

## Funding Pro Qualification Form

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Business Legal Name:			Business DBA Name:			
State of Incorporation:	Tax ID Number:		Business Start Date:		Industry:	
Business Entity Type (check one):	Corp	LLC	LLP	Part.	Sole Prop.	Other
Physical Location Phone:	Billing Location Phone: E-mail Address		E-mail Address:		Use of Proceeds:	
Physical Street Address:			City:		State:	Zip Code:
Billing Street Address (if different then above) :			City:		State:	Zip Code:
Rented Mortgaged - Monthly Payment:			Landlord:		Landlord Phone:	
Gross Annual Sales:	Average Mo. CC V		Volume:		CC Processor:	
Does your business have a current balance with a cash advance provider? Yes No - If yes, what is the current balance?			Open Judgments or Liens?		Open Bankruptcy's?	
Drimon Ouman / Officer				% Ouwradu	Yes No	)
Primary Owner / Officer			% Owned:			
First Name:	Last Name:		SS#:		Date of Birth:	
Street Address:			City:		State:	Zip Code:
Secondary Owner / Officer				% Owned:		
First Name:	Last Name:		SS#:		Date of Birth:	
Street Address:			City:		State:	Zip Code:
Business Trade Reference 1:					Phone #:	
Business Trade Reference 2:			Phone #:			
Business Trade Reference 3:					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 Red Heart Capital ("RHC") including credit card processor statements are true, accurate and complete,(2) Applicant will immediately notify RHC of any change in such information or financial condition, (3) Applicant authorizes RHC to disclose all information and documents that RHC 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) each Assignee will rely upon the accuracy and completeness of such information and documents, (5) RHC, 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 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 represents that he or she is authorized to sign this form on behalf of Merchant.

Owner/Officer.

Primary Print:	Primary Signature:	Date:
Secondary Print:	Secondary Signature:	Date: