



# MERCHANT QUESTIONNAIRE

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## BUSINESS INFORMATION

Legal/Corporate Name		D.B.A.			
Physical Address		City	Province	Postal Code	
Business Telephone Number		Fax Number		Email Address	
Province of Corporation	Tax ID (GST/HST)		Date Business Started		
Type of Entity <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship					
Type of Business <input type="checkbox"/> Retail <input type="checkbox"/> Wholesale <input type="checkbox"/> Consumer Services <input type="checkbox"/> Restaurant/Bar <input type="checkbox"/> Other					
Product/Service Sold		Highest Value Months (circle months) Jan   Feb   Mar   Apr   May   June   July   Aug   Sept   Oct   Nov   Dec			

## 1st MERCHANT/OWNER INFORMATION

Corporate Officer/Owner Name		Title	Length of Ownership (Years/Months)		Ownership %
Home Address		City	Province	Postal Code	Time at This Address
Date of Birth (month/day/year)	Social Security Number		Home Phone Number		Cell Phone Number

## 2nd MERCHANT/OWNER INFORMATION

Corporate Officer/Owner Name		Title	Length of Ownership (Years/Months)		Ownership %
Home Address		City	Province	Postal Code	Time at This Address
Date of Birth (month/day/year)	Social Security Number		Home Phone Number		Cell Phone Number

## BUSINESS PROPERTY INFORMATION

Own/Lease	Time at This Location Years                      Months		Monthly Rent or Mortgage Amount	Date Lease Ends
Business Landlord or Mortgage Bank		Contact Name and/or Account No.		Office/Mobile Number

Do you have a line of credit or Overdraft Protection with your bank?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If so, what is the limit?  If Yes, explain:  If Yes, explain:  If No, by how many months:  If Yes, what is the company name and balance:
Is your business for sale?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have you ever filed bankruptcy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you have any outstanding debts with the Provincial/Federal govt.?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are you current with your business property lease/mortgage?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you have an outstanding merchant cash advance(s) or short term business loan(s)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Amount Requested: \$	Intended Use of Funds:
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The Owner(s)/Officer(s) identified above each represents, acknowledges and agrees that (1) all information and supporting documents are true, accurate and complete and that you will notify us of material changes to such information (2) Applicant authorizes us to disclose all information and documents that we may obtain including credit reports to other persons or entities (collectively "Assignees") that may be involved with to acquire purchases of future receivables including Revenue Based Funding transactions including without limitation the application and each Assignee is authorized to use such information and documents with other Assignees, in connection with potential Transactions, (3) you are authorized to apply on behalf of the company whose full legal name appears above under the Business information portion of the Application (4) you understand that we and our representatives, Assignees and designees (collectively "Recipients") are authorized to receive any investigative reports, credit reports, statements from creditors or financial institutions, verification of information, verification of references or any other information that a Recipient deems necessary in evaluating your application (5) Applicant waives and releases any claims against the Recipient and any information-providers arising from any act relating to the requesting, receiving or release of information.

\_\_\_\_\_  
1st Owner/Officer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
2nd Owner/Officer Signature

\_\_\_\_\_  
Date