



Fax: 970-335-4027

The 3 Minute Merchant Application

Legal Business Name: _____ DBA Name: _____ % Ownership: _____
 Physical Address: _____ City: _____ State: _____ Zip: _____
 Business Phone: _____ Business Fax: _____ Email: _____
 Est. Monthly Sales: _____ Type of Business: _____ Years in Business: _____ Business Open Date: _____
 Time Remaining on Site Lease/Mort.: _____ Landlord/Agent Name: _____ Landlord/Agent Phone# _____
 Number of Locations: _____ Federal Tax ID number: _____
 Amount Requested: _____ Intended Use of Cash Advance: _____

Current Processor: _____ Merchant Account Number: _____
 Terminal Type currently used: _____

Are you a US Citizen or Permanent Resident? Yes _____ No _____
 Principal Owner Name: _____ Social Security Number: _____ D.O.B.: _____
 Home Address: _____ City: _____ State: _____ Zip: _____
 Home Phone: _____ Mobile: _____ How Long at This Address: _____
 Number of years at previous home address: _____ Estimated Current Annual Income \$ _____

By signing this Agreement, the Merchant hereby authorizes inquiry into the Merchant's personal and business financial information, including, but not limited to, consumer reports and credit bureaus, and criminal and civil matters. Without limiting the generality of the preceding sentence, the Merchant hereby authorizes RapidAdvance to obtain consumer and/or investigative reports from one or more consumer reporting agencies about Merchant.

By signing this Agreement, the Merchant hereby authorizes Rapid Advance, LLC ("RapidAdvance") to obtain the twelve most recent monthly reports detailing Merchant's credit card processing activity from its card processor or any agent or other third party utilized by that processor to authorize, clear and/or settle credit card payments.

Signature: _____ Title: _____
 Print Name: _____ Date: _____

*******PLEASE SUBMIT A PICTURE ID AND VOIDED BUSINESS CHECK WITH YOUR APPLICATION*******

For Office Use Only

Merchant ID: _____ Partner: _____
 Sales Person: _____ Sales Person ID: _____