



Merchant Pre-Qualification Form

Complete and email to adrian@akhanfunding.com · Or call (561) 755-0330

BUSINESS INFORMATION

BUSINESS LEGAL NAME *				DBA (IF DIFFERENT)			
TYPE OF BUSINESS *			EIN *		BUSINESS START DATE (UNDER CURRENT OWNERSHIP) *		
Corporation	LLC	Partnership	Limited Partnership	LLP	Sole Proprietor		
PHYSICAL STREET ADDRESS *				CITY *		STATE *	ZIP *
BILLING ADDRESS (IF DIFFERENT)				CITY		STATE	ZIP
PHYSICAL LOCATION PHONE *			BILLING LOCATION PHONE		PREFERRED CONTACT PHONE *		
INDUSTRY TYPE (SIC CODE OR DESCRIPTION) *				BUSINESS LOCATION IS *		MONTHLY PAYMENT	
				Rented	Mortgaged	Owned	
EXISTING CASH ADVANCE? *		WITH WHOM?			CURRENT BALANCE		
No	Yes						

FUNDING INFORMATION

AMOUNT REQUESTED *	USE OF PROCEEDS *	GROSS ANNUAL SALES (PREV. YEAR TAX RETURN) *	
CURRENT CREDIT CARD PROCESSOR	AVG MONTHLY CREDIT CARD VOLUME	AVG MONTHLY TOTAL DEPOSIT VOLUME *	
V/MC Processing Volumes — Previous Four Months LAST MONTH	2 MONTHS AGO	3 MONTHS AGO	4 MONTHS AGO

OWNER / OFFICER INFORMATION

OWNER / OFFICER NAME *		PHONE NUMBER *	EMAIL *	
SSN *	JOB TITLE *	% OF OWNERSHIP *	DATE OF BIRTH *	
STREET ADDRESS *		CITY *	STATE *	ZIP *



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2ND OWNER / OFFICER INFORMATION (IF APPLICABLE)

OWNER / OFFICER NAME		PHONE NUMBER	EMAIL	
SSN	JOB TITLE	% OF OWNERSHIP	DATE OF BIRTH	
STREET ADDRESS		CITY	STATE	ZIP

AUTHORIZATION

By signing below, each of the above listed business and business owner/officer (individually and collectively, "you") authorize AKhan 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, and 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 certify that all information and documents submitted with this application are accurate, true, correct and complete. You also authorize AKhan Funding LLC 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 release, by any creditor or financial institution, of any information relating to any of you, to AKhan Funding LLC and to each of the Recipients, on its own behalf.

Owner's Signature

Date

2nd Owner's Signature

Date

Email completed application to: adrian@akhanfunding.com

Questions? Call (561) 755-0330 · Decisions in 24 hours · No fee, no hard credit pull

akhanfunding.com