

Total Business bank Deposits and # of Negatives: _____
 1st month \$ _____ # _____ 2nd Month \$ _____ # _____ 3rd month \$ _____ # _____ 4th month\$ _____ # _____ Annual Gross Sales: _____
 Visa Mastercard Sales # of Tickets _____
 1st month\$ _____ # _____ 2nd Month \$ _____ # _____ 3rd month \$ _____ # _____ 4th month\$ _____ # _____

Tel: (929)-499-3429

RapidCapital.com

Rapid Capital Inc.

Pre-Qualification Form

Fax Form to:
888-270-0355

		Use of Funds:		Current Advance/Loan Balance & With Whom:	
Business Legal Name:			Business D/B/A Name:		
Type of Business Entity: (Check One)	<input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Limited Partnership		State of Incorporation:		Fed Tax ID #:
	Email:				
Physical Street Address:			City:		State:
					Zip:
Billing Street Address (if different than above):			City:		State:
					Zip:
Physical Location Phone #:		Billing Location Phone #:		Preferred Contact Phone #:	
Industry Type (SIC Code or Description):		<input type="checkbox"/> Rented <input type="checkbox"/> Mortgaged Amount: \$ _____		Business Start Date:	
Owner/Officer:		Ownership %:		Title:	
Legal Last Name:	Legal First Name:	Date of Birth:		SSN:	Cell #:
Home Address:		City:		State:	Zip:
Owner/Officer:		Ownership %:		Title:	
Legal Last Name:	Legal First Name:	Date of Birth:		SSN:	Cell #:
Home Address:		City:		State:	Zip:
<p>Authorizations: By signing below, each of the above listed business and business owner/officer (individually and collectively, "you") authorize "Rapid Capital" and each of its representatives, successors, assigns and designees ("Recipients") that may be involved with or acquire commercial advances having daily repayment features or purchases of future receivables including Merchant Cash Advance transactions, including without limitation the application therefor (collectively, "Transactions") to obtain consumer or personal, business and investigative reports and other information about you, including credit card processor statements and bank statements, from one or more consumer reporting agencies, such as TransUnion, Experian and Equifax, and from other credit bureaus, banks, creditors and other third parties. You also authorize "Rapid Capital" to transmit this application form, along with any of the foregoing information obtained in connection with this application, to any or all of the Recipients for the foregoing purposes. You also consent to the release, by any creditor or financial institution, of any information relating to any of you, to "Rapid Capital" and to each of the Recipients, on its own behalf.</p>					
Owner/Officer's Name (Print): _____			Date: _____		
Owner/Officer's Signature: _____					
Owner/Officer's Name (Print): _____			Date: _____		
Owner/Officer's Signature: _____					

Website: _____

Fax: _____

Trade Reference 1: _____

Contact Phone #: _____

Trade Reference 2: _____

Contact Phone #: _____

Landlord/Mortgage Name: _____

Contact Phone #: _____