

Date:

Ph: (305) 298-5118 Fax: (305) 503-9309 Info@LyftCapital.com

Business Legal Name: Legal Entity: O Corporation O LLC					
Lagal Entity: O Corporation O LLC 0 Sole Proprietorably Federal Tax ID:  Business Prone:  Business Pax:  Email Address:  Business Start Date:  Physical Address:  City: State: Zip Code:  Mailing Address:  City: State: Zip Code:  Business Description:  Renetr or Omed: Open Bankrupts/?  Renet Mortgage Amount:  Landord/Mortgage Company Contact:  Owner 1 Information  Name: % of Ownership:  Home Address: City: State: Zip Code:  Date of Birth: Social Security#:  Owner 2 Information  Name: % of Ownership:  Home Address: City: State: Zip Code:  Email: Mobile:  Date of Birth: Social Security#:  Desired Funding Amount?  Information  Prunding Information  Desired Funding Amount?  Information  Desired Funding Amount?  Information  Desired Funding Amount?  Information  Authorization Formation  Desired Funding Promation  Authorization Formation  Authorization Formation  Desired Funding Delow, each of the above Islated business and business and business on delarginess (Recipents): With your owner promise in the application therefore (collectively: Transactions): In Total Monthly Sales (All Forms of Revenue):  Gross Annual Sales (Last Year's Tax Return):  Do you currently have a Cash Advance? If Yes what is the Current Outstanding Balance?  Authorization Formation  AUTHORIZATIONS  By signing below, each of the above Islated business and business owner/follorer (individually and collectively: "you") surborize Lyft Capital Inc (*CLC)" and case of the representatives, successors, assigns and designess ("Recipents") that may be indivestigative reports and other information about you, including credit card processors statements and bank statements. From one or more consumer reporting apprecies, You also surborize LC to transmit this bring patients. You also surborize LC to transmit this bring patients. You also surborize LC to transmit this bring patients. You also surborize LC to transmit this bring patients. The corporation of the repose of the rep	Business I				
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Mobilio: Email Address: Email Address: Email Address: City: State: Zip Code: Mailing Address: City: State: Zip Code:  Mailing Address: City: State: Zip Code:  Mailing Address: City: State: Zip Code:  Business Description:  Rent Morigage Amount: Landlord Morigage Company Contact:  Owner 1 Information  Name:  Sof Ownership: Home Address: City: State: Zip Code:  Mobilio:  Date of Birth: Social Security#:  Owner 2 Information  Name: City: Social Security#:  Owner 3 Information  Name:  Princip Address: City: Social Security#:  Company Contact:  Email: Mobilio: Date of Birth: Social Security#:  Funding Information  Desired Funding Amount? Intended use of Funds?  Visa Mester Card Monthly Volume: Total Monthly Sales (All Forms of Revenue):  Gross Annual Sales (Last Yaar's Tax Return): Do you currently have a Cash Advance? If Yes, what is the Current Outstanding Balance?  Authorization Form  AUTHORIZATIONS By signing below, sech of the above listed business and business owner/officer (individually and collectively: "you") authorize Lyft Capital Inchance to having dayly repayment features or purchases of future receivables including Morthal Cash Advance transactions, including without limitation the application benefor (collectively: "Transactions") to obtain consumer or personal, business and investigative reports and other information about you, including Greet Gard processor statements and business and investigative reports and other information about you, including credit card processor statements and business and investigative reports and other information about you, including credit card processor statements and business and more statements. From one or more consumer reporting agreeds, such as a statement of the company of the processor of the processor of the company of the processor of the processor of the company of the processor of the processor of the company of the processor of the processor of the company of the processor of	Legal Entity: O Corporation O LLC 0 Sole Proprietorship	Federal Tax ID:			
Email Address:    Business Start Date:   Zip Code:	Business Phone:	Business Website:			
Physical Address: City: State: Zip Code:  Mailing Address: City: State: Zip Code:  Business Description:  Renter or Covned: [ Open Bankruptcy?  Rent/Mortgage Amount:  Landlord/Mortgage Company Contact:  Owner 1 Information  Name: 9'sof Ownership:  Home Address: City: State: Zip Code:  Email: Mobile:  Date of Birth: Social Security#:  Owner 2 Information  Name: 9'sof Ownership:  Home Address: City: State: Zip Code:  Email: Mobile:  Date of Birth: Social Security#:  Owner 2 Information  Name: 9'sof Ownership:  Home Address: City: State: Zip Code:  Email: Mobile:  Date of Birth: Social Security#:  Funding Information  Desired Funding Amount?  Funding Information  Prunding Information  Desired Funding Amount?  I Total Monthly Sales (All Forms of Revenue):  Gross Annual Sales (Last Year's Tax Return):  Do you currently have a Cash Advance? If Yes, what is the Current Outstanding Balance?  Authorization Form  Authorization Form  Authorization Form  Authorization Form  Authorization Information the application that solve listed business and business owner/officer (individually and collectively, 'you') sulthorize Lyft Capital inc (LC) and each of its representatives, successors, assigns and designees ('Recipients') that may be involved with or acquire commercial cans having daily repayment features or purchases of future receivable including Marchan Cash Advance responses, such as a spiciation tom-daily repayment features or purchases of future receivables including Marchan Cash Advance responses, such as a spiciation form, along with any of the foregoing information obtained in connection with this application, to any or all of the Recipients for the foregoing purposes. You also consent to the release, by any creditor of financial institution, of any information relating to any of you, to LC and to each of the Recipients, on its own behalf.'	Mobile:	Business Fax:			
Mailing Address: City: State: Zip Code:  Business Description:  Renter or Owned: [ Open Bankruptcy?  Rent/Mortgage Amount:  Landlord/Mortgage Company Contact:  Owner 1 Information  Name: 9s.of Ownership: Home Address: City: State: Zip Code:  Email: Mobile: Date of Birth: Social Security#:  Owner 2 Information  Name: 9s.of Ownership: Home Address: City: State: Zip Code:  Email: Mobile: Date of Birth: Social Security#:  Owner 3 Information  Name: 9s.of Ownership: Home Address: City: State: Zip Code:  Email: Mobile: Date of Birth: Social Security#:  Funding Information  Desired Funding Amount?  Intended use of Funds?  Visa/MasterCard Monthly Volume: I Total Monthly Sales (All Forms of Revenue):  Oross Annual Sales (Last Year's Tax Return):  Do you currently have a Cash Advance? If Yes, what is the Current Outstanding Balance?  Authorization Form  Authorization Form  Authorization Form  Authorization Information the application than show listed business and business overefortice (individually and collectively, 'you') authorize Lyft Capital Inc ('C') and each of its representatives, successors, assigns and designees ('Recipients') that may be involved with or acquire commercial Cans having daily repayment features or purchases of future receivables including Merchan Cash Advance transactions, information the application therefor (collectively, 'Transactions') to obtain consumer or personal, business and investigative reports and other information about you, including coded and processor in statements and business and investigative reports and other information about you, including coded and processor interesters expendences including Merchan Cash Advance consumer reporting apencies, such as application tome, along with any of the foregoing information connection with this application, to any or all of the Recipients for the foregoing purposes. You also consent to the release, by any creditor of financial institution, of any information relating to any of you, to LC and to each of the Recipients, on its own behalf."	Email Address :	Business Start Date:			
Business Description: Renter or Owned:	PhysicalAddress:	City:	State:	Zip Code:	
Renter or Owned: [ Open Bankruptcy?  Rent/Mortgage Amount:  Landlord/Mortgage Company Contact:    Commercia	MailingAddress:	City:	State:	Zip Code:	
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Name: 9% of Ownership:  Home Address: City:   State:   Zip Code:  Email: Mobile:  Date of Birth: Social Security#:    Owner 2 Information	Rent/Mortgage Amount:				
Name: %of Ownership: Home Address: City:   State:   Zip Code: Email: Mobile:  Date of Birth: Social Security#:  Owner 2 Information  Name: %of Ownership: Home Address: City:   State:   Zip Code: Email: Mobile:  Date of Birth: Social Security#:  Email: Mobile:  Date of Birth: Social Security#:  Funding Information  Desired Funding Amount?  Intended use of Funds?  Visal/MasterCard Monthly Volume:   Total Monthly Sales (All Forms of Revenue):  Gross Annual Sales (Last Year's Tax Return):  Doyou currently have a Cash Advance? If Yes, what is the Current Outstanding Balance?  Authorization Form  AUTHORIZATIONS By signing below, each of the above listed business and business owner/officer (individually and collectively, "you") authorize Lyft Capital Inc ("LC") and each of its representatives, successors, assigns and designees ("Recipients") that may be involved with or acquire commercial loans having daily repayment features or purchases of future receivables including Merchant Cash Advance transactions, including without limitation the application therefore (collective), "Irransactions' to obtain consumer or personal, business and misurine repersonal business and business owner/officer (individually and collectively, "you") authorize Lyft Capital Inc ("LC") and each of its representatives, successors, assigns and designees ("Recipients") that may be involved with or acquire commercial loans having daily repayment features or purchases of future receivables including Merchant Cash Advance transactions, including without limitation the application three for collective), "you" obtain consumer or personal, business and invitative reports and other information about you, including oredit card processor statements and bank statements, from one or more consumer reporting agencies, such as application form, along with any of the freepigning information obtained in connection with this application for along with any of the freepigning formation obtained in connection with this application for the foregoing purposes. You also	Landlord/Mortgage Company Contact:				
Home Address:    City:   State:   Zip Code:	Owner 1 Information				
Email:  Date of Birth:  Social Security#:  OWNET 2 Information  Name:  % of Ownership:  Home Address:  City:  Social Security#:  Email:  Mobile:  Date of Birth:  Social Security#:  Funding Information  Desired Funding Amount?  Intended use of Funds?  Visa/MasterCard Monthly Volume:  Total Monthly Sales (All Forms of Revenue):  Gross Annual Sales (Last Year's Tax Return):  Do you currently have a Cash Advance? If Yes, what is the Current Outstanding Balance?  Authorization Form  Authorization Form  Authorizations  By signing below, each of the above listed business and business owner/officer (individually and collectively, "you") authorize Lyft Capital Inc ("LC") and each of its representatives, successors, assigns and designees ("Recipients") that may be involved with or acquire commercial loans having daily repayment features or purchases of future receivables including Merchant Cash Advance transactions, including without limitation the application therefor (collectively, "Transactions") to obtain consumer or 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 authorize LC to transmit this application form, along with any of the foregoing information obtained in connection with this application, to any or all of the Receipients for the foregoing purposes. You also consent to the release, by any creditor or financial institution, of any information relating to any of you, to LC and to each of the Recipients, on its own behalf."	Name:	% of Ownership:			
Date of Birth:    Social Security#:   Owner 2 Information   Name:	Home Address:	City:	State:	Zip Code:	
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Home Address:  City: State: ZipCode:  Email: Mobile:  Date of Birth: Social Security#:  Funding Information  Desired Funding Amount?  Intended use of Funds?  Visa/MasterCard Monthly Volume: Total Monthly Sales (All Forms of Revenue):  Gross Annual Sales (Last Year's Tax Return):  Doyou currently have a Cash Advance? If Yes, what is the Current Outstanding Balance?  Authorization Form  AUTHORIZATIONS  By signing below, each of the above listed business and business owner/officer (individually and collectively, "you") authorize Lyft Capital Inc ("LC") and each of its representatives, successors, assigns and designees ("Recipients") that may be involved with or acquire commercial loans having daily repayment features or purchases of future receivables including Merchant Cash Advance transactions, including without limitation the application therefor (collectively, "Transactions") to obtain consumer or 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 Equifix, and from other credit bureaus, banks, creditors and other third parties. You also authorize LC to transmit this application form, along with any of the foregoing information obtained in connection with this application, to any or all of the Recipients for the foregoing purposes. You also consent to the release, by any creditor or financial institution, of any information relating to any of you, to LC and to each of the Recipients, on its own behalf."	Owner 2 Information				
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