



4131 N. Central Expressway, Suite 317, Dallas, TX 75204

214-494-9482 | support@gallowaycommercialfinance.com

1. LOAN REQUEST

Revenue-Based Business Loan

Merchant Cash Advance

Equipment Financing

Business Line of Credit

Business Term Loan

SBA Loan

Working Capital

Start-Up Financing

Asset-Based Financing

Requested financing amount *

Use of funds *

2. COMPANY INFORMATION

Legal company name *

DBA (if different)

Website

Industry *

Business street address *

City, state and ZIP *

Federal Tax ID *

State of incorporation

Business start date *

Business phone *

Legal entity

LLC

Corporation

Sole proprietor

Partnership

Average monthly revenue *

Monthly credit-card processing

Average monthly bank deposits *

Monthly rent/mortgage

Existing business loan or advance? yes, list total balance

Yes

No

Landlord / bank name and phone

3. DOCUMENT CHECKLIST

Our team will provide instructions for submitting required supporting documents. Do not email Social Security numbers or bank credentials.

Completed and signed application

Most recent business bank statements

Government-issued photo ID

Submitting an application does not guarantee approval or funding. Terms and eligibility vary by lender and applicant.



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4. BUSINESS OWNER / GUARANTOR 1

Full legal name *	Title *	Ownership % *
Home address *	City, state and ZIP *	
Cell phone *	Email address *	Estimated credit score

5. BUSINESS OWNER / GUARANTOR 2 (IF APPLICABLE)

Full legal name	Title	Ownership %
Home address	City, state and ZIP	
Cell phone	Email address	Estimated credit score

6. APPLICANT AUTHORIZATION

Each applicant certifies that all information and documents provided to Galloway Commercial Finance are true, accurate and complete. Each applicant authorizes Galloway Commercial Finance and its financing partners to verify business and personal information, request and receive credit reports and other investigative reports, and share application information with potential financing providers for the purpose of evaluating commercial financing transactions. Each owner or officer represents that they are authorized to sign for the business.

Important privacy notice

Do not place a Social Security number, bank-account number, online-banking password, or other secret credential in this PDF or in email.

Applicant 1 typed signature *

	Date *	Title *

Applicant 2 typed signature

	Date	Title

I certify that I have read and agree to the authorization above.

After completion, call 214-494-9482 or email support@gallowaycommercialfinance.com for document-submission instructions.



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OWNER / GUARANTOR IDENTIFICATION

Complete this page for each applicant whose credit may be reviewed.

1. PRIMARY APPLICANT / OWNER

Social Security number *

Driver's license number *

Issuing state *

Expiration date *

2. SECOND APPLICANT / OWNER (IF APPLICABLE)

Social Security number

Driver's license number

Issuing state

Expiration date

SECURE SUBMISSION REQUIRED

Save the completed PDF, then use the secure upload button on the final page.

Do not email this application or send Social Security numbers by regular email.

Never include online-banking usernames, passwords, PINs, or other login credentials.



SAVE, THEN UPLOAD

Your application is not submitted until you complete both steps below.

1

Save the completed application

Download or save this completed PDF to your computer or phone before opening the secure upload page.

2

Upload and send it securely

Click the gold button below and select your saved application. Include your name and business name with the upload.

UPLOAD COMPLETED APPLICATION

The secure upload page opens in a new window.
Never upload banking passwords or account login credentials.

Need help? 214-494-9482 | support@gallowaycommercialfinance.com