

INSTRUCTIONS FOR SUBMITTING AN APPLICATION:

> **STEP 1:** Complete your application and prepare the 4 most recent months' bank statements and merchant credit card statements. For more information about required documents contact us at: 888-819-3991



BUSINESS INFORMATIO	N					8				
The Business DBA Name:						GQ CAPITAL				
Corporation Name:		Fede	eral ID:							
Entity Type: □Corp □LLC □Sole Prop □Partnership				Type of Business?						
Business Address:						Suite/Office #:				
City:	State:	ZIP C	ode:		Preferred Pho	d Phone: □Work □Cell				
Work Phone:	Cell Phon	e:		F						
Email:		Ві	siness Websit	ss Website:						
Product Sold:	Years in	Business:			Gross Annual Sales:					
Business Property: □Rent □Own	Monthly Re	ent or MTG P	ayment (\$):		Term on Lease:					
Do you have a cash advance now? □\	Balance?									
OWNER INFORMATION					GQ CAP	PITAL				
Owner Full Name:		% of Ownership:								
S.S. #:	Driver's Lic	cense #:			D.O.B.:					
Personal Credit Score:	Home Address:									
City:	State:	ZIP C	Phone:							
Personal Email:		Person	al Property: □	Rent □C)wn Years at C	urrent Address:				
			еропол		Wii Tours at O					
CO-APPLICANT INFORM	ATION				GQ CAP					
CO-APPLICANT INFORM Co-Owner Full Name:	IATION					ITAL				
	ATION Driver's Lice				GQ CAP	ITAL				
Co-Owner Full Name:		cense #:			GQ CAP	ITAL				
Co-Owner Full Name: S.S. #:	Driver's Lic	cense #:			GQ CAP	ITAL				
Co-Owner Full Name: S.S. #: Personal Credit Score: City: Personal Email:	Driver's Lic Home Add	cense #: dress: ZIP C		Home	GQ CAP % of Ownership D.O.B.:	PITAL				
Co-Owner Full Name: S.S. #: Personal Credit Score: City:	Driver's Lice Home Add State: Incess and busing of its represent al loans having transactions, in or personal, it ments and bar iquifax, and from this applica of the Recipier formation relation. Title: Title:	zip C Personal Pro ness owner/offi atives, success daily repayme noluding withou pusiness and ir nk statements, m other credit tion form, alon nts for the foree ng to any of yo	cer (individually a sors, assigns and nt features or pure t limitation the appreciation one or more pureaus, banks, or g with any of the toping purposes. Yu, to GQ Capital a	Home Own and collecti I designees chases of the plication that and other consumer creditors are foregoing in Your also chand to each plication that and the consumer creditors are foregoing in Your also chand to each plication that the properties of the propertie	GQ CAP % of Ownership D.O.B.: Phone: Years at Currel ("Years at Currel ("Recipients")) future herefor her information reporting hd other third hformation obtained consent to the release h of the Recipients, hate:	nt Address:				



CURRENT MERCHANT CASH ADVANCES									8			
(Please list all current loans you have outstanding with estimated balances)												
1 st Position Co	ition Company:			Balance: Daily o			r Weekly Payment:					
2 nd Position Co	Position Company:			Balance: Daily o			r Wee	r Weekly Payment:				
3 rd Position Company:				Balance: Daily or				r Weekly Payment:				
LANDLORD INFORMATION:						GQ CAPITAL						
Company Name:				Contact Name:								
Address:	ddress:			City:				State:				
Phone Numbe	Phone Number: Email Address:											
TRADE R	EFERENC	ES:	·									
Trade Reference 1 Co.: Conta			Contact	ct Name:				Phone:				
Trade Reference 2 Co.: Conta			Contact	ct Name:				Phone:				
Trade Reference 3 Co.: Conta			Contact	ct Name:				Phone:				
CREDIT INFORMATION:												
By signing below, each of the above listed business and business owner/officer (individually and collectively, "you") authorize GQ Capital ("GQ Capital") and each of its representatives, successors, assigns and designees ("Recipients") that may be involved with or acquire commercial loans having daily repayment features or purchases of future receivables including Merchant Cash Advance transactions, including without limitation the application therefor (collectively, "Transactions") to obtain consumer or personal, business and investigative reports and other information about you, including credit card processor statements and bank statements, from one or more consumer reporting agencies, such as TransUnion, Experian and Equifax, and from other credit bureaus, banks, creditors and other third parties. You also authorize GQ Capital to transmit this application form, along with any of the foregoing information obtained in connection with this application, to any or all of the Recipients for the foregoing purposes. You also consent to the release, by any creditor or financial institution, of any information relating to any of you, to GQ Capital and to each of the Recipients, on its own behalf.												
OWNER Open Judgements? □Yes □No If yes, how much?												
Bankruptcy in the last 12 months? □Yes □No If yes, date of discharge?												
Signature:			Т	Title:				Date:				
Print Name:												
CO-OWNER Open Judgements? □Yes □No If yes, how much?												
Bankruptcy in the last 12 months? □Yes □No If yes, date of discharge?												
Signature:			Т	Title				Date:				
Print Name:												
ATTACHMENTS												
Please submit the 6 to 8 most recent business bank statements												
Month 1 □	Month 2 □	Month 3 □	Month 4 □	□ Month 5 □ Month 6 □			Mon	th 7 🗆	Month 8 □			