IRON GATE FUNDING™

Funding Application

Send last 4 Months Bank statements Along with the completed application to the email below

ADMIN@IRONGATE-FUNDING.COM

Iron Gate Wealth Partners LLC
3301 N University Drive, Coral Springs
Florida 33065
Info@IronGateWealthPartners.Com

Business Legal Name:	Business DBA Name:
Address:	Suite/Floor:
City:	State:
Zip:	Phone:
Mobile:	Fax:
Website:	Email:
	Type of Business:
Legal Entity: ☐ Corp ☐ Sole Prop ☐ LLC ☐ Partnership	Landlord / Mortgage Company:
Federal Tax ID# (EIN):	☐ Rent ☐ Lease ☐ Mortgage
Date Business Started:	Landlord Contact Name:
Length of Ownership:	Landlord Contact Phone:

Business References	Contact	Phone
Trade Reference 1 :		
Trade Reference 2 :		

Owner/Principle Information

Name:	Date of Birth:
Address:	City:
State:	Zip:
Phone:	Driver License #:
Email:	Mobile:
% of Ownership:	SSN#:

Funding Information

Amount Requested:	Have you used a cash advance plan before?: ☐ YES ☐ NO	
Average Visa / MasterCard Monthly Sales:	Company:	
Average Gross Monthly Sales:	Original Balance:	Holdback :
Average Ticket Size:	Current Balance:	AD:
Amex #:		
Discover #:	Notes:	
Terminal/POS System:		
Products/Services Sold:		
Funding Timeframe:		

By signing below, the Merchant and its owners / principals: (1) certify that all information and documents submitted in connection with this Application is true, correct and complete; and (2) authorize COMPANY, its agents, partners, and lenders to receive credit reports and any other information regarding the Merchant and its owners and principals from third parties, to verify any information provided on the Application.

By:_____ Date: _____

By:_____ Date: _____