Merchant ID:

WW Rep ID:

Submission Type: ☐ Standard ☐ Express

WESTWOOD FUNDING

Office: (954) 350-0331 ext. 1006
Fax: (888) 709- 8463
4601 Sheridan St Ste 205 Hollywood FL 33021
Funding@westwoodfunding.com
Website: www.WestWoodFunding.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:** 0%		
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 [Westwood Funding Solutions] ("WFS") 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:** _____

Please Note: All Application Fields Are Required to be Completed prior to Submission.