



SHARPSHOOTER FUNDING APPLICATION

Type of Entity: Corporation Sole Proprietorship Partnership
Province of Incorporation: BUSINESS ID # (9 digits):
Number of Locations: Number of Employees:
Business Legal Name: Doing Business As:
Business Physical Address:
City: Province: Postal Code:
Business Phone Number:
Type of Business: Retail Wholesale Service Lodging Manufacturing Healthcare Other:
Business Established Date (mm/yy): Length of Ownership: Years Months
Product/Service Sold: Total Monthly Sales:
Monthly Credit Card Sales: Seasonal Business: Yes No Peak Sales Months:

OWNERSHIP INFORMATION

Owner/Officer Name: Social Insurance # Date of Birth:
Home Address:
City: Province Postal Code
Title: Ownership %: How Long At This Address:
Home Phone #: Mobile Phone #: Email Address:

PROPERTY INFORMATION

Monthly rent payment/or/mortgage payment amount:

QUESTIONNAIRE

Do you have a Line of Credit or OverDraft? Yes No If yes, what is the amount?
Have you ever filed bankruptcy? Yes No If Yes, explain:
Do you have outstanding tax liens? Yes No If Yes, explain:
Do you have outstanding business loans/financing? Yes No If Yes, what is the company name(s) and current balance(s):
Are you up-to-date with your business property lease/mortgage? Yes No If No, by how many months:

Amount Requested: \$

Intended Use of Funds:

The Owner(s)/Officer(s) identified above (individually, an "Applicant") each represents, acknowledges and agrees that (1) all information and supporting documents are true, accurate and complete and that you will notify us of material changes to such information (2) Applicant authorizes us to disclose all information and documents that we may obtain including credit reports to other persons or entities (collectively, "Assignees") that may be involved with to acquire business loans having daily repayment features or purchases of future receivables including MCA transactions and Revenue Based Funding transactions including without limitation the application (collectively, "Transactions") and each Assignee is authorized to use such information and documents with other Assignees, in connection with potential Transactions, (3) you are authorized to apply on behalf of the company whose full legal name appears above under the Company Information portion of the Application for Transactions (4) you understand that we and our representatives, successors, Assignees and designees (collectively, "Recipients") are authorized to request and receive any investigative reports, credit reports, statements from creditors or financial institutions, verification of information, verification of references or any other information that a Recipient deems necessary in evaluating your application (5) 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 (6) you expressly consent to receiving calls, SMS messages, faxes and e-mails from us, our affiliates, and Assignees and you may withdraw your consent by notifying us in writing.

Owner/Officer #1 Signature:

Owner/Officer #2 Signature:

Date:

Date: