

Advisor Name: _____

Email to: submissions@lendinero.com



Revenue Based Financing • Business Lines of Credit • SBA Loans • Equipment Financing • Factoring • MCA

Business General Information					
Name of Company (nombre de la empresa)		DBA, if applicable		What does your business sell? Que vende su negocio	Business Telephone No
Business Address / Direccion del Negocio		City	State	Zip Code	Business email address
Business Start Date / Fecha inicio el negocio	Business Tax ID / EIN		State of Incorporation/Estado Registro		Is registration active? Esta activa la registraci3n <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you own or rent the business location? Alquila o es propietario del local del negocio? <input type="checkbox"/> Rent <input type="checkbox"/> Own			Do you have more than 1 business bank account for this business? Tiene m1s de 1 cuenta bancaria Para este negocio <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you on a payment plan with the IRS for taxes owed from previous years? Esta en un plan de pagos con el IRS? <input type="checkbox"/> Yes <input type="checkbox"/> No			Are you a U.S. Resident or Citizen? Es Residente o ciudadano de los EE. UU. <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you been the owner of record for 1 year minimum? Ud. Ha sido el due1o m1nimo por 1 a1o? <input type="checkbox"/> Yes <input type="checkbox"/> No			Do you own 100% of this business and can you provide a K1, Schedule C or Schedule G (form 990). Ud. es 100% due1o de este negocio y lo puede comprobar con un K1, Sched C, Schedule G? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Business Financial Information and Other Info			
Do you have existing business loans (Merchant cash advance, SBA loans, Equipment loans, business lines of credit, paypal, toast or others? Tiene saldos con otros prestamos de negocios? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what is the balance? Cu1al es el saldo actual \$	Company website or social media? Sitio web/red social
How much capital would you like? Cuanto capital quiere? \$	How Will you use the capital? Como va a utilizar el dinero? <input type="checkbox"/> Inventory <input type="checkbox"/> Equipment <input type="checkbox"/> Expansion <input type="checkbox"/> Other Reasons		How fast would you like the funds? Que tan r1pido quiere el dinero?
Do you have Accounts Receivables greater than \$50,000? Tiene cuentas por cobrar superior a \$50,000? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the business credit good or established? El reporte de credito del negocio est1 establecido? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	Do you obtain month to month financial statements? Obtiene estados financieros mensual? <input type="checkbox"/> Yes <input type="checkbox"/> No	Can you provide the last 2 years of business tax returns if needed? Puede proveer los 2 1ltimos anos de taxes del negocio, si se necesitan? <input type="checkbox"/> Yes <input type="checkbox"/> No
What type of loan are you interested in? Qu1 tipo de pr1stamo le interesa? <input type="checkbox"/> Fast Funding <input type="checkbox"/> Weekly Payment Loan <input type="checkbox"/> Bank Term Loan <input type="checkbox"/> SBA7A <input type="checkbox"/> Equipment Loan <input type="checkbox"/> Factoring <input type="checkbox"/> Line of Credit <input type="checkbox"/> Explore all options		Do you own other businesses? Es propietario de otros negocios? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have an EIDL loan? Tiene un pr1stamo EIDL? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you defaulted on a business loan in the past? En el pasado dejo de pagar un pr1stamo de negocio? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Business Owner Information					
Your Name (First and Last) Su nombre complete			Date of Birth (Fecha Nacimiento)		Social Security Number:
Home Address / Direccion domicilio	City	State	Zip Code	Celular / WhatsApp	Email

Business Owner Information 2nd owner				List any who owns more than 20%	
Your Name (First and Last) Su nombre complete			Date of Birth (Fecha Nacimiento)		Social Security Number:
Home Address / Direccion domicilio	City	State	Zip Code	Celular / WhatsApp	Email

The Business Applicant & Principal (s), person (s) or entity signing this Application Form ("Signer") certifies that all information is true, correct and complete and authorizes KGFA Capital Ventures Inc. dba Lendinero and give our funding partners permission: 1) obtain credit inquires, credit reports and information about the Business Applicant and Principal; 2) obtain credit reports and make or inquiries 3) Verify information on this application with credit bureaus on the Principal owners/ business. 4) disclose account information as required by law. 5) If you execute a loan agreement with our funding partners you give KGFA Capital Ventures Inc dba Lendinero ACH debit authorization with Nicoya Tech USA via PaySimple or Forte to compensate us for any loss we incur which may include our commission. You agree to pay for said loss if you miss payments or default on the bank account that you received the advance or loan funds. Each signer acknowledges that additional information may be required to render a decision on this application. Signature agrees to these terms/conditions.

Owner Signature (1): _____ Date _____ Owner Signature (2) _____ Date _____

Fax to: 305-675-0149 or email to: submissions@lendinero.com. Allow 24 to 72 hours for a credit decision.