

WrapJax[™] and Pinnacle Capital Partners have teamed up to provide financing solutions to support your company's marketing goals. From a new wrap on a company vehicle to recreating signage on a business awning or wherever your imagination takes you, establishing a consistent company brand can take any business to the next level.

OUR SERVICES

- Accessible, flexible & convenient
- Loans up to \$250,000
- Terms ranging from 6-45 months
- Fix cost and payments
- Unsecured and unrestricted funds

CUSTOMER BENEFITS

- Get approved within 24-48 hours
- Access to a line of credit
- No cost or obligation approvals
- Discount for early payoff

BASIC REQUIREMENTS

- At least 6 months time in business
- At least \$120,000 in annual gross revenue or min. average monthly bank deposit of \$10,000
- Minimum 525 credit score
- Business based in United State



APPLY TODAY

Our application process is quick and easy. Simply complete the application on the back page and submit to Pinnacle Capital along with the most recent 3 months of business bank statements (All Pages) to scathcart@pinnaclecap.com or fax directly to 253.284.5637









WORKING CAPITAL APPLICATION ATTENTION: SAM CATHCART DIRECT 253.284.5605 - FAX 253.284.5637 www.pinnaclecap.com/working-capital

Medal

914 A Street, #200 TACOMA, WA 98402 **T** • 800.566.1993 **F** • 800.821.5903

Pre-Qualification Authorization

Please fill in the spaces below and mail or fax us the application.

Business Information	
Business Legal Name:	Business DBA Name:
Business Address:	City: State: Zip:
Phone: Cell Phone:	Fax: Website:
Email:	Tax ID (TIN) #: Time in Business:
Type of Business:	Amount of Working Capital Requested:
Business Entity: Corp LLC LLP	☐ Partnership ☐ Sole Prop
Business Landlord/Mortgage Information - REQUIRED	
Landlord/Mortgage Company:	Rent/Own?:
Rent/Mortgage Payment:	If Rented, Lease Start Date?:
Landlord Contact Name:	Lease Term?:
Landlord Contact Phone:	Landlord Fax #:
Owner(s) Principal(s) Information	
Name (Primary Owner):	Name (2nd Owner):
Title: % of Ownership:	Title: % of Ownership:
Date of Birth:	Date of Birth:
Address:	Address:
City: State: Zip:	City: State: Zip:
Own Home: Rent:	Own Home: Rent:
Home Phone: SSN#:	Home Phone: SSN#:
Annual Income:	Annual Income:
Drivers License # and State if Issue:	Drivers License # and State if Issue:
Funding Information - REQUIRED	
Gross Annual Revenues: \$	Average Monthly Revenues: \$
Use of Proceeds:	
Do you have an open Cash Advance at this time:	No If 'Yes' list cash advance provider and balance: \$
The Merchant and Owner(s)/Officer(s) identified above (individually, an "Applicant") each represents, acknowledges and agrees that (1) all information and documents provided to Pinnacle Capital Partners, LLC ("PCP") are true, accurate and complete, (2) Applicant will immediately notify PCP of any change in such information or financial condition, (3) Applicant authorizes PCP to disclose all information and documents that PCP may obtain including credit reports to other persons or entities (collectively, "Assignees") that may be involved with or acquire commercial loans having daily repayment features and/or purchase of receivables transactions, including without limitation the application therefor (collectively, "Transactions") and each Assignee is authorized to use such information and documents, and share such information and documents with other Assignees, in connection with potential Transactions, (4) each Assignee will rely upon the accuracy and completeness of such information and documents, (5) PCP Assignees, and each of their representatives, successors, assigns and designees (collectively, "Recipients") are authorized to request and receive any investigative reports, credit reports, statements from creditors or financial institutions, verification of information, or any other information that a Recipient deems necessary, (6) Applicant waives and releases any claims against Recipients and any information-providers arising from any act or omission relating to the requesting, receiving or release of information, and (7) each Owner/Officer represents that he or she is authorized to sign this form on behalf of Merchant.	
Primary Owner Signature:	
2nd Owner Signature:	Date: