Questions call Strategic Payment Systems: (770)427-8246 or Toll Free: (877)427-8246 Email to: admin@realtimepayments.org

Fax to: (770)795-1684

Funding Application



Business Information			
Legal Business Name		Doing Business As Name (DBA)	
Business Address			
City		State	Zip
Business Phone		Business Email	
Legal Business Structure (Select One) Sole Propriertorship Partnership Corporation		LLC Other	Business Start Date (MM/DD/YYYY)
Business Type / Services Provided			
Business Financial Information			
		State of Incorporation	
Requested Funding Amount		Purpose of Funds	
Do you currently have a cash advance balance open with another company? Yes No if yes, Provide Details below			
Company 1	Current Balance		Date Received
Company 2	Current Balance		Date Received
Principal Owner Information #1			
First Name Last Name			Percent Ownership (%)
Home Address			
L City		State	Zip
		I	<u>I</u>
Phone Number		Email	
Principal Owner Information #2			
First Name Last Name			Percent Ownership (%)
Home Address			
City		State	Zip
		1	1
Phone Number		Email	