

Cash Advance Financing Program ID: 3126**FAX: (888) 274-8280****PH: (888) 345-2379****NBG Financial Inc.**

The Small Business Finance Authority

Directions: Please fill in the spaces provided as completely as possible. If there is more than one location please attach separate forms with additional addresses.**BUSINESS INFORMATION**

Legal Business Name:		DBA: (if different)	
Business Phone:	Toll Free Number:	Fax:	
Business Physical Address:			
City:	State:	Zip Code:	
Email Address:		Web Site Address:	
Business Mailing Address:	City:	State:	Zip Code:
Federal Tax Identification #:	State Tax Identification #:	State of Incorporation:	
Date Business Established: (mm/yyyy)	Length Of Ownership:	Referring Agent: 6004	
Legal Entity: Circle one C-Corporation S- Corporation Sole Proprietorship Limited Liability Partnership			
Intended Use of Funds:	Business Classification: Circle one Internet, 50% Retail/50% Service Retail, Restaurant, Services, Manufacturer, Wholesale		
Products Services Sold:	Monthly VISA/MC Volume:	Total Monthly Sales:	

BUSINESS OWNER INFORMATION

Owner #1 Name:		Percentage of Ownership:	
Home Address:	Length of Time at Address:	Marital Status: M D S P	
City:	State:	Zip Code:	Driver's License Number: State:
Social Security Number:	Home Phone Number:	Cell Number:	
Owner #2 Name:		Percentage of Ownership:	
Home Address:	Length of Time at Address:	Marital Status: M D S P	
City:	State:	Zip Code:	Driver's License Number: State:
Social Security Number:	Home Phone Number:	Cell Number:	

TRADE & BANKING INFORMATION

Bank Name:	Phone Number:	Contact Person:	
Address:	City:	State:	Zip:
Largest Vendor Name:	Contact Name:		
Phone #:	Fax #:	Account #:	ABA #:
2 nd Largest Vendor Name:		Contact Name:	
Phone #:	Fax #:	Account #:	
3 rd Largest Vendor Name:		Contact Name:	
Phone #:	Fax #:	Account #:	

