

Any Open Bankruptcies?

Yes

Merchant Pre-Qualification Form

Hester Business Solutions Ph: 404-775-9356

Fx: 800-278-6713

Business Legal Name:					Business D	BA Name:						
Type of Business Entity (Chec	Primary Business Structure: (Check All That								e any open MCA or loan accounts			
□Corporation □LLC □Ltd. Partnership □LLP	□Partnership □Sole Proprietor					ess			with CAN Capital? (Check one): Yes No			
Industry Type: (Describe)	Current Credit Card Processor:			on: Use of Proceeds:		Business start date under current Ownership:		Merchant Email Address:				
Physical Street Address:	_		City:		State:		Zip Code:	Physical Location Phone #:				
Billing Street Address (If differ			City:		State: Zip Code:		Zip Code:	Billing Location Phone #:				
Preferred Contact Phone #:	Business Location(s): ☐Rented ☐ Mortgaged Monthly Payment:		Avg. Monthly Credit Card Volume:		dit Card	Avg. Transaction Amount:		on Amount:	Gross Annual Sales (from previous year's Tax return):			
List the Total Business Bank Deposits and # of Days with a Negative	-Total Bus. Bank Deposits:			Two Months Ago: Total Bus. Bank Deposits: \$			Three Months Ago: Total Bus. Bank Deposits: \$		Four Months Ago: Total Bus. Bank Deposits: \$			
Balance	# of Days with a Negative Balance:		# of Days with a Negative Balance:			# of Days with a Negative Balance		# of Days with a Negative Balance:				
List the Total VISA/MasterCard volumes:	Last Month: \$ # Tickets:		Two Months Ago: \$ # Tickets:		Three Months Ago: \$ # Tickets:		Four Months Ago: \$ # Tickets:					
Owner/Officer		Primary Co	ontact 🗌			Job Title:	:					
First Name:	Last Name:	S#:			Date of Birth:			Home	Home Phone:			
Street Address:				City:						State: Zip Code:		
AUTHORIZATIONS By signing below, each of Solutions ("HBS") and ecommercial loans having without limitation the appropriation about you such as TransUnion, Experiment this application Recipients for the foregoof you, to HBS and to each owner / Officer's Significant or the such as Transmit this application of you, to HBS and to each owner / Officer's Significant or the such as	ach of its represedually repayment folication therefor (of the country of the country of the country of the country of the Recipients daily represedual to the Recipients dail	ntatives, seatures or collectively it card production, and from any of the also const, on its over the also const.	successing purchase for the foregone sent to the fo	ors, assises of fursactions"; statemer credit buring infor he releas	igns and of ture received to obtain the and bareaus, bareaus, bareaus, bareaus, by any	designees rables incl consume nk statem ks, credito tained in creditor o	uding er or ents, ors a conn	ecipients") that g Merchant Cas personal, busir , from one or m nd other third paction with thi	may be sh Advantess and nore constanties. Yes application	involved with or acquir ace transactions, including investigative reports an sumer reporting agencies ou also authorize HBS to ation, to any or all of the		
_		^										
Owner / Officer's Nan	ne: (Print)					D	ate:					
Merchant Cell Phone	# :	Merchar	nt Fax#:		M	erchant W	eb A	Address:				
Landlord Name:	Landlord Contact#:				Business Federal Tax Id#:							
Is Your Business Season	onal? Yes 1	No If yes	s, what a	re the pe	eak month	s?		Any	Judgeme	ents/Liens Yes N		

No Second owner name and % of ownership: _____/ ____ %