



# CREATIVE CAPITAL SOLUTIONS

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<b>Business Information</b>				
Business Legal Name:		State of Incorporation:		Type of Business Entity (check one):  <input type="checkbox"/> Corp <input type="checkbox"/> LP <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Prop
Business DBA Name:		EIN#:		
Business Physical Street Address:		City:	State:	
Business Phone:		Preferred Contact Name:	Preferred Contact #:	Cell Phone:
Industry Type: (Description)		<input type="checkbox"/> Rent <input type="checkbox"/> Mortgage <input type="checkbox"/> Own Outright Amount:		Funding Amount Requesting:
Gross Annual Sale:		Business Start Date:		Use of Proceeds:
Credit Score:		Average Daily Balance:		Credit Card Processor:
Any Outstanding Loan Advance Balances? <input type="checkbox"/> YES <input type="checkbox"/> NO		If YES, List Balance	Funding Company	Any Open Bankruptcies? <input type="checkbox"/> YES <input type="checkbox"/> NO
Seasonal Business? <input type="checkbox"/> YES <input type="checkbox"/> NO		If YES, List Peak Months:		Any Judgements / Liens? <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Ownership Information</b>				
First Name:	Last Name:		SSN:	DOB:
Street Address:			City:	State: Zip Code:
Home Phone:	Ownership %:	E-mail:		
First Name:	Last Name:		SSN:	DOB:
Street Address:			City:	State: Zip Code:
Home Phone:	Ownership %:	E-mail:		
<b>References</b>				
Landlord Name / Mortgage Company:		Contact Person:		Phone #:
Business Trade Reference #1:		Contact Person:		Phone #:
Business Trade Reference #2:		Contact Person:		Phone #:
Business Trade Reference #3:		Contact Person:		Phone #:
<b>Authorization</b>				
By signing below, each of the above listed business and business owner/officer (individually and collectively, "you") authorize Creative Capital Solutions, CCS" . to share this application and other information obtained in connection with the application with its representatives, successors, assigns, designees and partners ("Recipients") that may be involved with or provide commercial loans, term loans, SBA loans, line of credit programs or merchant cash advance transactions having a monthly, bi-weekly, weekly or daily repayment features or purchases of future receivables for the purpose of considering your eligibility for credit or other payment contracts. You further authorize the Recipients to (1) obtain consumer and commercial credit reports and related information about you from credit reporting agencies and other third party data providers; and (2) obtain other personal, business and investigative reports and other information about you, including credit card processor statements and bank statements, from one or more consumer reporting agencies, such as TransUnion, Experian and Equifax, and from other credit bureaus, banks, creditors and other third parties. You also consent to the release, by any creditor or financial institution, of any information relating to any of you, to Creative Capital Solutions and to each of the Recipients, on its own behalf.				

Owner #1 Name (Print): \_\_\_\_\_

Owner #2 Name (Print): \_\_\_\_\_

Owner #1 Signature: \_\_\_\_\_

Owner #2 Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_