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COMPANY INFORMATION

COMPANY NAME: _____

CONTACT/TITLE: _____

ADDRESS: _____

CITY, STATE & ZIP: _____

BUSINESS PHONE: _____ CELL PHONE: _____

FAX#: _____ EMAIL: _____

FEDERAL TAX ID: _____

TIME IN BUSINESS: _____ # OF EMPLOYEES: _____

TIME IN BUSINESS UNDER CURRENT OWNERSHIP: _____

BUSINESS TYPE:

PARTNERSHIP S-CORP
 LLC CORPORATION
 SOLE PROP NON PROFIT
 MUNICIPAL

ANNUAL GROSS INCOME: _____

DO YOU RENT OR OWN YOUR BUSINESS LOCATION? _____

IF RENT, NAME OF LANDLORD: _____

LANDLORD PHONE NUMBER: _____

BANK & TRADE REFERENCES

BANK REFERENCE NAME: _____

BANK ACCT NUMBER: _____

BANK PHONE: _____

BANK CONTACT: _____

TRADE REFERENCE NAME: _____

TRADE REFERENCE ACCT NUMBER: _____

TRADE REFERENCE PHONE: _____

TRADE REFERENCE CONTACT: _____

PRINCIPAL OWNER'S INFORMATION

PRINCIPAL NAME: _____

PHONE#: _____ % OWNERSHIP: _____

SOCIAL SECURITY#: _____ BIRTH DATE: _____

PRINCIPAL II NAME: _____

PHONE#: _____ % OWNERSHIP: _____

SOCIAL SECURITY#: _____ BIRTH DATE: _____

EQUIPMENT INFORMATION

EQUIPMENT TYPE: _____

ESTIMATED COST: _____

TIME FRAME TO PURCHASE: _____

VENDOR: _____

SIGNATURE: X _____

PRINT NAME: _____

TITLE: _____ DATE: _____



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Delivery of this application bearing a facsimile signature(s) shall have the same force and effect as if the application bore an inked original signature(s). The applicant certifies that all information provided is true, correct and complete and that the account will be used solely for business and commercial purposes. The applicant, owner(s) and guarantor (if any) authorize Direct Capital Corporation or its designee(s) or assignee(s) to obtain any information it may request from any business or consumer reporting agency(ies) or other sources that provide credit reports, account history information, credit and employment history or similar information; such authorization shall extend to update renewal or credit and for reviewing or collecting the account. The applicant acknowledges that, based upon such information and other factors which may apply, Direct Capital or its assignee(s) or designee(s), in their sole discretion, I also wish to continue to receive updates from Direct Capital Corp. regarding this account. Information should be sent to the fax and/or email address provided for the account.