

APPLICATION

Once Complete, Please Print and
 Email to Pamela.James@TritonBusiness.com
 Or Fax to 678-228-8694

GENERAL INFORMATION			
First Name	Last Name	Middle Initial	Mobile Telephone Number
Home Address	City	State	Zip Code
BUSINESS INFORMATION			
Full Legal Name of Business		Other Names of Business (DBAs)	
Primary Contact Name/Title			
Business Address			
City	State	Zip Code	
Business Telephone Number		Business Fax Number	
Primary Contact's Business Email Address		Business Website (If Applicable)	
Date Business Established		State Where Business is Incorporated	
Type of Organization <input type="checkbox"/> LLC <input type="checkbox"/> S-Corp <input type="checkbox"/> C-Corp <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership		Federal Tax ID Number	
Do You Currently Own a Franchise? <input type="checkbox"/> YES <input type="checkbox"/> NO		If YES, Name of Franchise You Currently Own	
If NO, Name of Franchise You Wish to Purchase			
Loan Amount Requested		Have you been disapproved for any loan submitted in the past six months? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Do You Have a Franchise Attorney? <input type="checkbox"/> YES <input type="checkbox"/> NO		Franchise Attorney's Name	
OTHER INFORMATION			
Are there currently any lawsuits or tax liens against you or your company? <input type="checkbox"/> YES <input type="checkbox"/> NO		Do you currently have any lien holders against your company? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Do you currently have any accounts in collections? <input type="checkbox"/> YES <input type="checkbox"/> NO		Have you filed for personal or corporate bankruptcy in the last five years? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Are you a citizen of the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO		Are you a veteran of the U. S. Armed Forces? <input type="checkbox"/> YES <input type="checkbox"/> NO	
APPLICANT SIGNATURE			
Applicant Name		Co-Applicant Name	
Applicant Signature		Co-Applicant Signature	
Date		Date	