



Please complete this application
and email it to
info@capitalcityfunding.biz

FUNDING APPLICATION

Company Information

Legal Company Name (& DBA):

Website:

Incorporation State:

Tax ID:

Business Address:

Business Start Date:

Average Monthly Revenue: \$

Requested Financing Amount: \$

Existing business loan/advance?

Do you Own or Rent Location? ☐ Rent ☐ Own

Landlord/Bank Name:

Industry:

Legal Entity: ☐ LLC ☐ Corp ☐ Sole Prop.

City:

State:

Zip:

Business Telephone #:

Monthly Credit Card Processing: \$

Use of Funds:

If yes, list the loan balances: \$

Monthly Rent/Mortgage: \$

Landlord Phone #:

Business Owner Information (1)

Full Name:

% Ownership:

Home Address:

City: State: Zip:

Cell Phone #:

Credit Score (Estimate):

Social Security No:

Date of Birth:

E-mail Address:

Business Owner Information (2)

Full Name:

% Ownership:

Home Address:

City: State: Zip:

Cell Phone #:

Credit Score (Estimate):

Social Security No:

Date of Birth:

E-mail Address:

Current Funding Balance(s)

Company	Balance	Daily Payment
1.		
2.		
3.		

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