

C6 Capital Application

| BUSINESS INFORMATION | | | | PREFERRE | D CONTACT | # () | | | | | | | | | | | |
|---|--|------------------------------------|---------------|--|---|-------------------------------------|--|---------------------------|---|--|--|--|------------------------|--|--|--|--|
| DBA Name Federal TAX ID – Business Start Date / / | | | | Phone () – Fax () – Email | | | | | | | | | | | | | |
| | | | | | | | | | Industry State of Incorporation | | | | Website | | | | |
| | | | | | | | | | LEGAL ENTITY □ Corporation □ LLC □ Sole Proprietor □ Partnership | | | | Address City State Zip | | | | |
| | RTAGE PAYMENT MONTHLY RENT/MOR Don't Current \$ | | | Landlord Name Landlord Phone | | | | | | | | | | | | | |
| MONTHLY CREDIT CARD SALES Use of Funds | | | | Judgement YES NO | Bankruptcy YES NO | Current Cash YES NO | | Seasonal Business YES NO | | | | | | | | | |
| GROSS ANNUAL SALES List the Total Business Bank | | | Two Months Ag | • | Three Months | • | Four Mont | | | | | | | | | | |
| Deposits and # of Days with Total Business Bank Deposits a Negative Balance # of Days with a Negative Balance: | | · | \$ | | Total Business Bank Deposits: \$# of Days with a Negative Balance: | | Total Business Bank Deposits: \$ # of Days with a Negative Balance: | | | | | | | | | | |
| List the Total Visa/MC Volumes: Last Month: \$# of Tickets: | | Two Months Ago: \$# of Tickets: | | Three Months Ago:# of Tickets: | | Four Months Ago: \$# of Tickets: | | | | | | | | | | | |
| PRIMARY OWNER Date of Birth / / % Ownership | SSN | - | - | SECONDAR First Name Date of Birth % Ownershi | n / / | SSN | | | | | | | | | | | |
| Street Address | | | | % Ownership Street Address | | | | | | | | | | | | | |
| City State Zip | | | | City State Zip | | | | | | | | | | | | | |
| Cell Phone () – | | | | Cell Phone () – | | | | | | | | | | | | | |
| Email | | | | Email | | | | | | | | | | | | | |
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By signing below, each of the above listed business and business owners/officers/members (individually and collectively, "you") authorize COMPANY and each of its representatives, successors, assignees, affiliates and designees (collectively "Recipients") that may be involved with the acquiring of commercial loans and/or other products that have daily repayment features for the purchase of future receivables, including Merchant Cash Advance transactions, including without limitation the application therefore (collectively, "Transactions") to obtain consumer or personal business and investigative reports and other information about you, including without limitation 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 COMPANY 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; however COMPANY shall not disclose information in your credit report to third parties. You also consent to the release, by any credit or financial institution, of any information relating to you, to COMPANY and to each of the Recipients, on its own behalf.

| Primary Owner Signature | Secondary Owner Signature |
|-------------------------|---------------------------|
| Date / / | Date / / |