

MERCHANT CREDIT APPLICATION



Mr. Lover Xport LLC
6734 Dali Ave B104 Land O' Lakes, FL 34637

Merchant Information (Please Complete All Information Below Accurately)

Legal Name of Merchant: D/B/A Name of Merchant:	Merchant Corporate/Legal Address:	City: _____ State: _____ Zip: _____	<input type="checkbox"/> Retail _____ <input type="checkbox"/> Hotel _____ <input type="checkbox"/> Convenience _____ <input type="checkbox"/> Bar/Nightclub _____ <input type="checkbox"/> Other: _____
Phone: _____	Fax: _____	Web Site Address: www. _____	

Legal Form of Entity & Authorized Signer (Please Check Box and Complete as Indicated):

Corporation Name of President: _____
Name of Officer Signing Application: _____ Title: _____

LLC Name of Manager/Managing Member: _____ (Must Be Signer of Application)

Partnership Name of General Partner: _____ (Must Be Signer of Application)

Sole Proprietor Name of Owner: _____ (Must Be Signer of Application)

Date of Organization: _____ State of Organization: _____ Federal Tax ID #: _____

Sales Tax Exemption # _____

Merchant Primary Establishment Address (if Different):

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Cell Phone: _____

How Long Have You Owned the Establishment? _____ Years _____ Months

Number of Employees: _____ Number of Additional Locations Under Same Legal Corporate Entity: _____

Has the Business or Owners Ever Filed for Bankruptcy? Yes No When? _____

Name of Landlord: _____ Landlord Phone: _____

MERCHANT SALES INFORMATION

What are Your Total Annual Credit Card Sales?:	What are Your Total Annual Sales (Cash + CC)?	\$ _____
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Is Your Business Seasonal? Yes No Percentage Sales Decrease in Low Volume Months: _____ %

List Low Volume Months: _____

Merchant Name: _____

Information on Loan Guarantor (Required)

Name of Guarantor:

Date of Birth:

Social Security Number:

Drivers License #:

State:

E-Mail Address:

Home Address:

City:

State

Zip:

Home Phone:

Cell Phone:

Do You Own or Rent? Own Rent How Long? _____ Years _____ Months

Have you Declared Personal Bankruptcy in the Past? Yes No When?

Do You Currently Have Collection Issues Pending? Yes No

I/We hereby give permission to Mr. Lover Xport LLC, 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 reveification of any information which I/We have supplied in connection with this application may be made at any time by Mr. Lover Xport LLC, 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 Mr. Lover Xport LLC, Even if the financing is not approved, (3) Mr. Lover Xport LLC will rely on the information in which I/we have supplied herein and I/we have the continuing obligation to amend and/or supplement that information if any of the information dacts 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 Mr. Lover Xport LLC, will provide Mr. Lover Xport LLC with financial statements and such other information as Mr. Lover Xport LLC deems appropriate, all in form and detail satisfactory to Mr. Lover Xport LLC. This Application is part of a credit review process and additional inforamtion may be required. **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 insitution and**

Signature of Merchant Authorized Signer & Loan Guarantor:

X _____

Date: _____

Merchant Authorized Signer's Title:

1. This application must be completed in its entirety.
2. How would you like to be contacted about this financing request?

Business Phone Cell Phone Home Phone E-Mail Business Fax

Transmittal of this Application and all information to be attached may be made by facsimile transmission.

PLEASE FAX THIS APPLICATION TO:

Source of Application (For Office Use Only)

Sales Rep Name:

Sales Rep E-Mail:

ID Number:

Sales Rep Phone Number:

Date Submitted: