

APPLY FOR WORKING CAPITAL



Tel: (561) 859-8048
www.BlueCloverFin.com

Anthony Ricciardo
 123 N. Congress Ave, Ste 324
 Boynton, Beach, FL 33426
 Fax: (561) 431-0328
 tony@BlueCloverFin.com

BLUE CLOVER FINANCIAL QUALIFICATION APPLICATION

Business Legal Name:	Doing Business As (DBA):
Address:	Suite/Floor:
City:	State:
Zip:	Phone:
Website:	Email:
Mobile:	Fax:

Preferred Callback Time:		
Legal Entity: <input type="checkbox"/> Corp <input type="checkbox"/> Sole Prop <input type="checkbox"/> LLC <input type="checkbox"/> Partnership	Federal (Tax ID):	
State of Incorporation:		
Business Start Date (MM/YYYY):	Date Current Ownership Started:	
Landlord Name:	Landlord Phone:	Time left on lease:
Monthly Rent/Mortgage Payment:	Current with rent/mortgage?:	<input type="checkbox"/> YES <input type="checkbox"/> NO

Owner(s)/Principal Information					
Name:	Date of Birth:	Name:	Date of Birth:		
Home Address:	Home Address:				
City:	State:	Zip:	City:	State:	Zip:
Email:	Email:				
% of Ownership:	SSN:	% of Ownership:	SSN:		
Driver's License #:	Driver's License #:				

Funding Information		
Business Type:	Type of Product/Service Sold:	
Purpose of Funds Requested:	Requested Amount:	
Average Monthly Credit Card Sales:	Annual Gross Sales:	
Franchise: <input type="checkbox"/> YES <input type="checkbox"/> NO	Seasonal: <input type="checkbox"/> YES <input type="checkbox"/> NO	Peak Months:
Do you have a cash advance now?: <input type="checkbox"/> YES <input type="checkbox"/> NO	Date of Advance/Loan:	
Current Working Capital Provider:		
Working Capital Received: \$	Current Capital Balance: \$	

Business Trade References <small>Please list at least 3 trade suppliers</small>	
Business Reference 1:	Contact Phone:
Business Reference 2:	Contact Phone:
Business Reference 3:	Contact Phone:

Authorizations
 By signing below, each of the above listed business and business owner/officer (individually and collectively, "you") authorize Blue Clover Financial (ALR Consulting, LLC) 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 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 such as TransUnion, Experian and Equifax, and from other Credit bureaus, banks, creditors and other third parties. You also authorize GW 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 to the release, by any creditor or financial institution, of any information relating to any of you, to Blue Clover Financial and to each of the Recipients, on its own behalf.

Signature of Owner #1 _____	Title _____	Date: _____
Signature of Owner #2 _____	Title _____	Date: _____

PLEASE FAX BACK TO: (561) 431-0328

Additional Notes:
