



Business Funding Application

Complete the details below, upload required documents, and review authorizations before signing.

Basic Business Information

LEGAL BUSINESS NAME

DBA / TRADE NAME

BUSINESS STRUCTURE

EIN

DATE BUSINESS STARTED

YEARS / MONTHS IN BUSINESS

INDUSTRY / NAICS CODE

BUSINESS PHONE

BUSINESS EMAIL

WEBSITE

ADDRESS

PHYSICAL ADDRESS (IF DIFFERENT)

COUNTRY

STATE / PROVINCE

CITY

POSTAL ZIP / CODE

Funding Request Details

AMOUNT REQUESTED

DESIRED TERM / REPAYMENT PREFERENCE

PURPOSE OF FUNDS

Primary Owner / Principal Information

FULL LEGAL NAME

FIRST

MIDDLE

LAST

TITLE / POSITION

DATE OF BIRTH

OWNERSHIP PERCENTAGE

SOCIAL SECURITY #

PERSONAL PHONE

PERSONAL EMAIL

HOME ADDRESS

HOME ADDRESS LINE 2

HOME CITY

HOME STATE

HOME ZIP CODE

Financial & Banking Information

PRIMARY BUSINESS BANK

ACCOUNT NUMBER

AVERAGE MONTHLY REVENUE (LAST 3 MONTHS)

Current Outstanding Business Debts / Loans

CREDITOR

MONTHLY PAYMENT

BALANCE 2

CREDITOR 3

MONTHLY PAYMENT 3

ACCOUNT TYPE

ROUTING NUMBER

LIENS, JUDGEMENTS, OR BANKRUPTCIES?

Yes

No

BALANCE

CREDITOR 2

MONTHLY PAYMENT 2

BALANCE 3

ADDITIONAL OUTSTANDING DEBTS OR LOANS?

Yes

No

Merchant / Processing Information

PRIMARY PROCESSOR

AVERAGE TICKET COST

EST. MONTHLY PROCESSING VOLUME

ONLINE PURCHASES?

☐ Yes ☐ No

RECURRING SUBSCRIPTION BILLING?

☐ Yes ☐ No

REFUND POLICY

- ☐ No Refund
- ☐ Exchange Only
- ☐ Store Credit
- ☐ Partial Refund
- ☐ Full Refund
- ☐ Other:

MONTHLY PROCESSING VOLUME

MAX TICKET COST

% OF SALES PAID NOW / DELIVERED LATER

PERCENTAGE PAID VIA (must total 100%)

Online

In Person

Over the Phone

Additional Notes / Feedback

SHARE ANY ADDITIONAL NOTES HERE

Required Documents Checklist

Driver's License or State ID (Front)

↑ Upload

Driver's License or State ID (Back)

↑ Upload

Voided Business Check

↑ Upload

Bank Statements — Most Recent 3 Months

↑ Upload

Processing / Merchant Statements — Most Recent 3 Months

↑ Upload

Authorizations & Certifications

■ I agree to all authorizations and certifications.
[Read Authorization Disclosure HERE.](#)

PRINTED NAME

TITLE

TODAY'S DATE

SIGNATURE

Clear

Submit Application

By submitting, you authorize Capvera and its partners to review the information provided for funding consideration.