



Canadian Application Form

Phone 866-903-5012

support@capitallynk.com

www.CapitalLynk.com

Fax 877-433-7796

Business Information

Legal/Corporate Name		Doing Business As (DBA)	
Physical Address		City	Province
Mailing Address (if different from physical address)		City	Province
Business Phone Number () -	Fax Number () -	Business Email Address	
Type of Entity (Circle One) Corporation / Limited / LLC / LLP Partnership / Sole Proprietorship	Province of incorporation	Date Established (mm/dd/yy)	Business Identification Number
Products Sold / Services Offered		Own or Rent Business Location (Circle One) OWN / RENT	Monthly Rent (\$) or Mortgage Amount (\$) # of Business Locations
# of Business Banking Accounts	Banking Online Access Set Up <input type="checkbox"/> Yes <input type="checkbox"/> No	Does Your Business Accept Credit Cards <input type="checkbox"/> Yes <input type="checkbox"/> No	Credit Card Processor Online Access Set Up <input type="checkbox"/> Yes <input type="checkbox"/> No

Merchant/ Owner Information

Primary Contact

Salutation (Circle One) Mr. / Mrs. / Ms. Dr. / Prof.	Owner Full Name	Title	Date of Birth (mm/dd/yy)	% Ownership %
Home Address		Home Phone Number () -	Cell Phone Number () -	
# Yrs at Home Address	Own or Rent (Circle One) OWN / RENT	Email Address		Date Started Current Ownership
City	Province	Postal Code	Drivers License Number (optional)	Social Insurance Number (optional)

Partner Information

Primary Contact

Salutation Mr. / Mrs. / Ms. Dr. / Prof.	Owner Full Name	Title	Date of Birth (mm/dd/yy)	% Ownership %
Home Address		Home Phone Number () -	Cell Phone Number () -	
# Yrs at Home Address	Own or Rent (Circle One) OWN / RENT	Email Address		Date Started Current Ownership
City	Province	Postal Code	Drivers License Number (optional)	Social Insurance Number (optional)

Business Trade References

Business Name	Contact Name or Account No.	Phone Number () -	Fax Number or Email Address
Business Name	Contact Name or Account No.	Phone Number () -	Fax Number or Email Address
Business Name	Contact Name or Account No.	Phone Number () -	Fax Number or Email Address

Franchise Yes No

Franchise Name	Franchise Contact Name	Franchise Phone No. and/or Cell No.	Franchise Email and/or Fax
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Insurance Information

Insurance Company	Insurance Broker's Name	Insurance Broker Contact Name
Insurance Broker's Phone No. () -	Insurance Broker's Cell Number () -	Insurance Broker Email and/or Fax
Policy Number	Business Interruption Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No	Flood Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No

SIGNATURES - ALL OWNERS MUST SIGN -- By signing below, the Merchant and its owner(s) certify that all information and documents submitted in connection with this Application are true, correct and complete. Additionally, the owner(s) authorize the Funder, or any of its agents, partners, and affiliates to contact the above landlord, supplier, and emergency contacts, as well as obtain and use business and non-business consumer credit reports from credit reporting agencies and any other information regarding the Merchant and its owner(s) from third parties, both at the time of the initial funding application and at any time after the Merchant has received funding as long as the Merchant remains a client of the Funder. At all times, the Funder will comply with the personal information collection, protection, use, sharing, and retention practices set out in the Funder's Privacy Policy.

Applicant Signature

Date

Co-Signature

Date

When all pages completed, select a method to submit:

1) Fax to 1-877-433-7796 OR 2) Scan and email to support@capitallynk.com

For assistance, call 1-866-903-5012 Ext. 304. Thank you!

Funding Amount Requested: \$ _____ Date working capital desired (mm/dd/yy): _____

Intended use of proceeds: _____

Have you ever used a cash advance plan before? (Please Circle) **YES / NO**

If yes, please provide us with the details of your **current or most recent** advance:

Lender Name: _____ Approx Date funded: _____

Advance Amount: \$ _____ Daily Payment Amount or % of Sales: _____ Payback amount: \$ _____

Remaining Balance Owed: \$ _____ Date fully paid off (if applicable): _____

Are you interested in paying off your current advance(s)? **YES / NO / UNDECIDED**

Does your business have any previous advances or loans in collections with any funding company? **YES / NO**

If your business is seasonal, please check the month(s) that apply for

Slow month(s): Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec

Busier month(s): Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec

If property leased, approx. lease start date: _____ approx. end date: _____

Current on business rent or mortgage payments (Please Circle): **YES / NO**

If not current, # Of Months behind: _____ Total amount owed: \$ _____

***PROVIDING ONLINE ACCESS IS OPTIONAL:** You may choose to provide us with online access to your online banking and/or credit card processor to accelerate the process and reduce paperwork.

If you prefer, you always have the option to fax or email the statements to Capital Lynk without needing to provide online access. Please type carefully and bear in mind to indicate upper/lower case sensitivity.

Bank Online Access

Bank Name: _____ Bank Portal Website: _____

Username: _____ Password: _____

Security Questions (if applicable)

Security Question 1: _____ Security Answer 1: _____

Security Question 2: _____ Security Answer 2: _____

Security Question 3: _____ Security Answer 3: _____

Other information necessary to access account: _____

Credit Card Processor Online Access

Credit Card Processor Name(s): _____

Website Address: _____

Username: _____ Password: _____

Other information necessary to access account: _____

Client documents and information are confidential and will not be reproduced, sold, or redistributed. You may also change your online access password(s) once the underwriting process has been completed.

Please share any other information you think may be relevant:

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Information Disclosure Letter

Phone 866-903-5012

support@capitallynk.com

www.CapitalLynk.com

Fax 877-433-7796

I/We grant our irrevocable permission to release our confidential information to Capital Lynk. I/We understand this information is being used for Capital Lynk's credit underwriting purpose only.

This permission is specifically given to: _____

Landlord Information

Landlord Name/ Mortgage Company		Landlord/ Mortgage Company Address		
Contact Name	Phone Number () -	City	Province	Postal Code

Bank Information

Bank Name		Address or Branch		
Contact Name	Phone Number () -	City	Province	Postal Code

SIGNATURES - ALL OWNERS MUST SIGN -- By signing below, the Merchant and its owner(s) certify that all information and documents submitted in connection with this Application are true, correct and complete. Additionally, the owner(s) authorize the Funder, or any of its agents, partners, and affiliates to contact the above landlord, supplier, and emergency contacts, as well as obtain and use business and non-business consumer credit reports from credit reporting agencies and any other information regarding the Merchant and its owner(s) from third parties, both at the time of the initial funding application and at any time after the Merchant has received funding as long as the Merchant remains a client of the Funder. At all times, the Funder will comply with the personal information collection, protection, use, sharing, and retention practices set out in the Funder's Privacy Policy.

Signature: _____

Signature: _____

Name: _____

Name: _____

Title: _____

Title: _____

Date: _____

Date: _____

Business Name: _____

Business Name: _____

Verification of this authorization may be confirmed by calling the business at: _____
Business Telephone Number

When all pages completed, select a method to submit:
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