

APPLICATION & AUTHORIZATION FORM



ACOR FINANCIAL INC.

Contact No.: (770) 762-1339 Email: Info@AcorFinancial.com

1400 Veterans Memorial HWY SE, Suit 134#374, Mableton GA 30126

www.acorfinancial.com

Merchant Information (Please Complete ALL Information Below Accurately)

Legal Business Name: _____ D/B/A Name: _____

Physical Address: _____ City: _____ State: _____ Zip: _____

Business Phone: (_____) _____ Business Fax: (_____) _____ Email: _____

Est. Total Monthly Sales: _____ Est. Monthly Credit Card Sales: _____ Years in Business: _____

Banking Institution for Business Account(s): _____ Has this Bank Account Been Open for at Least 90 Days? Yes No

Time Remaining on Site Lease/Mortgage: _____ Business Type: _____

Landlord/Agent Name: _____ Landlord/Agent Phone #: (_____) _____

Number of Locations: _____ 9 Digit Federal Tax ID #: _____ Is Your Business for Sale?: Yes No

\$ Amount Requested: _____ Have you ever filed for bankruptcy?: Yes No

Intended Use of Money: _____ Do you have any federal or state tax liens?: Yes No

Type of Entity (Corporation, Sole Proprietorship, etc.) _____

Name of Authorized Signer _____ Title of Authorized Signer: _____

Principal Owner Information (Please Complete ALL Information Below Accurately)

Are you a US Citizen or Permanent Resident? Yes No % Ownership: _____ Score: _____

Principal Owner Name: _____ Social Security #: _____ - _____ - _____ D.O.B: ____/____/____

Home Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ Mobile: (_____) _____ How Long at Home Address: _____

Number of years at previous home address: _____ Own or Rent

I/We hereby give permission to ACOR Financial, LLC (" ARF"), or any agent or credit-reporting agency that it may designate, to obtain any and all information concerning my/our assets and other credit matters, which they may require in connection with this credit Application. I/We specifically acknowledge(s) and agree(s) that (1) all statements which I/we have made in this Application are made for purposes of obtaining the financing, (2) verification and reverification of any information which I/we have supplied in connection with this Application may be made at any time by ARF, either directly or through a credit reporting agency, from any source named in this Application and the original copy of the Application will be retained by ARF, even if the financing is not approved, (3) ARF will rely on the information which I/we have supplied herein and I/we have the continuing obligation to amend and/or supplement that information if any of the material facts which I/we have represented should change prior to the total obligations under the credit Agreement being paid in full and (4) each Guarantor, upon request from time to time by ARF, will provide ARF with financial statements and such other information as ARF deems appropriate, all in form and detail satisfactory to ARF. This Application is part of a credit review process and additional information. I/we authorize ARF to submit this Application and any credit reporting information obtained by ARF in connection herewith from credit reporting agencies to one or more banks or lending institutions. Any institutions considering this Application will make its own credit decision regarding this Application. The sales representative submitting this Application cannot extend credit or commit to any financing or funding until a credit decision has been made by the appropriate institution.

Signature of Merchant Authorized Signer & Loan Guarantor:

X _____ Date: _____

Merchant Authorized Signer's Title: _____