BIZ CAPITAL DEPOT LLC
Lake Worth, Florida
Tel:(800) 276 - 8870 or (561) 719 - 3150

BIZ CAPITAL DEPOT LLC
Please email this form back to your representative or simply send back to: **leads@bizcapitaldepot.com**

Please fill out form completely.

Please fill out form completely. All owners information and signature must be on this form
Please also send all supporting documents that we have requested - Speed of this process depends upon you!

Pre-Qualification Form

Amount Requested:		**Use of Funds:**		**Current Advance/Loan Balance & With Whom:**
Business Legal Name:		**Business D/B/A Name:**		
Type of Business Entity: (Check One)	☐ Corporation ☐ Limited Liability Company ☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Partnership ☐ Limited Partnership	**State of Incorporation:**	**Fed Tax ID #:**	
Physical Street Address:		**City:**	**State:**	**Zip:**
Billing Street Address (if different than above)**:**		**City:**	**State:**	**Zip:**
Physical Location Phone #:		**Billing Location Phone #:**		**Preferred Contact Phone #:**
Industry Type (SIC Code or Description)**:**		☐ **Rented** ☐ **Mortgaged** Amount: $_____		**Business Start Date:**
Owner/Officer:		**Ownership %:**		**Title:**
Legal Last Name:	**Legal First Name:**	**Date of Birth:**	**SSN:**	**Cell #:**
Home Address:		**City:**	**State:**	**Zip:**
Owner/Officer:		**Ownership %:**	**Title:**	
Legal Last Name:	**Legal First Name:**	**Date of Birth:**	**SSN:**	**Cell #:**
Home Address:		**City:**	**State:**	**Zip:**

Authorizations: The Merchant and Owner(s)/Officer(s) identified above (individually, an "Applicant") each represents, acknowledges, and agrees that (1) all information and documents provided to Como Group LLC, Biz Capital Depot LLC, our affiliates are true, accurate, and complete, (2) Applicant will immediately notify us of any change in such financial condition, (3) COMO and or its affiliates authorized to request and receive any investigative reports, credit reports, statements from creditors or financial institutions, verification of information, or any other information that ECC deems necessary, (4) Applicant waives and releases any claims against COMO and any information-providers arising from any act or omission relating to the requesting, receiving, or release of information, and (5) each Owner/Officer represents that he or she is authorized to sign this form on behalf of Merchant.

Owner/Officer's Name (Print)**:**_____

Owner/Officer's Signature:_____ **Date:**_____

Owner/Officer's Name (Print)**:**_____

Owner/Officer's Signature:_____ **Date:**_____

Website: _____ **Email:** _____ **Fax:** _____

Trade Reference 1: _____ **Contact Phone #:** _____

Trade Reference 2: _____ **Contact Phone #:** _____

Landlord/Mortgage Name: _____ **Contact Phone #:** _____