



Samuel Y  
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 Premiumadvances.com

## FUNDING APPLICATION FORM

A. Business Information				
Business Legal Name("Merchant"):		Business DBA Name:		
Street Address:		City:		
State:	Zip:	Phone:		
Website:		Mobile:		
Legal Entity: <input type="checkbox"/> Corp <input type="checkbox"/> Sole Prop <input type="checkbox"/> LLC <input type="checkbox"/> Partnership		Email:		
Business Location: <input type="checkbox"/> Store Front <input type="checkbox"/> Office <input type="checkbox"/> Home <input type="checkbox"/> Other		Industry:		
Date Business Started:		Federal State Tax #:		
B. Business References				
Trade Reference:	Name:	Phone:	Rent/Lease/Mortgage/Own Business Property? (circle one) Lease/Own	Landlord/Mortgage Company Name:
Trade Reference:	Name:	Phone:	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
C. Owner/Principle Information		Owner #2 (If Applicable)		
Name:		Name:		
Address:		Address:		
City, State, Zip:		City, State, Zip:		
Phone:		Phone:		
Email:		Email:		
% of Ownership:	Date of Birth:	% of Ownership:	Date of Birth:	
SSN#:		SSN#:		
Driver's License #:		Driver's License #:		
D. Funding Information				
Your Annual Business Revenue:		Your Monthly Credit Card Volume:	Your Average Bank Balance:	
Current Advance Balance?		Funding Amount Requested:	Use of Funds:	
Daily Payment of Current Advance:		Current Advance Held With:	Funding Date of Current Advance:	

By signing below, the Merchant and its owners / principals: (1) certify that all information and documents submitted to SNO Enterprises, LLC dba Premium Advances in connection with this Application is true, correct and complete; and (2) authorize our partners, representatives and Lenders to obtain credit reports and any other information regarding the Merchant and its owners and principals from third parties, to verify any information on the Application.

Owner/Principle Signature: \_\_\_\_\_ Owner/Principle Signature: \_\_\_\_\_

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