**BUSINESS FINANCING APPLICATION FORM**

**I. CLIENT IDENTIFICATION**

Client Name (if Self-Employed): …………………………………………………………………………………………………….

Business Legal Name: ……………………………………………………………………………………………………………………

Business Commercial Name: ................................................................................................................

Business Registration #: …………………………….........................................................................................

Business Registration date (M/D/Y): ……………………………………………………………………………………………….

Industry: .……………………………………………………………………………………………………………………………………….

Representative Last name: ………………………………………………First name: ……………………………………………

Representative Title: …………………………………………………………………………………………………. Sex: □ M □ F

Client/Business Address: …..........................................................................................………………………

City: …………………………………………….. Province: ……………………………………… Country: ………………………….

Phone#: ……………………………………………………………….. E-mail: …………………………………………………………….

Phone WhatsApp#: ………………………………………………………………………………………………………………………….

**II. TYPE OF FINANCING**

There are three (3) types of financing the client may select from. More details are provided in the Company’s financing terms & conditions. Please select hereunder the appropriate type of financing that is the most convenient for you:

 CBF: Cash Backed Financing

 DBF: Deposit Backed Financing

 FBF: Financial Instrument Backed Financing

To process the application, the client is required to pay the application processing fees equivalent to 1% of the loan amount or up to $10,000.00 maximum. The processing fees is not refundable but is deductible from the service fees when the loan is advanced.

**III. PURPOSE & AMOUNT OF FINANCING**

**Purpose of financing** (attach summary, 2-4 pages maximum): ………………………………………………………….

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**Requested loan amount USD** (in number and in word): $...……………………………………………………………….

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**Country/Province where the business/project is implemented**: ………………………………………………………

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Feasibility study available? \_\_\_\_ YES \_\_\_ NO

If yes (provide soft copy in PDF) to [info@mounteverestmanagement.com](mailto:info@mounteverestmanagement.com)

**Additional guaranties available**? \_\_\_ YES \_\_\_ NO If yes, provide details

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**Value of additional guaranties available in USD** (in number and word): $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Collaterals or titles** available? \_\_\_ YES \_\_\_ NO if yes, provide details

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**Value of collaterals or titles in USD** (in number and word): $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please provide below any details you believe my help boost your application

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**IV. ADDITIONAL INFORMATION & BENEFICIARY DETAILS**

MountEverest Management Inc., its nominated assignee, employees, partners, and outsourcers will make utmost reasonable efforts to ensure that any Personal or Corporate Information in their possession or processed by them is kept confidential and stored in a secure manner.

**Beneficiary Coordinates to receive funds**

|  |  |
| --- | --- |
| BENEFICIARY NAME: |  |
| BENEFICIARY ADDRESS: |  |
| BENEFICIARY PHONE NUMBER: |  |
| BENEFICIARY EMAIL ADDRESS: |  |
| BENEFICIARY BANK INFORMATION: |  |
| BANK NAME: |  |
| BANK ADDRESS: |  |
| BANK ACCOUNT NUMBER/IBAN: |  |
| BANK SWIFT CODE: |  |
| BANK OFFICER NAME: |  |
| BANK OFFICER PHONE: |  |
| BANK OFFICER EMAIL: |  |

**Applicant declaration**

I/we hereby consent to the use of my/our banking information only for the purpose of the current request for financing: \_\_\_ YES \_\_\_ NO.

I/we authorize MountEverest Management Inc. and/or its nominated assignee to block, or to put an administrative hold, or to put a ping on the bank account holding funds (only for clients who selected Deposit Backed Financing), for three (3) months minimum, up to twelve (12) months maximum:

\_\_\_ YES \_\_\_ NO

 Attached is the copy of my \_\_\_ Passport \_\_\_ Driver License \_\_\_ other (specify) …………………………..........

Date of issue: …………………………………………………. Date of expiration: …………………………………………………………..

 Attached is the copy of the business Registration

 Attached is the copy of the business Plan

 Attached is the copy of six (6) months business bank account history

I/we warrant and confirm that the information given in the loan application form is true and correct and I/we understand that it is being used to determine my/our credit responsibility. You are authorized to obtain any information you may require for these purposes from other sources (including, for example, credit bureau) and each source is hereby authorized to provide you with such information. I/we also understand that the information given in the application form herein, as well as other information you obtain in relation to my financing request may be disclosed in writing, including fax, e-mail, or other electronic transmission with financial partners. organizations providing technological or other support services required in relation to this application. I/we further understand that any financial partner, or any other of the aforementioned parties to whom this information is forwarded may obtain its own credit report and I/we hereby authorize those parties to do so. I/ we confirm/certify that I/we read and understand the above.

Date: \_ \_ / \_ \_ / \_ \_ \_ \_ Signature of the applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_ \_ / \_ \_ / \_ \_ \_ \_ Signature of the co- applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_