TRAM FUNDING



Funding Application

Co-Applicant's Signature	Print Name		Date
Applicant's Signature	Print	t Name	Date
			d to agree to be contacted in this manner to use TRAM Fundings
BY REFERENCE IN ANY AGREEMENT ANY OF THE UNDERSIGNED SUCH STATEMENT OR INFORMATION. EACH SIGNER HAS READ A CONTAINED HEREIN IS TRUE AND CORRECT.	MAY ENTER INTO WITH RAPID FINAN ND UNDERSTANDS THE TERMS OF T	ICE. EACH OF THE UNDERSIGNED HEREBY AG HIS APPLICATION, INCLUDING ANY ADDEND	THAT SUCH STATEMENTS AND INFORMATION MAY BE INCORPORATED REES TO NOTIFY TRAM FUNDING PROMPTLY OF ANY CHANGE IN ANY UM, AND REPRESENTS AND WARRANTS THAT THE INFORMATION le (including mobile) during any step of this application, via phone
obtain credit and employment information about the Signers obtain credit reports and make any inquiries TRAM Funding a disclose account information as required by law. Each Signer a certify that they have read and understand the terms of this TRA FACH SIGNED ACKNOWLEDGES THAT TRAM ELIDINISMS MAY PELY	nd Recipients consider appropriate in acknowledges that additional inform M Funding Application Form.	nation may be required in order to render a d	ecision regarding Business Applicant's account and Signers hereby
Funding, and [or] their corporate affiliates by Signers is true and	complete; (ii) in the event TRAM Fun arding Signers (whether from Signers	ding declines to extend financing to the Busi s or third parties) to other persons or entities	that are under contract with TRAM Funding for the purpose of providing
Phone Number		Email	
Birthdate (MM DD YYYY)	Social Security Number		
City		State	Zip
Home Address	•		
First Name	Last Name		Percent Ownership (%)
Principal Owner Information #2			
Phone Number	Email		
Birthdate (MM DD YYYY)	Social Security Number		
City		State	Zip
Home Address			
First Name	Last Name		Percent Ownership (%)
Principal Owner Information #1	The Albania		
Company 2	Current Balance		Date Received
Company 1	Current Balance		Date Received
Do you currently have a cash advance balance of	ppen with another company	√? Yes No if yes	, Provide Details below
Requested Funding Amount		Purpose of Funds	
Federal Tax ID Number (9 digits)		State of Incorporation	
Business Financial Information		Louis de la companya	
Business Type / Services Provided	Landlord Name		Landlord Phone
Sole Propriertorship Partnership		LLC Other	
Legal Business Structure (Select One)			Business Start Date (MM/DD/YYYY)
Business Phone		Business Email	
City		State	Zip
Business Address			
Legal Business Name		Doing Business As Name (DB/	A)
Business information			•