

Loan Pre-Qualification Form

ALIGN INNOVATIVE LLC

| CONTACT INFORMATION | | | |
|----------------------|--|-------------------------------|-------------|
| Business Legal Name: | | Business DBA (if applicable): | |
| Business Phone: | | Mobile Phone: | |
| Business Fax: | | Other Phone: | |
| Website: | | Email: | |
| Physical Address: | | City: | State: Zip: |
| Mailing Address: | | City: | State: Zip: |

| BUSINESS INFORMATION | | | | | |
|---|-----------------|--|--|--|-------------------|
| Legal Entity (select one): <input type="radio"/> Corporation <input type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> LP <input type="radio"/> LLP <input type="radio"/> Sole Proprietorship | | | | | |
| Business Start Date: | Federal Tax ID: | Home Based Business? <input type="radio"/> YES <input type="radio"/> NO | Open Judgements/Liens? <input type="radio"/> YES <input type="radio"/> NO | Open Bankruptcies? <input type="radio"/> YES <input type="radio"/> NO | State of Inc/LLC: |
| Business Description: | | | Industry Type (SIC Code): | | |
| Business Rent/Mortgage Information: <input type="radio"/> Rented/Leased <input type="radio"/> Mortgaged | | Mthly Rent/Lease/Mtg Payment: | Remaining Term for Rent/Lease: | Payment Current? <input type="radio"/> YES <input type="radio"/> NO | |
| Landlord/Mortgage Company Contact: | | | Phone Number: | | |

| FUNDING INFORMATION | | | | |
|---|---|----------------------------------|---|----------------------------|
| Amount Requested: | When Are Funds Needed: <input type="radio"/> ASAP <input type="radio"/> 30 Days <input type="radio"/> 60+ Days | Desired Use of Funding Proceeds: | | |
| Gross Annual Sales: | Gross Monthly Sales: | Monthly Credit Card Volume: | Current Cash Advance? <input type="radio"/> YES <input type="radio"/> NO | Cash Advance/Loan Balance: |
| Current Credit Card Processing Company: | | | Account Number: | |

| OWNER/PRINCIPAL INFORMATION | | | | |
|-----------------------------|---------------|----------------|--------|--------------|
| First Name: | MI: | Last Name: | Title: | % Ownership: |
| Home Address: | | City: | State: | Zip: |
| Home Phone: | Mobile Phone: | Date of Birth: | SS#: | |

| CO-OWNER/PRINCIPAL INFORMATION | | | | |
|--------------------------------|---------------|----------------|--------|--------------|
| First Name: | MI: | Last Name: | Title: | % Ownership: |
| Home Address: | | City: | State: | Zip: |
| Home Phone: | Mobile Phone: | Date of Birth: | SS#: | |

By signing below, you ("the Applicant") authorize **Align Innovative LLC**, its agents, affiliates, partners, successors, and assigns (collectively, "Align Innovative"), to obtain and verify credit, financial, and other relevant information about you and/or your business from third-party sources. This may include, but is not limited to, consumer and business credit reports, bank statements, credit card processing data, and other financial records.

You also authorize Align Innovative to share this information with potential lenders, funding partners, and other financial institutions in connection with evaluating your eligibility for loan products or other financial services. This authorization extends to obtaining updated or additional information throughout the term of any relationship established as a result of this application.

Furthermore, you consent to any third-party financial institutions, creditors, or service providers releasing such information to Align Innovative upon request. This authorization is made in connection with a business transaction and shall remain in effect as long as necessary to fulfill the purposes stated herein.

| | |
|------------------|---------------|
| Owner Signature: | Co-Owner: |
| Print Name: | Printed Name: |
| Date: | Date |