

PARTNER APPLICATION FORM

BUSINESS INFORMATION

Company Name: _____
 DBA: _____
 Address: _____
 Suite/Unit/Floor: _____
 City: _____ State: _____ ZIP: _____
 Phone: _____
 Website: _____

PRIMARY CONTACT INFORMATION

Name: _____
 Phone: _____
 EIN: _____
 Email: _____
 Email (for deal updates): _____
 Email (for commission information): _____

PRIMARY OWNER INFORMATION

Name: _____
 Title: _____
 DOB: _____
 SSN: _____
 Home Address: _____
 Suite/Unit/Floor: _____
 City: _____ State: _____ ZIP: _____
 Primary Contact #: _____
 Secondary Contact #: _____
 Email Address: _____
 Have you ever been convicted of a crime? NO YES
 Ownership %: _____

SECONDARY OWNER INFORMATION

Name: _____
 Title: _____
 DOB: _____
 SSN: _____
 Home Address: _____
 Suite/Unit/Floor: _____
 City: _____ State: _____ ZIP: _____
 Primary Contact #: _____
 Secondary Contact #: _____
 Email Address: _____
 Have you ever been convicted of a crime? NO YES
 Ownership %: _____

By signing the below, you are acknowledging and authorizing Streamline Funding, LLC to perform due diligence on the owners of the business listed above, as well as on the entity itself. Such diligence may include background, regulatory, KYC, and reference checks.

Print Name: _____ Signature: _____ Date: _____

PARTNER QUESTIONS

What is the nature of your business? _____
 What marketing channels does your company use to capture new applicants? (Referrals, Clients, Online) _____
 How many Financing Applications do you plan to submit to Fundible per month? _____
 What financing options does your company currently offer? _____
 How many employees do you have? _____
 How many new business loans do you currently fund per month? _____
 If you currently work with capital providers, how much volume do you fund monthly? _____



ACH AUTHORIZATION

_____ ("Partner") Streamline Funding, LLC ("Company") to initiate credit/debits from Partner checking/savings account at the financial institution listed below. This authority will remain in effect until the Company is notified in writing by Partner and both parties mutually agree to cancel authorization.

Legal Business Name: _____ Tax ID#: _____

Depository Name: _____ Account#: _____

Routing #: _____

Print Name: _____ Signature: _____ Date: _____

PLACE CHECK HERE