



CLM FINANCIAL

THE CARE YOUR BUSINESS NEEDS.

CLM FINANCIAL BUSINESS FINANCE APPLICATION

BUSINESS CONTACT INFORMATION

Legal Name		Date business commenced	
DBA		<input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation Other	
Phone			
E-mail			
Registered company address City, State ZIP Code			

BUSINESS AND CREDIT INFORMATION

Annual Revenue		Monthly Revenue	
Requested Loan Amount		Product or Services Provided:	
Federal Tax ID		Use of Funds	

OWNER/ PRINCIPAL INFORMATION

Name		Phone	
Address		DOB	
City, State ZIP Code		E-mail	
SSN		Percentage of Ownership	
Name		Phone	
Address		DOB	
City, State ZIP Code		E-mail	
SSN		Percentage of Ownership	
		Phone	

AGREEMENT

BY SIGNING BELOW, THE CLIENT AND ITS OWNERS/PRINCIPALS: (1) CERTIFY THAT ALL INFORMATION AND DOCUMENTS SUBMITTED IN CONNECTION WITH THIS

THIS APPLICATION IS TRUE, CORRECT AND COMPLETE (2) GRANT CLM FINANCIAL CORP AND ALL OF ITS AGENTS, REPRESENTATIVES, PARTNERS, AND LENDERS THE RIGHT TO PROCURE

FROM THIRD PARTIES ANY AND ALL CREDIT REPORTS PERTAINING TO THE CLIENT AND ITS OWNERS/PRINCIPALS. (3) AUTHORIZE CLM FINANCIAL AND ALL OF ITS AGENTS, REPRESENTATIVES, PARTNERS AND LENDERS TO VERIFY AND INVESTIGATE ANY TIME ANY OR ALL OF THE INFORMATION PROVIDED ON THIS APPLICATION,

INCLUDING BUT NOT LIMITED TO THE CREDIT WORTHINESS, AND FINANCIAL RESPONSIBILITY OF THE CLIENT AND ITS OWNERS/PRINCIPALS; AND (4) AGREE THAT

EACH OF THE FOREGOING AUTHORIZATIONS SHALL APPLY, WITHOUT LIMITATION, TO ANY LOAN REQUEST OR REQUEST FOR THE PURCHASE OF FUTURE RECEIVABLES INCLUDING MERCHANT CASH ADVANCE TRANSACTIONS MADE BY CLIENT. ANY CREDIT DETERMINATION RELATING TO ANY LOAN REQUEST MADE BY CLIENT, THE PROCESSING, CLOSING, SERVICING, MONITORING, COLLECTION OR ENFORCEMENT OF ANY LOAN WITH RESPECT TO CLIENT. AND IN CONNECTION WITH ANY RESALE OR OTHER ASSIGNMENT OF ANY PROMISSORY NOTE ISSUED BY CLIENT.

SIGNATURES

Signature		Signature	
Name and Title		Name and Title	
Date		Date	