## Synergy Financial Loan Application



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If this is an application for joint o	owners applying for o	credit on behalf	of your busin	ess, complete	Owner Infor	mation (1) and (	2).	
COMPANY INFORMATION								
Legal Company Name:  Doing Business As (DBA):  Tax ID:					LLC	100,100,4		
Physical Address (No P.O. Box):		1	Company Ty State of Inc	pe / Industry	y:			
City:	State: Zip		Rent	Own				
Company Phone:		ı	Landlord Nar	ne:				
Business Inception Date:		ı	Landlord Pho	ne:				
				13.50.				
REQUIRED FOR RECOMME								
Gross Annual Business Revenue:	Average Bank B		onthly Credit C	ard Volume:		unt Requested:	Desired Loan Term:	
\$	\$	\$			\$		Months:	
OWNER INFORMATION			Free B		RINFORI		NAT.	
First Name: MI:				First Name: MI:				
Last Name:								
Email:			Email:					
Home Phone:			Home Phone:					
Cell Phone:			Cell Phone:					
Social Security Number:			Social Security Number:					
Date of Birth:			Date of Birth:					
Home Address (No P.O. Box)	i		Home	Address (No F	O. Box):			
City:	State:		City:			State:		
Zip Code: % Ownership:			Zip Co	de:		%Ownership:		
The Merchant and Owner(s)/Officer(s) identi all information and documents provided to R 2) Applicant will immediately notify Repres Representative to disdose all information ar	Representative including cre sentative of any change in nd documents that Represe	dit card processor st such information or entative may obtain	atements are true financial condition including credit re	, accurate and comp , (3) Applicant auth ports to other perso	lete, <b>Sign</b> orizes ons or	ature (1)		
entities (collectively, "Assignees") that may of future receivables including Merchant Cal Transactions"), and each Assignee is autho	sh Advance transactions, i	ncluding without limi ion and documents, presentative and eac	tation the applica and share such in th Assignee will re	tion therefor (collect formation and documents) By upon the accurace	tively, ments y and <b>Sign</b>	ature (2)		
completeness of such information and document designees (collectively, "Recipients") are								



## **Audit Trail**

DigiSigner Document ID: 58c1bf1d-e88f-466d-adbf-31e996c92965

Event	User	Time	IP Address
Create as copy	larry@synergyfinancellc.com	9/9/22 1:49:30 PM EDT	103.154.158.61
Send for signing	larry@synergyfinancellc.com	9/9/22 1:50:23 PM EDT	103.154.158.61
Resend for signing	larry@synergyfinancellc.com	9/9/22 3:23:40 PM EDT	103.154.158.61
Open document	amannenc@gmail.com	9/9/22 4:07:10 PM EDT	74.196.47.254