

SM1 Funding

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To get your file approved please send back with:
 -Last 4 statements of business bank account.
 -Last 4 statements of credit card processing.

BUSINESS INFORMATION			
Legal/Corporate Name:		DBA:	
Physical Address:		City:	State:
Telephone#:	Fax#:	Federal Tax ID#:	
Date Business Started:	Length of Ownership:	Website:	
Type of Entity: <small>Sole Proprietorship Partnership Corporation LLC Other</small>		Email Address:	
Type of Business (check all that apply): <small>Retail MO/TO Wholesale Restaurant Supermarket Other</small>		Product/Service Sold:	
MERCHANT/OWNER INFORMATION			
Corporate Officer/Owner Name:		Title:	Ownership %:
Home Address:	City:	State:	Zip:
SSN:	Date of Birth:	Home Phone#:	Cell Phone#:
PARTNER INFORMATION			
Partner Name:		Title:	Ownership %:
Home Address:	City:	State:	Zip:
SSN#:	Date of Birth:	Home Phone#:	Cell Phone#:
BUSINESS INFORMATION			
Business Landlord or Business Mortgage Bank:		Contact Name and/or Account#:	Phone#:
BUSINESS INFORMATION			
Last Month # of deposits:	Total Deposits:	Negative Days:	
Two Months Ago # of deposits:	Total Deposits:	Negative Days:	
Three Months Ago # of deposits:	Total Deposits:	Negative Days:	
Four Months Ago # of deposits:	Total Deposits:	Negative Days:	
OTHER INFORMATION			
Current Business Loans/Balance:		Current Bankruptcy <small><(6 12</small>	Current Tax Liens <small><(6 12</small>
Credit Card Processing Terminal(s)/Software Model:		Number of Terminals:	Average Monthly Volume:
Requested Advance Amount:		Processing Method <small>Phone (Landline) Computer (Internet)</small>	
Do you accept (FKHFNall that apply): <small>American Express Account No.: _____ Discover Account No.: _____</small>			
Current Cash Advance Company (if applicable):		Balance:	Date Advance Taken:

Applicant authorizes Shere Management Services ,LLC and/or it assigns, agents, banks or financial institutions to obtain an investigative or consumer report from a credit bureau or a credit agency and to investigate the references given on any other statement or data obtained from applicant. Applicant also agrees that he/she may be contacted in the future with special financial offers via fax. If applicant chooses not to be contacted with special offers, check the box here ___ NOT to be contacted by fax with special offers.

 Applicant's Signature

 Date