## **BUSINESS INFORMATION**

Business Legal Name *	Business DBA *		Business FEIN *
Rapid Care Medical Clinic LLc	Rapid Care Medical Clinic		260972029
Business Start Date *	Business Type *		Nature of Business/Industry Type *
03/2008	Limited Liability Company		healthcare
Business Phone Number *		Street Address *	
7027987770		2610 S Jones Blvd Ste 1	
Address Line 2 *		City *	
		Las Vegas	
State *		Zip Code *	
Nevada		89146	
FINANCIAL INFORMAT	ION		
Annual Business Revenue *		Average Business Bank Account Balance *	
96000		10000	
Do you have an existing business loa	an or merchant cas	h advance? *	
○ Yes			
balance on existing loan *		name of lender?	*

## **OWNER INFORMATION**

First Name *	Last Name *	Social Security Number *	
William	William	548412371	
Date of Birth *	Email Address *	Cell Phone Number *	
01241976	willatvegas@hotmail.com	7024494242	
Home Phone Number *	Business Ownership % *	Street Address *	
7024494242	100	3776 Crestview Dr	
City *	State *	Zip Code *	
Las Vegas	Nevada	89120	
FUNDING REQUESTE	<b>CD</b>		
Desired Financing Amount *	Purpose of Fir	nancing *	
50000	Working Ca	Working Capital	
How Did You Hear About Us?	*		
Internet search			

By signing & faxing or emailing us your application, you certify that

Name of Rep You Are or Have Previously Worked With (if Any)

- you are authorized to apply on behalf of the company whose full legal name appears above under the Company Information portion of the Loan Application for a business loan from us and
- all information you provide within the Loan Application and other supporting documents is true and complete and that you will notify us of material changes to such information.

You understand & agree that we and our agents and assignees are authorized to contact 3rd parties to make inquires in evaluating your Loan Application (including requesting business & personal credit bureau reports from credit reporting agencies and other sources) or for any update, renewal, extension of

credit bureau name and address.

You understand and agree that we may provide credit & other information from the Loan Application and on the signing individual(s) & the company with 3rd parties who may use the information any lawful purpose, including for the purpose of offering credit and/or other products & services to the signing individual(s) and/or the company.

To help the government fight the funding of terrorism and money laundering activities, Federal law requires us to obtain, verify, and record information that identifies each person who cashes checks, wire funds or engages in other financial services with PWC.

We will ask for your name, address and other information that will allow us to identify you. We may also ask to see your driver's license. Certain transactions in California may fall under CA Lender/Broker License requirements. Please check with your representative for eligibility.

✓ Agree

Date

12/08/2023