DIRECTCAPITAL℠
Finance Application.

Platinum Card No.:	Account Executive: **Michael Rice**		Bank Use Only : VEZG	
Full Legal Name:	Billing Address		Business Street Address (if different from Billing Add.	
City, State, Zip ,	Phone	Fax	Email Address	
Type of Business	Years In Business	Annual Sales	Web Site Address	
Business Owner's Name	Title	Years As Owner	# of Employees	Date of Birth
Legal Structure: (circle one) LLC Non-Profit Sole Proprietor Partnership Corporation	State of Incorporation		State Organization Number	
Principal I Name	Principal I Address		City, State, Zip	
Principal I E-Mail Address	Principal I Social Security Number		Principal I Ownership %	
Principal II Name	Principal II Address		City, State, Zip	
Principal II E-Mail Address	Principal II Social Security Number		Principal II Ownership %	

REFERENCES

Bank	Phone #	Account #	Contact
Bank	Phone #	Account #	Contact
Company Name	Phone #	Account #	Contact
Company Name	Phone #	Account #	Contact

SIGNATURE

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 or commercial purposes. The applicant, owner(s) and guarantor (if any) authorize Dire 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 report account history information, credit and employment history or similar information; such authorization shall extend to update renewal of 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, may either grant or decline to grant credit. By signing below, I also wish to continue to receive updates from Direct Capital Corp. regarding our account. Information should be sent to the fax and/or email addres given for the account.

Principal I Signature _____ Date _____ Principal II Signature _____ Date _____

ADDITIONAL INFO.

Equipment Type:

☐ Equipment ☐ Technology

Equipment Description: _____

Estimated Equipment Cost: $ _____

Do you have a vendor in mind?

☐ Yes, _____ ☐ No

Contact Info. if available _____

Time Frame:

☐ Immediate ☐ 2-3 months ☐ 3-6 months ☐ Other _____

Monthly Budget for equipment: $ _____

Structure Preference (please circle):

TERM: 12 month 24 month 36 month 48 month 60 month

BUYOUT OPTION: $1.00 10% Option FMV Other: _____ Need More Information

Please complete and fax to Michael Rice at (603) 766-8445

Phone: (603) 766-9355 ♦ Fax: (603) 766-8445 ♦ Email: mrice@directcapital.com