



Thank you for your interest in Clara Capital LLC. Attached you will find your application for funding. Please complete the application in its entirety and return it along with:

- **4 months, credit card processing statements (all pages).**
- **4 months, Bank statements (all pages).**

In order to ultimately fund you, we also need the following. Please send it along now:

- **Copy of your lease or deed (page with terms and signature).**
- **Driver's License.**
- **Voided Check**
- **Business certificate**

Once we receive your completed signed application, along with the aforementioned documentation we will contact you with the specific information. How much money you qualify for and when we can ACH these funds into your account.

Sincerely,

Clara Capital LLC

Phone – 516-758-2334

Fax – 1-516-706-7742



Please fill in the spaces below and mail or fax us the application. By doing so, you are giving Clara Capital LLC as well as its agents and affiliates, permission to review your business and personal credit history in order to provide you with formal funding approval.

Business Legal Name:	DBA Name:
Address:	Suite/Floor:
City:	State:
Zip:	Phone:
Mobile:	Fax:
Website:	Email:
Legal Entity:	Type of Business:
Federal State Tax ID#:	Product Sold:
Business Start Date:	Landlord /Mortgage Company:
Amex#:	Rent/Mortgage Amount:
Discover#:	Landlord Contact Name:
Terminal Type:	Landlord Contact Phone:
Owner/Principle Information	
Name:	Date of Birth:
Address:	City:
State:	Zip:
Phone:	Fax:
Email:	Mobile:
% of Ownership:	SSN#:
Funding Information:	Trade References
Average Visa/MC Monthly Sales:	1. Name:
Average Monthly Sales:	Contact:
Average Ticket Size:	Phone:
Advance Company:	2. Name:
Date of Advance:	Contact:
Advanced Amount:	Phone:
Payback Amount:	3. Name:
Balanced Owed:	Contact:
Holdback%:	Phone:
<p>By signing below, the Merchant and its owners / principals: (1) certify that all information and documents submitted in connection with this Application is true, correct and complete; and (2) authorize Dixon Financial Services, its agents, partners, and lenders to receive credit reports and any other information regarding the Merchant and its owners and principals from third parties, to verify any information provided on the Application. By signing this agreement, the Merchant hereby authorizes Dixon Financial Services and its affiliates to obtain the 12 most recent monthly reports detailing Merchant's credit card processing and banking activity from its card processor or any agent or other third party utilized by that processor to authorize, clear and/or settle credit card payments.</p>	
<p>Signature: X _____ Date _____ FAX to: 1-516-706-7742</p>	