

# Demo

## ARC Business Capital CARES ACT Relief Questionnaire

### Contact Information

**First Name**

**Last Name**

**Personal Address**

**City**

**State**

**Zip Code**

**Business Phone**

**Email**

**Business Start Date**

**EIN**

**Position/Title**

**Business Ownership %**

### Loan Preferences

**Requested Loan Amount**

### Additional Business Information

**Are you a 1099 Commissioned or Gig Worker?**

**Business Address**

**City**

**State**

**Zip Code**

**2019 Annual Gross Revenue**

**2019 Payroll Cost**

**# of Employees as of Dec 31 2019**

**# of Employees as of Feb 15 2020**

**Monthly Rent or Mortgage**

**How long have you owned the business?**

**Business Entity Structure?**

**What industry does the business fall under?**

## Eligibility Section

**Does the business have an existing SBA Loan?**

**Have you ever defaulted on a Government loan?  
(SBA, Student Loan, etc.)**

**Have you exhausted all personal and Non-SBA  
Financing Options?**

**Are the majority owner(s) US Citizen or Legal  
Resident?**

**I would like to be considered for an advance of  
up to \$10,000.00 (if yes, please fill out banking  
information below)**

**Bank name**

**Account Number**

**Routing Number**

**IP Address**