

**BUSINESS FUNDING APPLICATION**

Check All That Apply:  **FLEX SOLUTION**  **FIXED SOLUTION**  **EQUIPMENT LEASE/FINANCE**  **LINE-OF-CREDIT**

Legal Name of Client (the "Client")		Doing Business As (DBA) Name (If Applicable)	Yrs in Business	Yrs at Location
Client Business Address (No PO Boxes)		City	Province	PC
Business Phone	Business Fax	Debit/Credit Payment Processor	Average Total Monthly Sales	
Business Location [ ] Lease [ ] Own	Website	Business Description		
Monthly Rent / Mortgage Payment: \$ _____ Expiry Date of Bus. Lease:		Amount of Funding Requested \$		

**OWNER 1**

Full Name		Title in Business	Ownership Percentage	
Home Address		City/Prov/PC	Home Number	Mobile Number
Years at Address	If less than 3 years, previous address:		Date of Birth (mm/dd/yyyy)	SIN (Optional)
Email Address		Emergency Contact:	Relation:	Number:
Primary Residence <input type="checkbox"/> Rent, or <input type="checkbox"/> Own	Property Value \$	Mortgage Balance \$	Auto Description	Auto Value \$ Auto Loan Bal \$

**OWNER 2 – required if Owner 1 percentage of ownership is not 100%**

Full Name		Title in Business	Ownership Percentage	
Home Address		City/Prov/PC	Home Number	Mobile Number
Years at Address	If less than 3 years, previous address:		Date of Birth (mm/dd/yyyy)	SIN (Optional)
Email Address		Emergency Contact:	Relation:	Number:
Primary Residence <input type="checkbox"/> Rent, or <input type="checkbox"/> Own	Property Value \$	Mortgage Balance \$	Auto Description	Auto Value \$ Auto Loan Bal \$

**LANDLORD INFO**

Landlord Bus. Name	Contact Name
Address	City/Prov/PC Phone Number

**TOP SUPPLIER INFORMATION - Franchiser Information if Available**

Franchiser Bus. Name	Franchiser Contact	Phone Number
Company Name	Contact Name	Phone Number
Company Name	Contact Name	Phone Number
Company Name	Contact Name	Phone Number

**EQUIPMENT LEASING DETAILS – If more equipment, attach a list and vendor quote if available**

Description (Year/Make/Model)	If available, SN# or VIN#	Description (Year/Make/Model)	If available, SN# or VIN#
If applicable, how many: [ ] Kms [ ] Miles [ ] Hours		If applicable, how many: [ ] Kms [ ] Miles [ ] Hours	
Vendor/Seller Bus. Name	Vendor Contact	Address	Phone Number
Term (Months): [ ] 12 [ ] 24 [ ] 36 [ ] 48 [ ] 60 [ ] custom _____		Price \$	If applicable, Down Payment available \$

**SIGNATURES – ALL OWNERS MUST SIGN –** By signing below, the Client and its owner(s) certify that all information and documents submitted in connection with this Application are true, correct and complete. Additionally, the owner(s) authorize Vancouver Restaurant Financing or any of its agents, partners, and affiliates to contact the above landlord, supplier, and emergency contacts, as well as obtain and use business and non-business consumer credit reports from credit reporting agencies and any other information regarding the Client and its owner(s) from third parties, both at the time of the initial funding application and at any time after the Client has received funding as long as the Merchant remains a client of Vancouver Restaurant Financing. At all times, Vancouver Restaurant Financing will comply with the personal information collection, protection, use, sharing, and retention practices set out in the Privacy Policy, which can be reviewed at <http://vancouverrestaurantbrokers.com/privacy-policy.html>.

Signature of Owner 1: _____ Date: _____	Signature of Owner 2: _____ Date: _____
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