



# Pre - Qualification Form

| Contact Information |                            |
|---------------------|----------------------------|
| Phone:              | 917 - 310 - 0919           |
| Email:              | Apply@FocusedFinancing.com |

| Owner Information   |           |       |               |                          |              |
|---------------------|-----------|-------|---------------|--------------------------|--------------|
| First Name          | Last Name | SSN   | Date of Birth |                          |              |
|                     |           |       |               |                          |              |
| Home Street Address | City      | State | Zip           | <input type="checkbox"/> | Rented       |
|                     |           |       |               | <input type="checkbox"/> | Owned        |
|                     |           |       |               | <input type="checkbox"/> | Free & Clear |

| Business Information    |  |                     |                          |                          |              |
|-------------------------|--|---------------------|--------------------------|--------------------------|--------------|
| Business Legal Name     | <input type="checkbox"/> Corporation<br><input type="checkbox"/> LLC<br><input type="checkbox"/> Sole Prop | Business Start Date | Federal Tax ID           |                          |              |
|                         |  |                     |                          |                          |              |
| Business DBA Name       | Industry   | Annual Gross Sales  | Annual Credit Card Sales |                          |              |
|                         |  |                     |                          |                          |              |
| Business Street Address | City   | State               | Zip                      | <input type="checkbox"/> | Rented       |
|                         |  |                     |                          | <input type="checkbox"/> | Owned        |
|                         |  |                     |                          | <input type="checkbox"/> | Free & Clear |
| Minimum Funding Amount  | Ideal Funding Amount   | Use of Proceeds     | Website                  |                          |              |
|                         |  |                     |                          |                          |              |

| Contact Information         |                                     |                                 |
|-----------------------------|-------------------------------------|---------------------------------|
| Home Phone #                | Cell Phone #                        | Personal Email                  |
|                             |                                     |                                 |
| Business Phone #            | Fax #                               | Business Email                  |
|                             |                                     |                                 |
| Landlord/Management Company | Landlord/Management Company Contact | Landlord/Management Co. Phone # |
|                             |                                     |                                 |

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 informatino 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 therefore (collectively, "Transactions"), 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 of 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 on such Merchant's future receivables or sales and/or structured with a periodic repayment feature.

|              |                   |      |
|--------------|-------------------|------|
| Owner's Name | Owner's Signature | Date |
|              |                   |      |