

# Business Financing Application



Agent:	Subagent:
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## Business Name(s)

Business Legal Name:		Phone #:
Legal Address:		Fax #:
City:	Province:	Postal Code:
Name of Account (Doing Business As):		Phone #:
Physical Street Address (No PO Box):		Fax #:
City:	Province:	Postal Code:
Must Choose One Mailing Address: <input type="checkbox"/> DBA Address <input type="checkbox"/> Legal Address		Email Address:

## Merchant Profile (Business)

Social Insurance Number if Sole Proprietor:		Province of Incorporation:	# of Locations:
Business Open Date:	Length of Current Ownership:	Product / Service Sold:	Requested Amount:
Intended Use of Funds:			

Lease: <small>mm/dd/yyyy</small> <small>mm/dd/yyyy</small>	Seasonal Business: <input type="checkbox"/> Yes <input type="checkbox"/> No	Peak Sales Month: From: _____ To: _____	Franchise: <input type="checkbox"/> Yes <input type="checkbox"/> No
Start Date: _____	End Date: _____	Non-card monthly sales: _____	
Gross monthly sales: _____		Type of Entity: (Please check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> Corporation	
Have you used a cash advance plan before? If yes, when? <input type="checkbox"/> Yes <input type="checkbox"/> No		Provider: _____	
Business Identification Number: _____		Monthly Rent/Mortgage Payment: _____	
Franchisor Contact Name: _____			Phone #: _____

## Ownership Information

Owner/Officer/Partner 1:			
First Name:	Last Name:	Title:	
Social Insurance Number:	Date of Birth: / /	Drivers License Number:	
% of Ownership:	Years There:	Check if you: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Lease	
Residence Address:	City:	Province:	Postal Code:
Phone #:	Mobile #:	Email:	
Owner/Officer/Partner 2:			
First Name:	Last Name:	Title:	
Social Insurance Number:	Date of Birth: / /	Drivers License Number:	
% of Ownership:	Years There:	Check if you: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Lease	
Residence Address:	City:	Province:	Postal Code:
Phone #:	Mobile #:	Email:	

Each person signing below hereby declare(s) that all information provided in this is true and correct. Each person signing below consents to OnDeck Canada and/or its affiliated companies obtaining credit, financial and related personal or business information (including a credit information report) about the undersigned from any credit bureau or credit reporting agency in connection with the financing application by the undersigned and consents to the collection, use and disclosure of personal information as further described on page 2 of this application.

mm/dd/yyyy

Signature **X** \_\_\_\_\_ Title \_\_\_\_\_ Print name \_\_\_\_\_ Date \_\_\_\_\_

Signature **X** \_\_\_\_\_ Title \_\_\_\_\_ Print name \_\_\_\_\_ Date \_\_\_\_\_

# Information Disclosure Letter



I/We grant our irrevocable permission to release our confidential information to OnDeck Canada. I/We understand this information is being used for their credit underwriting purpose only.

This permission is specifically given to:

## Landlord Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Permission is also granted to contact any business past, present or future, we may deal with including Banks, Landlords, Franchisors and Insurance companies we currently use or will use in the future.

Each person signing below consents to OnDeck Canada obtaining credit, financial and related personal or business information (including a credit information report) about the undersigned from any credit bureau or credit reporting agency in connection with this application, and consents to the collection, use and disclosure of personal information.

Signature x \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Business Name: \_\_\_\_\_

Date: \_\_\_\_\_  
mm/dd/yyyy

Signature x \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Business Name: \_\_\_\_\_

Date: \_\_\_\_\_  
mm/dd/yyyy

Verification of this authorization may be confirmed by calling the business at:

\_\_\_\_\_  
(Business Telephone Number)