

Application

Business Information

Dusiliess III	Iomination						
1							
Legal Business Name (Business Applicant)				DBA Name			
Street Address				Business Ph	Business Phone Business Fax		
City				Email Address			
City							
State Zip			Business Open Date (Mth/Yr)				
Time Remaining on Lease/Mort.				Landlord /Agent Name			
No. of Locations Type of Business				Landlord /Agent Phone			
Financial In	nformation						
Federal Tax ID Number (9 Digits)			Have you ever filed for bankruptcy?		Current Processor		
Intended Use of Funds			Do you have federal or state tax liens? Number of		Number of Te	erminals at Location	
Requested Amount of Funds			Estimated Total Monthly Sales Mer		Merchant Acc	Merchant Account Number	
Is your business for sale?			Avg. Monthly Volume Credit Cards		Time with Current Processor		
					Terminal Type	2	
Principal O	wner Informa	tion #1		Principal C	wner Inform	nation #2	
		1		1		1	
Principal Owner Name Social So		Social Sec	urity Number	Jumber Principal Owner Name		Social Security Number	
Home Address		Date of Birth (00/00/0000)		Home Street Address		L	
Home Address				L			
City		% Ownership?		City		% Ownership?	
State Zip		Cell Phone		State Zip		Home Phone	
ovided by the Busic and their affiliate dit reports and matime; 3) make Rapount information and CH SIGNER ACKNOW ID INFORMATION MAIDERSIGNED HEREBY	iness Applicant and es (collectively "Rap ake any inquiries Ra pidAdvance's experie s required by law. E L'LEDGES THAT RAPIDA AY BE INCORPORATED AGREES TO NOTIFY R	the Principal idAdvance") pidAdvance of the carbon signer and DVANCE MAY BY REFERENCE APIDADVANCE	Il is true and complete and to: 1) obtain credit and em considers appropriate in conte Applicant's account and in cknowledges that additional if RELY ON THE STATEMENTS AN ELIN ANY AGREEMENT ANY OF E PROMPTLY OF ANY CHANGE	I authorizes Small apployment information ection with this Anformation about the information may be ID INFORMATION SETHE UNDERSIGNED IN ANY SUCH STATEN	Business Financial ion about the Bu pplication or revien is Application avair required in order FORTH IN THIS APPLICATION WAS ENTER INTO WAS INFORMAT	m ("Signer") certifies that all informatic Solutions, LLC, Rapid Financial Service siness Applicant and Principal; 2) obtains of the Applicant's account from tire illable to credit bureaus, and 4) disclosto to render a decision on this application of the PLICATION AND THAT SUCH STATEMENTS (THE RAPIDADVANCE, EACH OF THE TION, EACH SIGNER HAS READ AND FORMATION CONTAINED HEREIN IS TRUE	
igion, national origin rives from any public	n, sex, marital status, c assistance program;	age (provide or because th	d the applicant has the capac e applicant has in good faith ex	ity to enter into a b kercised any right un	inding contract); be der the Consumer C	credit applicants on the basis of race, col ecause all or part of the applicant's incor redit Protection Act. The federal agency th Il Credit Opportunity, Washington, DC 2058	
:	(signature)		Title:F	Print Name:		Date:	
vner #1:	(signature) (signature)		Print Name:		Date:		
vner #2:			Print Name:		Date:		
OR PARTNER	(signature)	OR PAR	 TNER USE ONLY - F	OR PARTNER	USE ONLY -	FOR PARTNER USE ONLY	
Merchant ID		Partner	Name/ID	Partner Sales F	erson Name	Contact Number	