

APPLY FOR WORKING CAPITAL



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QUALIFICATION APPLICATION

Business Legal Name:		Doing Business As (DBA):	
Address:		Suite/Floor:	
City:		State:	
Zip:		Phone:	
Mobile:		Fax:	
Website:		Email:	
Legal Entity: <input type="checkbox"/> Corp <input type="checkbox"/> Sole Prop <input type="checkbox"/> LLC <input type="checkbox"/> Partnership		Federal (Tax ID):	
Business Start Date Under Current Ownership (MM/YYYY):		State of Incorporation:	
Landlord Name:	Landlord Phone:		
Monthly Rent Payment:	Are you current with rent/mortgage?: <input type="checkbox"/> YES <input type="checkbox"/> NO		

Owner(s)/Principal Information

Name:		Date of Birth:		Name:		Date of Birth:					
Address:				Address:							
City:		State:		Zip:		City:		State:		Zip:	
Email:				Email:							
% of Ownership:		SSN:		% of Ownership:		SSN:					

References

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Funding Information

Industry Type:		Use of Proceeds:	
		Gross Annual Sales (from previous year tax return):	
Average Monthly Total Gross Sales:			
Do you have any open MCA or Loans accounts? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If Applicable: Current Outstanding Balance:			

By signing below, each of the above listed business and business owner/officer (individually and collectively, "you") authorize [Clear Skies Capital] ("CSC") and each of its representatives, successors, assigns and designees ("Recipients") 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 therefore (collectively, "Transactions") to obtain consumer or personal, business and investigative reports and other information about you, including credit card processor statements and bank statements, from one or more consumer reporting agencies, such as TransUnion, Experian and Equifax, and from other credit bureaus, banks, creditors and other third parties. You also authorize Clear Skies Capital Inc to transmit this application form, along with any of the foregoing information obtained in connection with this application, to any or all of the Recipients for the foregoing purposes. You also consent to the release, by any creditor or financial institution, of any information relating to any of you, to CSC and to each of the Recipients, on its own behalf. California loans made or arranged pursuant to a Department of Financial Protection and Innovation California Financing Law License.

Signature of Owner #1: _____ Date: _____

Signature of Owner #2: _____ Date: _____

PLEASE FAX BACK TO: (800) 918-5560