



PER-QUALIFICATION FORM

Phone: 41-625-171	PHONE
Mobile: 437-771-6133	
Mobile: 844-742-3539	
Fax: +1-437-800-4200	FAX

BUSINESS INFO	BUSINESS LEGAL NAME: <input type="text"/>		BUSINESS DBA NAME: <input type="text"/>	
	TYPE OF BUSINESS ENTITY: <input type="text"/>		INDUSTRY: <input type="text"/>	
	STATE OF INCORPORATION: <input type="text"/>			
	BUSINESS STREET ADDRESS: <input type="text"/>		WHAT KIND OF BUSINESS : <input type="text"/>	
	How Old is your Business (Company): <input type="text"/>			
	CITY STATE: <input type="text"/>		FICO Credit SCORE: <input type="text"/>	
What will the Funds be used For: <input type="text"/>		ZIP: <input type="text"/>		
BUSINESS LOCATION PHONE #: <input type="text"/>		FAX #: <input type="text"/>		
WEBSITE: <input type="text"/>				
GROSS ANNUAL SALES: (PREVIOUS YEAR'S TAX RETURN) <input type="text"/>		BUSINESS START DATE: (UNDER CURRENT OWNERSHIP)[MM/DD/YYYY] <input type="text"/>		
BUSINESS FEDERAL TAX ID #: <input type="text"/>				
OWN OR RENT BUSINESS LOCATION: <input type="text"/>		MONTHLY PAYMENT: (IF RENTED OR MORTGAGED) <input type="text"/>		
MORTGAGE PAID IN FULL <input type="checkbox"/>		AMOUNT REQUESTED IN DOLLARS <input type="text"/>		
LEGAL FIRST NAME: <input type="text"/>		LEGAL LAST NAME: <input type="text"/>		
SSN: <input type="text"/>		DATE OF BIRTH: [MM/DD/YYYY] <input type="text"/>		
HOME STREET ADDRESS: <input type="text"/>		Six (6) Month Bank Statement Sent to Gaflex Capital Funding: <input type="radio"/> YES- Sent <input type="radio"/> NO- Not Sent		
CITY: <input type="text"/>		Monthly income: <input type="text"/>		
Two (2)yrsTax Filing : <input type="text"/>		STATE: <input type="text"/>		
HOME PHONE #: <input type="text"/>		MOBILE PHONE #: <input type="text"/>		
EMAIL: <input type="text"/>		OWN OR RENT HOME: <input type="text"/>		
OWNERSHIP %: (FOR THIS OWNER) [0-100] <input type="text"/> %		LINKEDIN USERNAME: (OPTIONAL) <input type="text"/>		
		<input type="radio"/> I Agree to this Terms & Conditions		
		<input type="radio"/> I Don't Agree to this Terms & Conditions		

The Business and the Business Owner(s) identified above (individually, an "Applicant") each represents, acknowledges and agrees that (1) all information and documents provided to GAFLEX CAPITAL FUNDING INC. ("GAFLEX CAPITAL FUNDING INC") are true, accurate and complete, (2) Applicant will immediately notify GAFLEX CAPITAL FUNDING INC of any change in such information or financial condition, (3) Applicant authorizes GAFLEX CAPITAL FUNDING INC to disclose all personal and/or business information and documents that GAFLEX CAPITAL FUNDING INC may obtain, including credit reports and personal information and any information that Applicant may provide to GAFLEX CAPITAL FUNDING INC in Applicant's application(s) for any product, service or program through GAFLEX CAPITAL FUNDING INC, to other persons, entities or third-parties that facilitate financing (collectively, "Assignee's and Third-Parties"), as follows: (a) to Assignee's and Third-Parties that may make, be involved with, or acquire commercial financing programs having daily, weekly, bi-weekly or monthly repayment features, (b) to Assignee's and Third-Parties that may be involved with purchases of future receivables including Merchant Cash Advance transactions, and (c) to Assignee's and Third-Parties for the purpose of offering Applicant our products, services or programs or those of third parties that GAFLEX CAPITAL FUNDING INC believes Applicant may find of interest, including, without limitation, equipment finance and/or equipment leasing programs and services (collectively, "Transaction") and each Assignee and Third-Party is authorized to use such information and documents, and share such information and documents with other Assignee's and Third-Parties, in connection with potential Transactions, (4) each Assignee and Third-Party will rely upon the accuracy and completeness or such information and documents, (5) GAFLEX CAPITAL FUNDING INC, Assignee's, Third-Parties, and each of their representatives, successors, assigns and designs (collectively, "Recipients") are authorized to request and receive any investigative reports, credit reports, statements from creditors or financial institutions, verification of information, or any other information that a Recipient deems necessary, (6) Applicant waives and releases any claims against Recipients and any information-providers arising from any act or omission relating to the requesting, receiving or release of information, (7) without a requirement of purchase Applicant authorizes GAFLEX CAPITAL FUNDING INC to disclose all information and documents that GAFLEX CAPITAL FUNDING INC may obtain including credit reports to other persons or entities (collectively "Credit Service Organizations") that may be able to assist the Applicant in removing or correcting any inaccurate items appearing on the Applicant's credit report(s), and Applicant further authorizes any Assignee's, Third-Parties, Credit Service Organizations, or agents or representatives of GAFLEX CAPITAL FUNDING INC to contact Applicant on any telephone number provide by Applicant irrespective of whether such telephone number(s) appear(s) on any "Do Not Call" lists and through the use of SMS text or an auto dialed telephone call that may include a per-recorded message, (8) to the extent allowable by law Applicant may opt out of any of the above stated authorizations by contacting (437) 771-6133 with the understanding that such an opt out may limit the services GAFLEX CAPITAL FUNDING INC may provide Applicant and with the further understanding that such an opt out will have no effect whatsoever on any funds owed by the Applicant, (9) each Signatory represents that he or she is authorized to sign this form on behalf of the Applicant and Business Owner(s), (10) Applicant hereby consents and agrees, on behalf of itself, as well as Business Owner(s), that GAFLEX CAPITAL FUNDING INC, Assignee's, and Third-Parties, including their agents or representatives may contact Applicant and/or Business Owner(s), by email (including, without limitation, adding Applicant and/or Business Owner(s) to our newsletter mailing list), using information which Applicant and/or Business Owner(s) or their agents, employees or representatives have provided to GAFLEX CAPITAL FUNDING INC, or any other information which is publicly available, (11) Applicant hereby consents and agrees to the collection and disclosure of its business and/or personal information, both online and offline, to be disclosed to (i) GAFLEX CAPITAL FUNDING INC's subsidiaries and affiliates; (ii) to contractors, service providers, vendors, and other third parties GAFLEX CAPITAL FUNDING INC uses to support its business; (iii) Assignees and Third Parties; (iv) to respond to subpoenas, court orders, legal process, or to establish or exercise GAFLEX CAPITAL FUNDING INC's legal rights or defend against legal claims; (v) to investigate, prevent, or take action regarding illegal activities, suspected fraud, situations involving potential threats to physical safety of any person, violation of GAFLEX CAPITAL FUNDING INC's terms or agreements, or as otherwise required by law; (vi) to a buyer or other successor in the event of a merger, divestiture, restructuring, reorganization, dissolution, or other sale or transfer of some or all of GAFLEX CAPITAL FUNDING INC's assets, whether as a going concern or as part of bankruptcy, liquidation, or similar proceeding, in which Applicant's personal information is among the assets transferred; and/or (vii) for the purposes stated in GAFLEX CAPITAL FUNDING INC's Privacy Policy, and Applicant agrees that any additional use of its information not outlined above or in the Privacy Policy ay be disclosed and consented to orally, which oral consent will be treated as if in writing. I understand that this consent is not a condition of purchase

AUTHORIZATIONS	BUSINESS OWNER'S NAME [PRINT NAME] <input type="text"/>
	BUSINESS OWNER'S SIGNATURE [PRINTED NAME SUFFICE FOR SIGNATURE] <input type="text"/>
	DATE [MM/DD/YYYY] <input type="text"/>