



NEW VISION FUNDING

NEW VISION FUNDING

submissions@newvisionfunding.com
www.newvisionfunding.com

Office:
40 WALL ST FL-23
New York, NY 10005

BUSINESS INFORMATION

Legal Business Name		DBA:	
Corp		Date Business Opened (MM/DD/YYYY):	
Business industry:			
Physical Address:			
Mailing Address:			
Business Phone:		Fax:	Mobile:
E-mail:		Website:	
Tax ID (EIN):			
Property Ownership:		Landlord:	Product Sold:
Landlord Contact Name:			
Landlord/ Mortgage Phone:		Rent/ Mortgage Payment \$	
Has the Business or principle file for bankruptcy?		If Yes are there any payment plans?	

OWNER / PRINCIPAL INFORMATION

Name	Title	% of Ownership
Home Address:		
Home Phone:		Cell Phone:
Email Address:		
Date of Birth (MM/DD/YY):		Social Security #:
Drivers' License #:		Drivers' License State of Issuance:

OWNER / PRINCIPAL INFORMATION

Name:	Title:	% of Ownership
Home Address:		
Home Phone:		Cell Phone:
E- Mail Address:		
Date of Birth (MM/DD/YY):		Social Security #:
Drivers' License #:		Drivers' License State Issuance:

CLIENT FINANCIAL INFORMATION

Total Monthly Sales:	Desired Funding Amount:	Use of Funds:
Current Loan / Advance Balance: ___ Yes Balance: \$_____ Held With:		

AUTHORIZATIONS
 By signing below, each of the above listed business and business owner/officer (individually and collectively, "You") authorize New Vision Funding (NV) and each of its representatives, successors, assigns and designers ("Recipients") that may be involved with or acquire commercial loans having daily repayments features or purchases of future receivables including Merchant Cash Advance transactions, including without limitation the application therefor (collectively, "Transactions") to obtain consumer personal, business and investigative reports and other information about you, including credit card processor statements and bank statements, from one or more banks, creditors and other third parties. You also authorize NV 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 NV and to each of the Principals on its own behalf.

Owner / Principal Signature: _____ Owner / Principal Signature: _____

Print Name: _____ Date: _____ Print Name: _____ Date: _____

List 3 References:

Name:	Address:	Phone:
Name:	Address:	Phone:
Name:	Address:	Phone: