

T: 1.929.499.3429 | F: 1.888.270.0355 | E: Joe@RapidCapital.com

## **CARES ACT 2020 Business Application**

Please fill in ALL fields below. By doing so, you are giving Rapid Capital Inc., as well as its agents and affiliates, permission to review your business and personal history in order to provide you with formal approval.

Business Information	
Business Legal Name:	Business DBA Name:
Address:	Suite/Floor:
City:	State: Zip:
Work Phone:	Cell Phone:
Fax:	Website:
Email:	Federal EIN:
Business Start Date:	Entity: □ Corp □ Sole Prop □ LLC □ Partnership Location:
Type: □ Retail □ Wholesale □ Service □ Internet	□ Store Front □ Office □ Home □ Other
Products/Service Sold:	
Financial Information	
Avg Gross Monthly Sales:	Cost of Goods Sold:
How Much Do You Need To Borrow:	Are You Currently in Bankruptcy: □ Yes □ No
Do You Have A Tax Lien: ☐ Yes ☐ No	
Have You Used A Cash Advance Before: ☐ Yes ☐ No	If Yes, Who: How Much:
When Was It Taken Out?	Current Balance:
Owner/Principal Information	
Owner Name:	Co-Owner Name:
Address:	Address:
City, State, Zip:	City, State, Zip:
Phone:	Phone:
Email:	Email:
% Ownership:	% Ownership:
Date Of Birth:	Date Of Birth:
SSN#: Driver #:	SSN#: Driver #:
By signing below the Merchant and its owners/principals: (1) certify that all information correct and complete; and (2) authorize Rapid Capital Inc., partners, and lenders to rowners and principals from third parties, to verify any information provided on the ACk bYf:	eceive credit reports and any other information regarding the Merchant and its
Date:	Date: