

Application

Henry Grace Financing & Factoring Specialist Phone: 888-581-5990 Ext. 30

	USFINCO.COM	• • •		Email: hen	ry@usfinco.com	
Business Info	ormation			Loan	□ MCA □ Either □	
Legal Business Name (Business Applicant)			 DBA Name			
Street Address			Business Pho	Business Phone Business Fax		
City			Email Address			
State				usiness Open Date (Mth/Yr)		
		<u>'</u>	 Landlord / Agent Name			
Time Remaining on Lease/Mort.		1	Landiord / Ag		gent Name	
No. of Locations		Type of Business	of Business Landlord / Agent Phon			
Financial Info	ormation					
Federal Tax ID Number (9 Digits)		Have you ever filed for bankruptcy?		Current Processor		
Intended Use of Funds		Time with Current Process	Time with Current Processor		Number of Terminals at Location / Terminal Type	
Requested Advance of Funds		Estimated Total Monthly S	Estimated Total Monthly Sales		Merchant Account Number	
Is your business for sale?		 Avg. Monthly Volume Cred	Avg. Monthly Volume Credit Cards		Do you have federal or state tax liens?	
Is it under a paym	ent plan?	If yes, how long have you b	peen in a payment pla	_	alance on your tax lien?	
Principal Ow	ner Informatio	on #1	Principal Ov	wner Informa	tion #2	
<u> </u>		I			1	
Principal Owner N	Name	Social Security Number	Principal Owner Name		Social Security Number	
Home Address		Date of Birth (00/00/0000)	Home Street Address		Date of Birth (00/00/0000)	
City		% Ownership?	City		% Ownership?	
State	Zip	Cell Phone	State	Zip	Cell Phone	
provided by the Busi their affiliates (collec and make any inquiri RapidAdvance's exper account information	ness Applicant and the tively "RapidAdvance' ies RapidAdvance confience with the Applications required by law.	ne Principal is true and complete and ") to: 1) obtain credit and employm isiders appropriate in connection wit cant's account and information about Each signer acknowledges that addition	d authorizes Small Busir ent information about th this Application or re t this Application availal onal information may b	ness Financial Soluti the Business Applic views of the Applic ple to credit bureau pe required in order	m ("Signer") certifies that all informatio ons, LLC, Rapid Financial Services, LLC an ant and Principal; 2) obtain credit report cant's account from time to time; 3) mak as or the Principal owners, and 4) disclos r to render a decision on this application	
NFORMATION MAY BE HEREBY AGREES TO N	E INCORPORATED BY RI OTIFY RAPIDADVANCE	EFERENCE IN ANY AGREEMENT ANY OF E PROMPTLY OF ANY CHANGE IN ANY	THE UNDERSIGNED MAY SUCH STATEMENT OR IN	' ENTER INTO WITH F IFORMATION. EACH	PLICATION AND THAT SUCH STATEMENTS AN RAPIDADVANCE. EACH OF THE UNDERSIGNE SIGNER HAS READ AND UNDERSTANDS TH CONTAINED HEREIN IS TRUE AND CORREC	
religion, national origi derives from any publi	in, sex, marital status, ic assistance program;	age (provided the applicant has the or because the applicant has in good fa	capacity to enter into a aith exercised any right ui	binding contract); b nder the Consumer C	credit applicants on the basis of race, colo ecause all or part of the applicant's incom Credit Protection Act. The federal agency th al Credit Opportunity, Washington, DC 2058	
Ву:	(signature)	Title:	Print Name:		Date:	
Owner #1:	(signature)	Print N	Print Name:		Date:	
Owner #2:	(signature)	Print N	ame:		Date:	
JWITET #2		(signatura)			Date:	

Partner Sales Person Name

Contact Number

Merchant ID

Partner Name