Synergy Financial Loan Application

Account Manager: Larry Gonzalez **Direct Phone:** 917 951 4030 **Email:** larry@synergyfinancellc.com **Fax#** 888-303-0299

If you are the sole owner applying for credit on behalf of your business and are relying on your own income or assets as a guarantor and not the income or assets of another person, complete Owner Information (1) and omit Owner Information (2).

If this is an application for joint owners applying for credit on behalf of your business, complete Owner Information (1) and (2).

COMPANY INFORMATION

Legal Company Name:	Legal Entity: ☐ Corporation ☐ LLC ☐ LLP ☐ General Partnership ☐ Sole Proprietorship	Do you have an outstanding merchant cash advance? ☐ Yes, it is: $_____ ☐ No
Doing Business As (DBA):		
Tax ID:		
Physical Address (No P.O. Box):	Company Type / Industry:	
	State of Incorporation:	
City: State: Zip:	☐ Rent ☐ Own	
Company Phone:	Landlord Name:	
Business Inception Date:	Landlord Phone:	

REQUIRED FOR RECOMMENDED LOAN AMOUNT

Gross Annual Business Revenue:	Average Bank Balance:	Monthly Credit Card Volume:	Loan Amount Requested:	Desired Loan Term:
$	$	$	$	Months:

OWNER INFORMATION

First Name: MI:	
Last Name:	
Email:	
Home Phone:	
Cell Phone:	
Social Security Number:	
Date of Birth:	
Home Address (No P.O. Box):	
City: State:	
Zip Code: % Ownership:	

OWNER INFORMATION

First Name: MI:	
Last Name:	
Email:	
Home Phone:	
Cell Phone:	
Social Security Number:	
Date of Birth:	
Home Address (No P.O. Box):	
City: State:	
Zip Code: %Ownership:	

The Merchant and Owner(s)/Officer(s) identified above (individually, an "Applicant") each represents, acknowledges and agrees that (1) all information and documents provided to Representative including credit card processor statements are true, accurate and complete, (2) Applicant will immediately notify Representative of any change in such information or financial condition, (3) Applicant authorizes Representative to disclose all information and documents that Representative may obtain including credit reports to other persons or entities (collectively, "Assignees") 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 therefor (collectively, "Transactions"), and each Assignee is authorized to use such information and documents, and share such information and documents with other Assignees, in connection with potential Transactions, (4) Representative and each Assignee will rely upon the accuracy and completeness of such information and documents, (5) Representative, Assignees, and each of their representatives, successors, assigns and designees (collectively, "Recipients") are authorized to request and receive any investigative reports, credit reports, statements from creditors or financial institutions, verification of information, or any other information that a Recipient deems necessary, (6) Applicant waives and releases any claims against Recipients and any information-providers arising from any act or omission relating to the requesting, receiving or release of information, and (7) each Owner/Officer represents that he or she is authorized to sign this form on behalf of Merchant. A copy of this authorization may be accepted as an original. The term "Representative" shall mean any funding source looking to offer, make available, or provide to the Merchant access to loans or merchant cash advances based on such Merchant's future receivables or sales and/or structured with a periodic repayment feature.

Signature (1) _____

Signature (2) _____

Date:

Audit Trail

DigiSigner Document ID: 58c1bf1d-e88f-466d-adbf-31e996c92965

Event	User	Time	IP Address
Create as copy	larry@synergyfinancellc.com	9/9/22 1:49:30 PM EDT	103.154.158.61
Send for signing	larry@synergyfinancellc.com	9/9/22 1:50:23 PM EDT	103.154.158.61
Resend for signing	larry@synergyfinancellc.com	9/9/22 3:23:40 PM EDT	103.154.158.61
Open document	amannenc@gmail.com	9/9/22 4:07:10 PM EDT	74.196.47.254