



Rapid CAPITAL, Inc.

23505 Smithtown Rd, Suite 250
Excelsior, MN 55331
Phone (952) 224-2412 Fax (952) 400-8854

CREDIT APPLICATION

contact: John Turnham

Legal Business Name				Phone	
Address		City	State	Zip	Fax #
Location of Equipment if other than above				E-Mail Address	
Nature of Business		Years in Business	No. of Employees		Federal Tax I.D.#
Name of Corporate President		Corp. Type (S,C,LLC, etc.)	Date of Incorporation		County
Insurance Agency Name		Contact	Phone		
Principal or Officer		Title	% Own	Social Security #	
Home Address		City	State	Zip	Home Phone #
Principal or Officer		Title	% Own	Social Security #	
Home Address		City	State	Zip	Home Phone #
Primary Bank (Checking)	Phone #	Account #	Date Open	Contact Officer	
Other Bank	Phone #	Account #	Date Open	Contact Officer	
Trade & Lease/Loan References	Phone #	Account #	Contact		
Vendor Name			Sales Rep Name & Phone #		
Equipment Description			Equipment Cost	Lease Term Desired	

By signing below, the undersigned individual, who is either a principal of the credit applicant or a personal guarantor of its obligations, provides written instruction to Rapid Capital, Inc. or its designee (and any assignee or potential assignee thereof) authorizing review of his/her personal credit profile from a national credit bureau. Such authorization shall extend to obtaining a credit profile in considering this application and subsequently for the purposes of update, renewal or extension of such credit or additional credit and for reviewing or collecting the resulting account. A photostat or facsimile copy of this authorization shall be valid as the original. By signature below, I/we affirm my/our identity as the respective individual/s identified in the above application.

Release: I hereby authorize the above banks and references to release credit information to any inquiring funding source.

Authorized Signature: