



Joseph Gerstel | President & CEO | Email: joeg@hcsllending.com
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Term Requested	Amount Requested
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Business Information

Legal Business Name			E-mail Address		
Doing Business As (DBA) Name			Website Address		Monthly Revenue
Address			Contact Person (If different than the owner)		
City	State	Zip Code	Type of Business	No. of Employees	Check Volume
Business Phone	Fax Number		Federal Tax ID	Date Started	Cash Volume
Mobile Phone	Customer Service Phone		Current Merchant Processor		Total Monthly Revenue
Ownership Type: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Non Profit <input type="checkbox"/> Corporation <input type="checkbox"/> LLC			If you have checked Corporation or LLC, what state were you incorporated in?		State
Do you have a current Capital Provider?		Lender / Date / Balance			Credit Score
<input type="checkbox"/> Yes <input type="checkbox"/> No					

Owner 1 Information

Owner 2 Information

Name			Ownership %			Name			Ownership %		
Title			Date of Birth			Title			Date of Birth		
Home Address (No P.O. Boxes)						Home Address (No P.O. Boxes)					
City	State	Zip				City	State	Zip			
Home Phone	Years at Residence		<input type="checkbox"/> Own <input type="checkbox"/> Rent			Home Phone	Years at Residence		<input type="checkbox"/> Own <input type="checkbox"/> Rent		
Drivers License Number	DL State	Social Security Number				Drivers License Number	DL State	Social Security Number			

Business References

Note: Use Accountants, Lawyers or Vendors.

Company Name	Contact Person	Email Address	Phone
Company Name	Contact Person	Email Address	Phone

Business Property Information

Property <input type="checkbox"/> Own <input type="checkbox"/> Lease	Lease Start Date	Lease Term Remaining months	Monthly Rent/Mtg	Square Footage (Approx)
Landlord or Mortgage Company		Contact Name	Phone Number	

Signature

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 Hudson Capital Solutions ("HCS") including credit card processor statements are true, accurate, and complete. (2) Applicant will immediately notify HCS of any change in such information or financial condition. (3) Each Assignee will rely upon the accuracy and completeness of such information and documents. (4) HCS, 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. (5) Applicant waives and released any claim against Recipients and any information-providers arising from any act or omission relating to the request, receiving or release of information and (6) each Owner/Officer represents that he or she is authorized to sign this form on behalf of Merchant.

Officer No. 1 Print:	Sign:	Title:	Date:
Officer No. 2 Print:	Sign:	Title:	Date:

Questions

Additional Questions:

Please answer all the following questions with respect to all parties covered by the Hudson Capital Application above.

01	Is the business past due on any bills, sales tax, rent, or mortgages? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please describe	
02	Are you currently aware of any reason or circumstances that will make it likely that your business will cease operations or file for bankruptcy protection in the next 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please describe	
03	Do you have any OPEN Loans or Merchant Cash Advances for your business? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please name company, amount still owed	
04	Have you ever received a Loan or a Cash Advance against your Visa/MC Sales before? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please name company and amount	
05	Do you have any State or Federal Tax Liens against you personally or your business? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please give agency and amount owed	
06	Is your business seasonal? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, what are your busy months?	What are your slow months?
07	Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please explain	
08	As per your tax returns has your business shown profitability within the last 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please explain	
09	Do you own any property, equipment, or vehicles? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please explain	
10	Are there any open liens on the items you own? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please explain	

Use of Proceeds

Please describe use of funds in detail

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Comments or Additional Remarks

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