

Account Verification Form

By initialing in the space provided, I represent I am 18+ years of age and that I have read and agreed to the Terms and Conditions and Privacy Policy Available

By initialing in the space provided, I provide my express consent authorizing Sigma7 Financial, LLC to contact me by telephone, which may include artificial or prerecorded calls and/or text messages, delivered via automated technology, to the phone number(s) that I have provided herein. I understand my consent is not required to receive equipment leasing or financing. In order to speak with a representative about the offered products or services providing consent,



COMPANY INFORMATION

Legal Company Name:			
State of Incorporation:	Legal Entity:	Do you have an outstanding merchant cash advance?	
Federal Tax ID:	<input type="radio"/> Corporation <input type="radio"/> LLC	<input type="checkbox"/> YES - its \$ _____	
Physical Address (no PO Boxes)	<input type="radio"/> General Partnership <input type="radio"/> LLP	<input type="checkbox"/> NO	
Other: _____			
City: _____ State: _____ Zip Code: _____	Business Inception Date: _____		
Company Phone #: _____ Fax #: _____	Company Type/Industry: _____		
Landlord Name and Number: _____	Rent (monthly amount) or Own: _____		

ESTIMATED FLOW OVERVIEW

Your Annual Business Revenue*

Your Average Bank Balance

Your Monthly Credit Card Volume

Loan Amount Requested

OWNER INFORMATION (1)

First Name:	Last Name:
Phone (Cell):	Email:
SS Number:	Date of Birth:
Home Address (no PO Boxes):	
City/State/Zip Code:	Annual Income:
Business Ownership %:	SIGNATURE/DATE

OWNER INFORMATION (2)

First Name:	Last Name:
Phone (Cell):	Email:
SS Number:	Date of Birth:
Home Address (no PO Boxes):	
City/State/Zip Code:	Annual Income:
Business Ownership %:	SIGNATURE/DATE