



# Quantum Capital Master Developer Application

## Client Information

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 Social Security Number \_\_\_\_\_ Date of Birth (MM/DD/YEAR) \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Mobile Number \_\_\_\_\_ Email Address \_\_\_\_\_  
 Physical Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

## Corporation Name

Type of Entity (check one):  S-Corp;  C- Corp;  Limited Partnership;  Limited Liability Company

Federal Tax ID \_\_\_\_\_  
 State Registered \_\_\_\_\_  
 Business Star Date (MM/YR) \_\_\_\_\_  
 Corporation Number \_\_\_\_\_  
 Length of Ownership \_\_\_\_\_ Months \_\_\_\_\_ Years  
 Manager Contact Name \_\_\_\_\_  
 Agent for Service \_\_\_\_\_  
 Real Company Owner \_\_\_\_\_  
 Manager Mobile Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Agent's Contact Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Contact Phone Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

## Corporation Physical Address

City \_\_\_\_\_  
 State \_\_\_\_\_ Zip Code \_\_\_\_\_

## Office Contact Info

Office Number \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 Website \_\_\_\_\_

## Project Partner #1

First Name \_\_\_\_\_  
 Last Name \_\_\_\_\_  
 Driver's License Number \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ Zip Code \_\_\_\_\_

## Project Ownership: \_\_\_\_\_%

Social Security Number \_\_\_\_\_  
 Date of Birth (MM/DD/YEAR) \_\_\_\_/\_\_\_\_/\_\_\_\_  
 State Issuing Driver's License \_\_\_\_\_  
 Mobile Number \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 Website \_\_\_\_\_

## Project Partner #2

First Name \_\_\_\_\_  
 Last Name \_\_\_\_\_  
 Driver's License Number \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ Zip Code \_\_\_\_\_

## Project Ownership: \_\_\_\_\_%

Social Security Number \_\_\_\_\_  
 Date of Birth (MM/DD/YEAR) \_\_\_\_/\_\_\_\_/\_\_\_\_  
 State Issuing Driver's License \_\_\_\_\_  
 Mobile Number \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 Website \_\_\_\_\_

## Funding Information:

Do you have an open loan or debts from a previous Project?	YES	NO	If yes, current balance _____
Have you used a venture capital or private equity firm?	YES	NO	If yes, name a group _____
Are you currently under construction on a project?	YES	NO	If yes, name the project _____
Any State/Federal tax liens against owner(s)?	YES	NO	If yes, provide details _____
Are any lawsuits and/or judgements pending?	YES	NO	If yes, provide details _____
Have you and/or your business ever declared bankruptcy?	YES	NO	If yes, provide details _____

By signing below, each of the above listed Business Owner(s) / Officer(s) / Principal(s) and Business (individually and collectively, "You") certify that all information and document submitted in connection with this Funding Application ("Application") are accurate, true, correct and complete, and that You will immediately notify Quantum Capital Investment Group, LLC or any of its representatives, successors, assignees, designees, agents, partners or affiliates ("Recipients") of any change in such information or financial condition. You acknowledge that any false statements may be considered fraud. You acknowledge that the Recipients are relying on the information you provide. You further authorize Quantum Capital Investment Group LLC and each of the Recipients that may be involved with to obtain consumer or personal, business and investigative reports and other information about you, including, but not limited to credit card processor statements, and bank statements, from one or more reporting agencies, banks, financial institutions, creditors and other third parties.

Date \_\_\_\_\_  
 Signature \_\_\_\_\_  
 Name \_\_\_\_\_

Date \_\_\_\_\_  
 Signature \_\_\_\_\_  
 Name \_\_\_\_\_

Email completed application to:  
[masterdeveloper@quantumcapitalig.com](mailto:masterdeveloper@quantumcapitalig.com)