



# BUSINESS FUNDING APPLICATION

Complete all sections · A funding advisor will contact you immediately

## 1 Business Information

<b>Legal Business Name *</b> <i>As registered with the state</i>	<b>DBA / Trade Name</b> <i>If applicable</i>	<b>Business Type *</b> <i>LLC / Corp / Sole Prop / Partnership</i>	
<b>Industry *</b> <i>e.g. Restaurant, Retail, Construction</i>	<b>Date Established *</b> <i>MM/DD/YYYY</i>	<b>Federal Tax ID (EIN) *</b> <i>XX-XXXXXXX</i>	<b>No. of Employees</b>
<b>Business Street Address *</b>	<b>City *</b>	<b>State *</b>	<b>ZIP *</b>
<b>Business Phone *</b>		<b>Business Website</b>	

## 2 Owner / Personal Information

<b>First Name *</b>	<b>Last Name *</b>	<b>Ownership % *</b>	<b>Date of Birth *</b> <i>MM/DD/YYYY</i>
<b>Social Security Number *</b> <i>XXX-XX-XXXX · Identity verification only</i>	<b>Mobile Phone *</b>		<b>Personal Email Address *</b>
<b>Home Street Address *</b>	<b>City *</b>	<b>State *</b>	<b>ZIP *</b>

## 3 Financial Information

<b>Average Monthly Revenue *</b> \$	<b>Outstanding Business Debt</b> \$		
<b>Active MCA / Loans? *</b> <i>None / 1 / 2 / 3+ Positions</i>	<b>Approx. Credit Score *</b> <i>500-549 / 550-599 / 600-649 / 650-699 / 700+</i>	<b>Bankruptcies (Last 2 Yrs)?</b> <i>Yes / No</i>	<b>Tax Liens?</b> <i>Yes / No</i>

## 4 Funding Request

<b>Funding Amount Requested *</b> <i>\$500 minimum · \$1,000,000+ maximum</i>	<b>Funding Type *</b> <i>Working Capital / Expansion / Revenue-Based / Real Estate</i>	<b>How Soon?</b> <i>ASAP / Few Days / Week / Exploring</i>
<b>How Will You Use the Funds? *</b> <i>Please describe your intended use of funding</i>	<b>Additional Comments</b>	

## 5 Authorization & Signature

By signing below, I authorize Dent Funding to verify the information provided and contact me regarding funding options. I certify all information is true and accurate. I understand this does not constitute a loan agreement and all funding is subject to underwriting approval.

<input type="checkbox"/> I certify all information is true and accurate	<input type="checkbox"/> I authorize Dent Funding to contact me via phone, email, or text	<input type="checkbox"/> I agree to the Privacy Policy and Terms of Service at <a href="http://dentfunding.com">dentfunding.com</a>
<b>Full Legal Name (Electronic Signature) *</b> <i>Print or type your full legal name</i>	<b>Date *</b> <i>MM/DD/YYYY</i>	

■ Submit to: [submissions@dentfunding.com](mailto:submissions@dentfunding.com) · Call: (561) 800-1273 · Online: [dentfunding.com/apply](http://dentfunding.com/apply)