



Merchant Pre-Qualification Form

Warriors Capital, LLC
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Business Legal Name: Business DBA Name:
Type of Business Entity (Check One): Primary Business Structure: (Check All That Apply): Does the Merchant have any open contracts for working capital? Federal Employer ID Number:
Industry Type: (Describe) Current Credit Card Processor: State of Incorporation: Use of Proceeds: Business start date under current Ownership: Merchant Email Address:
Physical Street Address: City: State: Zip Code: Physical Location Phone #:
Billing Street Address (If different than above): City: State: Zip Code: Billing Location Phone #:
Preferred Contact Phone #: Business Location(s): Avg. Monthly Credit Card Volume: Avg. Transaction Amount: Gross Annual Sales (from previous year's Tax return):
List the Total Business Bank Deposits and # of Days with a Negative Balance
List the Total VISA/MasterCard volumes:
Owner/Officer Primary Contact Job Title:
First Name: Last Name: SS#: Date of Birth: Home Phone:
Street Address: City: State: Zip Code:

AUTHORIZATIONS

By signing below, each of the above listed business and business owner/officer (individually and collectively, "you") authorize Warriors Capital, LLC ("WC") 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 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 also authorize WC 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. to the release, by any creditor or financial institution, of any information relating to any of you, to WC and to each of the Recipients, on its own behalf.

Owner / Officer's Signature: X

Owner / Officer's Name: (Print) Date:

Merchant Cell Phone# Merchant Fax#

Landlord Name Landlord Contact #

Business Website Address Any Judgements/Liens? Yes No

Is your business Seasonal? Yes No If Yes, what are the peak months? Any Open Bankruptcies? Yes No