



VOX FUNDING APPLICATION

BUSINESS INFORMATION:

Business Legal Name:		Business DBA Name:		
Type of Business Entity: <input type="radio"/> Corporation <input type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Other: <input type="radio"/> Ltd. Partnership <input type="radio"/> LLP <input type="radio"/> Sole Proprietor		Business Start Date: (Mo./Year)	Federal Tax Id:	How many locations?
		Length of Ownership:	State of Inc./Organization:	Website:
Contact Name:	Business Address:			Company Phone
Position:	City:	State:	Zip Code:	Company Fax:
Cell Phone:	Mailing/Billing Address: (If different)			Please chose: (if applicable) <input type="checkbox"/> Home Based <input type="checkbox"/> Ecommerce
Email:	City:	State:	Zip Code:	

BUSINESS PROPERTY INFORMATION:

Own/Rent Property:	Lease Start Date:	Lease Term:	Monthly Rent/Mortgage:	At Location since:
Landlord Mortgage Company:	Contact Name:	Contact Phone:	Fax/Email:	

BUSINESS FINANCIAL INFORMATION:

Amount Requested:	Gross Annual Revenue:	Avg. Gross Monthly Sales:	Credit Card Processor (if applicable):
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PRIMARY OWNER INFORMATION:

(Ownership must be 51% or more between total applicants.)

Owner/Officer Full Name:			DOB:
Title:	% Ownership:	Est. Credit Score:	SSN:
Home Address:			Phone Number:
City:	State:	Zip Code:	Email:

SECONDARY OWNER INFORMATION:

(Ownership must be 51% or more between total applicants.)

Owner/Officer Full Name:			DOB:
Title:	% Ownership:	Est. Credit Score:	SSN:
Home Address:			Phone Number:
City:	State:	Zip Code:	Email:

By signing below, each of the above listed business and business owner (individually and collectively "you") hereby authorizes Vox Funding ("VOX"), its direct affiliate partners, banks, or financial institutions (referred to collectively as the "Companies") 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 credit reporting agencies, such as TransUnion, Experian, and Equifax. And from other credit bureaus, banks, creditors and other third parties (1) to review your application to authenticate your identity, verify application information, make underwriting decisions and related purposes, (2) if your application results in your entering into a transaction with any of the Companies, to service, monitor, collect, and enforce the transaction, and (3) from time to time, determine your eligibility for other financial products that may be offered by the Companies. You also authorize VOX Funding, as an agent to the Recipient, to transmit this application form, along with any of the foregoing information obtained in connection with this application, to any of the qualifying Companies.

CONSENT TO TELEPHONE CALLS: You consent to receiving calls and messages to landline, wireless, similar devices, and SMS messages (including text messages) from VOX Funding.

CONSENT TO ELECTRONIC DISCLOSURES: You consent to transactions and disclosures with Companies online and electronically. Disclosures will be provided to you either on the screen, on Company's website or via electronic mail to the email address you provided.

AUTHORIZED SIGNATURES:

Primary Owner/ Officer Signature		Secondary Owner/ Officer Signature	
Primary Owner/ Officer Name (Print):	Date:	Secondary Owner/ Officer Name (Print):	Date: