



**Commercial
Cash
Advances**

AMOUNT REQUESTED: \$ _____

5700 Cleveland Street, Suite 301
Virginia Beach, VA 23462
Phone: 888-213-5744 ext. 306
Fax: 800-507-5624
Email: sipock@getcca.com

General Background: Business Information

Type of Entity Corporation Limited Liability Company Partnership Limited liability partnership

Merchants Legal Name		DBA	Fed ID #
Business Physical Address		City, State, Zip	Business Phone
Business Mailing Address/Billing Address		City, State, Zip	Business Fax
State of Incorporation/Organization	Business Type (Products/Services Provided)	Date Bus. Started (MM/YY)	Length of Ownership
Contact Name/Position	Website	Email Address	

Business Ownership Information: Owner No. 1 Percentage of Ownership _____%

Name and Position		Social Security Number	Date of Birth
Driver's License # and State Issued	Home Phone #	Cell Phone #	Email Address
Residential Address	City, State, Zip		Length @ Residence

Business Ownership Information: Owner No. 2 Percentage of Ownership _____%

Name and Position		Social Security Number	Date of Birth
Driver's License # and State Issued	Home Phone #	Cell Phone #	Email Address
Residential Address	City, State, Zip		Length @ Residence

Business Information

Average Total Monthly Revenue	Accept Credit Cards?	Software Type/POS System
Seasonal Business: <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, indicate which months are high volume months in a typical year.		Total Number of Employees

General Questions

Use of Proceeds _____

Do you have an OPEN Cash Advance? YES NO If yes, please list the Company and Current Balance: _____

Have you utilized a Cash Advance Program Before? _____

Have you or the Business currently in Bankruptcy, or intend to file Bankruptcy? _____

Business Questions

Own/Lease	Lease Term	Lease Start Date	Monthly Rent/Mortgage	Business Bank Name	Date Opened
Landlord/Mortgage Company	Contact Name	Contact Phone #	Fax #		

Please be sure you included the following information with this worksheet:

1. Last 3 months Business Bank Statements, in their entirety.
2. Business License
3. Driver's License
4. **Complete all information above** and fax information to 800-507-5624 Attn: Stephanie Ipock

I attest the information contained within this worksheet is true and correct and provided to CCA for the sole purpose of determining eligibility for services requested. I approve verification of any and all information I have provided using commercially available verification resources when deemed necessary by CCA, LLC.

*

Printed Name and Signature

Date

*** By submitting this application, you authorize CCA, and it's affiliates, to run a verification check on your person and business. Such checks include, but are not limited to; BBB inquiries, credit checks, and or background reviews.**