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:** ○ Corporation ○ LLC ○ General Partnership ○ LLP ○ Other: _____	**Do you have an outstanding merchant cash advance?** ☐ YES - its $ _____ ☐ NO
Federal Tax ID:		
Physical Address (no PO Boxes)		
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**