

WORKING CAPITAL AUTHORIZATION



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Please fill in the spaces below and mail or fax us the application. By doing so, you are giving **Cornerstone Capital**, as well as its agents and affiliates, permission to review your business and personal credit history in order to provide you with formal funding approval.

Business Legal Name:	Business DBA Name:
Business Address:	City:
State:	Zip:
Phone:	Contact & Contact Phone:
Website:	Fax:
Cell Phone:	Email:
Federal Tax ID (TIN) #:	How many years in business:
What does your business do?:	Loan Amount requested:

Landlord/Mortgage Information - REQUIRED

Landlord/Mortgage Company:	Rent/Own?:
Rent/Mortgage Payment:	If Rented, Lease Start Date?:
Landlord Contact Name:	Lease Term?:
Landlord Contact Phone:	Landlord Fax #:

Owner(s) / Principal(s) Information

Name (Primary Owner):	Name (2 nd Owner):
Title: % of Ownership:	Title: % of Ownership:
Date of Birth:	Date of Birth:
Address:	Address:
City:	City:
State: Zip:	State: Zip:
SSN#:	SSN#:
Home Phone:	Home Phone:
Annual Income: Home: Rent or Own? How Long?	Annual Income: Home: Rent or Own? How Long?

Funding Information - REQUIRED

How many employees do you have?

Gross Annual Sales - All Revenue is shown on Previous Year Tax Return: \$

Have you used or currently have a working capital loan now?:

If 'Yes' list current provider and current balance:

The Merchant and Owner(s)/Officer(s) identified on page 1 (individually, an "Applicant") each represents, acknowledges and agrees that (1) all information and documents provided to Cornercap Inc dba Cornerstone Capital Group and it's assigns ("CC") including credit card processor statements are true, accurate and complete, (2) Applicant will immediately notify CC of any change in such information or financial condition, (3) Applicant authorizes CC to disclose all information and documents that CC may obtain including credit reports to other persons or entities (collectively, "Assignees") that may be involved with or acquire commercial loans having daily repayment features or purchases of future receivables including Merchant Cash Advance transactions, including without limitation the application therefor (collectively, "Transactions"), and each Assignee is authorized to use such information and documents, and share such information and documents with other Assignees, in connection with potential Transactions, (4) CC and each Assignee will rely upon the accuracy and completeness of such information and documents, (5) CC, Assignees, and each of their representatives, successors, assigns and designees (collectively, "Recipients") are authorized to request and receive any investigative reports, credit reports, statements from creditors or financial institutions, verification of information, or any other information that a Recipient deems necessary, (6) Applicant waives and releases any claims against Recipients and any information-providers arising from any act or omission relating to the requesting, receiving or release of information, and (7) each Owner/Officer represents that he or she is authorized to sign this form on behalf of Merchant. A copy of this authorization may be accepted as an original.

Primary Owner Signature: _____ Date: _____

2nd Owner Signature: _____ Date: _____