

## Please complete the following form and email it to us.

Email: creditapp@mjcapitalfunding.com



Investor Referral Application									
Business Information									
Company Legal Name & DBA:			Website:						
Federal Tax ID:		Phone:			Fax:				
Billing Address:		Email:							
City:		State:			ZIP Code:				
No. of Years in Business:	Business:								
I am a: Borrower Broker		Other:							
Funding Needed: Immediately		30 Days	60 Days 90+ Days						
Personal Information on Majority Stockholder/Owner									
Name:	Home Address:			Social Security No.:		% Ownership:			
Title:	Mobile Phone:								
Name:	Home Address:			Social Security No.:		% Ownership:			
Title:	Mobile Phone:								
Company Bank References									
Name:	Account No.:			Contact:		Phone:			
Name:	Account No.:			Contact:		Phone:			
Type of Loan Requested Loan Amount Requested and Description									
Equipment									
Real Estate									
Working Capital									
Equipment Information (Attach additional information if necessary)									
Equipment Description and Estimat	ed Total Costs:								
Vendor Name:			Contact:		Phone:				
Vendor Address:									
City:	State:				ZIP Code:				
Real Estate Loan									
Address:									
Property Type:	Sq	. Ft:		C	Owner Occupied:	YES	NO		
Authorization									
I certify that the information provided above is accurate and complete. I authorize MJCC and its designee (and any assignee or potential assignee thereof) to obtain information from the references concerning business and personal credit standings. MJCC, is a investor referral source not a lender.									
Signature:			Print Name:			Date:			
Signature:			Print Name:			Date:			



How will this financing positively impact your business? (i.e.make more money or save money)	250 words or less
Briefly describe intended use of funds	100 words or less