



# Funding Application

Fax to 888-579-8818 or email to [info@coconutfunding.com](mailto:info@coconutfunding.com)

Sales Rep Name: \_\_\_\_\_

Sales ID #: \_\_\_\_\_

1003 Bishop St, Honolulu, HI 96813 | [info@coconutfunding.com](mailto:info@coconutfunding.com) | 808-237-2444

Company/Legal Business Name:			Doing Business As/DBA:		
Business/Physical Address (No PO Boxes):			City:	State:	Zip:
Business Phone Number:	Business Fax Number:	Federal Tax ID:	State of Incorporation:		
Business Start Date:	Email Address:	Website Address:			
Type of Business Entity: <input type="checkbox"/> Sole Prop <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> LLP <input type="checkbox"/> Ltd Partnership <input type="checkbox"/> Corp			Does the merchant have any open MCA or loan accts? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Annual Gross Sales:	Monthly Credit Card Volume:	Product/Service Sold:	Description of Business:		
List the Total VISA/MasterCard volumes:	Last Month: \$ _____ # Tickets: _____	Two Months Ago: \$ _____ # Tickets: _____	Three Months Ago: \$ _____ # Tickets: _____	Four Months Ago: \$ _____ # Tickets: _____	

### Principal Owner #1

Last Name:	First Name:	Title:	Ownership %:		
Home Address:		City:	State:	Zip:	
Social Security Number:	Date of Birth:	Home Phone Number:	Mobile Phone Number:		

### Principal Owner #2

Last Name:	First Name:	Title:	Ownership %:		
Home Address:		City:	State:	Zip:	
Social Security Number:	Date of Birth:	Home Phone Number:	Mobile Phone Number:		

### Business Property Landlord Reference

Do you rent or own? <input type="checkbox"/> Rent <input type="checkbox"/> Own	Lease Expiration Date:	Rent Amount \$ _____ per month	Are you current? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Landlord/Mortgage Co. Name:	Contact Name:	Contact Phone Number:			
Requested Amount:	Number of Employees:	Avg. Ticket/Sale:	Avg. # Monthly Deposits:	Avg. Daily Balance:	Credit Card Processing Co:

### Current Funding Balance(s)

Company	Balance	Daily Payment
1.		
2.		
3.		

By signing below, each of the above listed business and business owner/officer (individually and collectively, "you") authorize Coconut Funding LLC, ("Coconut Funding") and each of its representatives, successors, assigns and designees ("Recipients") 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") to obtain consumer or personal, business and investigative reports and other information about you, including credit card processor statements and bank statements, from one or more consumer reporting agencies, such as TransUnion, Experian and Equifax, and from other credit bureaus, banks, creditors and other third parties. You also authorize Coconut Funding to transmit this application form, along with any of the foregoing information obtained in connection with this application, to any or all of the Recipients for the foregoing purposes. You also consent to the release, by any creditor or financial institution, of any information relating to any of you, to Coconut Funding and to each of the Recipients, on its own behalf.

Principal Owner: \_\_\_\_\_ Principal Owner: \_\_\_\_\_

Print Name: \_\_\_\_\_ Print Name: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_