _____ Co-pay: _____
- Probationary Period for New Hires: _____

Application Form

- If you are applying for individual credit in your name and are relying on your own income or assets and not the income of assets of another person as the basis for repayment, complete Owner Information (1) and omit Owner Information (2).
- If this is an application for joint credit with another person, complete Owner Information (1) and (2).

Date:
Partner ID:
Intended Use of Funds:

COMPANY INFORMATION

Exact Legal Company Name:	Legal Entity: <input type="radio"/> Corporation <input type="radio"/> LLC <input type="radio"/> General Partnership <input type="radio"/> LLP <input type="radio"/> Other
State of Incorporation:	
Tax ID:	
Physical Address:	Company Type/Industry:
City / State: Zip Code:	Annual Business Revenue:
Company Phone:	Monthly Credit Card Volume:
Business Inception Date::	Merchant Processor Name:

OWNER INFORMATION (1)

Full Legal Name:
Years as Owner:
Home Address: <i>No PO boxes or mailing addresses, please.</i>
City / State:
Zip Code:
Home Phone:
Cell Phone:
% Ownership:
Social Security No:
Date of Birth:
E-mail Address:
Driver's License #:
State of Issue:
Years at Current Address:
Annual Income:
Other Income: \$ /per:
Source(s) of other income:

OWNER INFORMATION (2)

Full Legal Name:
Years as Owner:
Home Address: <i>No PO boxes or mailing addresses, please.</i>
City / State:
Zip Code:
Home Phone:
Cell Phone:
% Ownership:
Social Security No:
Date of Birth:
E-mail Address:
Driver's License #:
State of Issue:
Years at Current Address:
Annual Income:
Other Income: \$ /per:
Source(s) of other income:

By signing and faxing or e-mailing us your Loan Application, you certify that (i) you are authorized to apply on behalf of the company whose full legal name appears above under the Company Information portion of the Loan Application for a business loan from us and (ii) all information you provide within the Loan Application and other supporting documents is true and complete and that you will notify us of material changes to such information. You understand and agree that we and our agents and assignees are authorized to contact third parties to make inquiries in evaluating your Loan Application (including requesting business and personal credit bureau reports from credit reporting agencies and othersources) or for any update, renewal, extension of credit or other lawful purpose. Upon your request, we will advise you if we obtained a credit report and will give you the credit bureau's name and address. You understand and agree that we may provide credit and other information from the Loan Application and on the signing individual(s) and the company with third parties who may use the information for any lawful purpose, including for the purpose of offering credit and/or other products and services to the signing individual(s) and/or the company.

LOAN INFORMATION

Loan Amount Requested:
Signature (1):
Signature (2):