## Investment Solutions, Inc

BUSINESS INFORMATION						Email to: Investmentsolutionsinc@yahoo.com				
Legal/Corporate Name:				DBA:						
Physical Address:				City:			State:	Zip:		
Telephone #: Fax #:						Federal	Federal Tax ID:			
Date Business Started: Length				of Ownership:			Website:			
Type of Entity (circle one): Sole Proprietorship Partnership Corporation LLC Othe				г			il Address:			
Type of Business (circle all that apply): Retail MO/TO Wholesale Restaurant Supermarket 0				Other	Product/Serv	luct/Service Sold:				
	N	MERCI	HANT	OWNER I	NFORMATION	ON				
Corporate Officer/Owner Name:							Ownership %:			
Home Address:			City:				State:	Zip:		
SSN:	Date of	Birth:		Home #:			Cell #:			
	NER IN	FORM.		l (if merchan	it ownership %					
Partner Name:			Title:				Ownership %:			
Home Address:			City:				State:	Zip:		
SSN:	Date of Birth:			Home #:			Cell #:			
	Bl	USINE	SS PR	OPERTY II	NFORMATION	ON				
Business Landlord or Business Mortgage Bank:				ct Name and/	or Account 4:		Phone #:			
(Please list at leas					ERENCES	nces on a	senarate nag	e )		
Business Name:			s. Please attach any additional references on Contact, Account # or Fax #:				Phone #:			
Business Name:			Contact, Account # or Fax #				Phone #:			
Business Name:			Contact, Account # or Fax #:				Phone #:			
Business Name:			Contact, Account # or Fax #:				Phone #:			
		OTI	HER I	NFORMAT	ION					
Do You Accept Credit Cards Processing Terminal(s)/Software Model:				Number of Terminals:			Average Monthly Volume:			
Requested Funding Amount :					Accept: Visa/M		l Amex Disco	over Debit	EBT	
Prior Funding Company (if applicable):				Balance:			Underwriter Use Only Split Funds ACH			
Applicant authorizes Investment Solution report from a credit bureau or a credit applicant.										
Applicant's Signature					Date					