

MILLENNIUM MERCHANT SERVICES
 "Specializing in Payment Solutions"
 P. 954-933-9045
 F. 954-333-3585
applications@mmsvc.com

**SEND WITH 3 MONTHS MERCHANT STATEMENTS
 AND
 3 MONTHS BANK STATEMENT**

BUSINESS INFORMATION				
Legal/Corporate Name:		DBA:		
Physical Address:		City:	State:	Zip:
Telephone #:	Fax #:	Federal Tax ID:		
Date Business Started:	Length of Ownership:	Website:		
Type of Entity (circle one): Sole Proprietorship Partnership Corporation LLC Other			Email Address:	
Type of Business (circle all that apply): Retail MO/TO Wholesale Restaurant Supermarket Other			Product/Service Sold:	
MERCHANT/OWNER INFORMATION				
Corporate Officer/Owner Name:		Title:	Ownership %:	
Home Address:		City:	State:	Zip:
SSN:	Date of Birth:	Home #:	Cell #:	
PARTNER INFORMATION				
Partner Name:		Title:	Ownership %:	
Home Address:		City:	State:	Zip:
SSN:	Date of Birth:	Home #:	Cell #:	
BUSINESS PROPERTY INFORMATION				
Business Landlord or Business Mortgage Bank:		Contact Name and/or Account #:	Phone #:	
BUSINESS TRADE REFERENCES				
(Please list at least 3 trade suppliers. Please attach any additional references on a separate page.)				
Business Name:		Contact Name and/or Account #:	Phone #:	
Business Name:		Contact Name and/or Account #:	Phone #:	
Business Name:		Contact Name and/or Account #:	Phone #:	
Business Name:		Contact Name and/or Account #:	Phone #:	
AGENT USE ONLY				
Processing Company:		Number of Terminals:	Terminal Type	
Requested Advance Amount:		Requested Daily Withholding:	Monthly Volume:	
Prior/Current Cash Advance Company (if applicable):		Balance:		
Applicant authorizes Yellowstone Capital its assigns, agents, banks or financial institutions to obtain an investigative or consumer report from a credit bureau or a credit agency and to investigate the references given on any other statement or data obtained from applicant.				
Applicant's Signature _____			Date _____	