Peartree Financial
Small Business Financing Made Simple

Peartree Financial Financing Application

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Email – app@peartreefinancial.ca

BUSINESS INFORMATION

Legal/Corporate Name:
DBA (Doing Business as Name):
Physical Address:
City:
Prov:
Postal Code:
Telephone #:
Fax #:
Federal Tax ID:
Date Business Started:
Length of Ownership:
Website:
Type of Entity (circle one):
Sole Proprietorship Partnership Corporation LLC Other
Email Address:
Type of Business (check all that apply):
Retail MO/TO Wholesale Restaurant Supermarket Other
Product/Service Sold:

MERCHANT/OWNER INFORMATION

Corporate Officer/Owner Name:
Title:
Ownership %:
Home Address:
City:
Prov:
Postal Code:
SIN #:
Date of Birth:
Home #:
Cell #:
Do you rent or own your personal residence? Rent Own Monthly Mortgage/Rental Payment $

OWNER 2 INFORMATION

Partner Name:
Title:
Ownership %:
Home Address:
City:
Prov:
Postal Code:
SIN #: (Optional)
Date of Birth:
Home #:
Cell #:
Do you rent or own your personal residence? Rent Own Monthly Mortgage/Rental Payment $

BUSINESS PROPERTY INFORMATION

Business Landlord or Business Mortgage Bank:
Contact Name and/or Account #:
Phone #:
Do you rent or own your business property? Rent Own Monthly Mortgage/Rental Payment $

RELATED BUSINESS ACTIVITIES

(Please list at least 2 trade suppliers. Please attach any additional references on a separate page.)

Number of Employees (Including all Owners)
Do you have Overdraft Protection? Yes No
How much is the OD protection?
Minimum Income the owners require (Total)
How are the Owners currently paid? Salary Dividends
How much capital do you require?
Total Ave. Monthly Sales (processing, cash, check etc.)
Total Monthly Debit/Credit card sales
What will the funds be used for? (Be as specific as possible)

Applicant authorizes Peartree Financial its assigns, agents, affiliates, banks, funding companies 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. The applicant further verifies the above information is true and accurate.

Applicant's Signature **Date**

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