



Level Funding, LLC

Your Direct Business Lender

____ / ____ / ____
Month / Day / Year

Business

Exact Legal Business Name _____

Address _____

City, State, Zip _____

Phone # _____

E-mail: _____

Age of Business _____

Number of Employees _____

Annual Sales \$ _____

Years Owned by Current Owners _____

Primary Contact Name _____

Cell Phone# _____

Ownership

Business Structure Proprietorship Corporation LLC Partnership

Fed. Tax # _____

State and Year of Incorporation _____

Other

Principal's Name _____

Title _____

SOC. SEC . # _____

Home Address _____

% Ownership _____

Principal's Name _____

Title _____

SOC. SEC . # _____

Home Address _____

% Ownership _____

Business Bank Name _____

Location (City/State) _____

Phone# _____

Contact _____

Title _____

I hereby authorize Level Funding LLC or any Credit bureau or any credit bureau or there agency employed by Level Funding LLC to investigate the references herein listed as well as any financial statements or any other data obtained form me or from any other person to my credit and financial responsibility. Initial _____

Date _____