

Merchant ID:		LinkedIn Funding LLC	
WW Rep ID:		Contact Info: (631) 507-2267	
Submission Type: Standard Express		6800 Jericho Tpke Syosset, NY 11791 Bsullivan@linkedinfunding.com	
Merchant Pre-Qualification Form			
Business Legal Name:		Doing Business As:	
Legal Entity: Corp LLC Partnership Ltd Parnteship LLP Sole Prop		Federal Tax ID:	
Business Phone:		Company Website:	
Cell Phone:		Business Fax:	
Email Address:		Business Start Date: State of Incorporation:	
Physical Address:		City:	State: Zip:
Mailing Address:		City:	State: Zip:
Owner / Principal Information			
Full Legal Name Owner 1:		% of Ownership:	
Home Address:		City:	State: Zip:
Email Address:		Cell Phone:	
Date of Birth:		Social Security #:	
2nd Owner / Principal Information			
Full Legal Name Owner 2:		% of Ownership:	
Home Address:		City:	State: Zip:
Email:		Mobile:	
Date of Birth:		Social Security #:	
Business Information			
Business Description:			
☐ Rent ☐ Mortgage/Owned:		Open Bankruptcy?	
Monthly Rent or Mortgage Payment:			
Landlord Name:		Landlord Contact Number:	
Funding Information			
How much Capital is being requested?		When do you want to be funded? ☐ Now ☐ 15 days ☐ 30 days ☐ 60 days ☐ 90 days	
What is the Capital being requested for?			
Visa/MasterCard Monthly Volume:		Total Monthly Sales (All Forms of Revenue):	
Gross Annual Sales (Previous Year's Tax Return):		Current Credit Card Processor:	
Do you currently have a Business Loan / Merchant Cash Advance? If Yes, what is the Current Outstanding Balance?			
Authorization Form			
By signing below, each of the above listed business and business owner/officer (individually and collectively, "you") authorize LinkedIn Funding LLC 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 therefore (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 Trans Union, Experian and Equifax, and from other credit bureaus, banks, creditors and other third parties. You also authorize WFS 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 WFS and to each of the Recipients, on its own behalf.			
Owner Signature: _____		Co-Owner Signature: _____	
Print Name: _____		Print Name: _____	
Date: _____		Date: _____	
<i>*Please Note: All Application Fields Are Required to be Completed prior to Submission.</i>			