

MERCHANT PRE QUALIFICATION FORM
 FAX COMPLETED FORM TO: 469.458.6082 OR EMAIL TO
 Underwriting@CapRockServices.com



BUSINESS INFORMATION

Business Legal Name:				Business DBA Name:			
Type of Business Entity	<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Other
Does the Merchant have any other businesses with current Cash Advance Contracts? <input type="checkbox"/> YES <input type="checkbox"/> NO				State of Incorporation:		Use of Proceeds:	
				Federal Employer Identification Number (FEIN)			
Physical Street Address:				City:		State:	Zip Code:
Billing Street Address:				City:		State:	Zip Code:
Preferred Contact:				Phone #:		Business Phone #:	
Industry Type:		Date Business Started:		Terminal or POS Type:		Credit Card Processor:	
Gross Annual Sales (Previous years Tax Return):			Average Monthly Credit Card Volume:			Requested Advance Amount:	
List the total VISA/ MasterCard Processing Volumes		1 Month Ago	2 Months Ago	3 Months Ago	4 Months Ago	5 Months Ago	6 Months Ago
		\$ # Tickets:	\$ # Tickets:	\$ # Tickets:	\$ # Tickets:	\$ # Tickets:	\$ # Tickets:

MERCHANT/OWNER INFORMATION (If ownership is less than 51%, please submit additional owner information)

Corporate Officer/Owner Name		Title	Date of Birth	Ownership %	Social Security Number:
Driver's License & State	Home Phone Number	Cell Phone Number		Email Address	
Residence Address			City, State, Zip		

BUSINESS/PROPERTY INFORMATION

Own/Lease	Lease Start Date	Lease Term	Monthly Rent/Mtg	Type of Building	Square Footage (approx)
Landlord/Mortgage Company		Contact Name	Phone Number	Fax	

Authorizations

Express Working Capital, LLC DBA CapRock Services ("CRS") offers certain financial products to businesses and CRS conducts certain services therewith, including gathering information from applicants and third parties, including credit bureaus. By signing below, the above listed business ("Merchant") and Owner(s) / Officer(s) (collectively hereafter "Applicants") request that CRS evaluates whether Merchant pre-qualifies for the financial product(s) requested by Merchant, as well as any other financial products offered by CRS for which the Merchant pre-qualifies. Applicants represent that the information contained on this Merchant Pre Qualification Form and the credit card processor statements provided to CRS is true and correct, and Applicants will immediately notify CRS of any financial change in Applicants. Applicants hereby authorize CRS to obtain on any of the Applicants investigative reports, credit reports (business and personal), statements from creditors or financial institutions, verification of information provided by any of the Applicants, or any other information (collectively "Applicant Information") that CRS deems necessary or desirable in connection with the evaluation of Applicant Information. Applicants hereby authorize the release by any creditor or financial institution to CRS. Applicants waive and release any claims against CRS, or any creditor, credit bureau, or financial institution arising from any act or omission relating to the obtaining or release of information sought by CRS. Applicants agree that any pre-qualified terms communicated by or on behalf of CRS are confidential and may not be disclosed to third parties (other than to Applicants' legal or financial advisors or as required by law), except at CRS's express, written direction.

Owner/Officer's Name: _____ Date: _____

Owner/Officer's Signature: _____

SALES INFORMATION (To be completed by Sales Representative)

Sales Rep #:	Sales Rep Name	Sales Rep Contact #:
Additional Contact #:		Email Address:

Notes: