



**LUXEMARK
CAPITAL, LLC.**

LuxeMark Capital, LLC
45 Rockefeller Plaza, 20th Floor
New York, NY 10011
www.luxemarkcapital.com
Phone: 212-APPROVED
Fax: 718-228-7256

Merchant Cash Advance

Initial Documentation Required for Loans under \$75,000.00

- Completed 1 Page Application
- 3 Months Business Checking Account Statements (All Accounts)
- 3 Months Processing Statements (If Applicable)

For Loans over \$75,000.00 Additional Documents Required for Approval

- Business Tax Return for prior year
- 3 Additional Months Business Checking Statements (6 Total)
- 3 Additional Months Processing Statements (6 Total, If Applicable)

Typical documents required after approval decision has been made

- Driver License copies of all applicants
- Voided Company Check
- Copy of Lease or Mortgage for business property
- Documentation for any outstanding business loans and payoff amount

Additional documentation may be required on a deal by deal basis

Please return the application and required documents to LuxeMark Capital

info@luxemarkcap.com

Fax: 718-228-7256

LuxeMark Capital LLC

QUICK APPROVALS AND FAST FUNDING - 1 PAGE APPLICATION

WWW.LUXEMARKCAPITAL.COM

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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: <small>Sole Proprietorship Partnership Corporation LLC Other</small>		Email Address:	
Type of Business (check all that apply): <small>Retail MO/TO Wholesale Restaurant Supermarket Other</small>		Product/Service Sold:	
MERCHANT/OWNER INFORMATION			
Corporate Officer/Owner Name:		Title:	Ownership %:
Home Address:		City:	State: Zip:
SSN:		Date of Birth:	Home Phone#: Cell Phone#:
PARTNER INFORMATION			
Partner Name:		Title:	Ownership %:
Home Address:		City:	State: Zip:
SSN#:		Date of Birth:	Home Phone#: Cell Phone#:
BUSINESS INFORMATION			
Business Landlord or Business Mortgage Bank:		Contact Name and/or Account#: Phone#:	
BUSINESS TRADE REFERENCE			
Business Name:		Contact/Account #: Phone#:	
Business Name:		Contact/Account #: Phone#:	
Business Name:		Contact/Account #: Phone#:	
OTHER INFORMATION			
Current Business Loans/Balance:		Current Bankruptcy Current Tax Liens <small><(6 12 <(6 12</small>	
Credit Card Processing Terminal(s)/Software Model:		Number of Terminals: Average Monthly Volume:	
Requested Advance Amount:		Processing Method <small>Phone (Landline) Computer (Internet)</small>	
Do you accept (FKHFNall that apply): <small>American Express Account No.: _____ Discover Account No.: _____</small>			
Current Cash Advance Company (if applicable):		Balance: Date Advance Taken:	

Applicant authorizes LuxeMark Capital, LLC and/or it 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 also agrees that he/she may be contacted in the future with special financial offers via fax. If applicant chooses not to be contacted with special offers, check the box here NOT to be contacted by fax with special offers.

Applicant's Signature

Date

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