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Kristopher Tozier at (603) 766-9394**Apply By Fax**To apply by fax, please complete this
application and fax to: (603) 766-8493**COMPANY INFORMATION**COMPANY NAME:
_____CONTACT/TITLE:
_____ADDRESS:

CITY: _____ STATE: _____ ZIP: _____

BUSINESS PHONE:
_____CELL PHONE:
_____FAX#:
_____FEDERAL TAX ID:
_____COMPANY TYPE / INDUSTRY:

TIME IN BUSINESS: _____ # OF EMPLOYEES: _____

TIME IN BUSINESS UNDER CURRENT OWNERSHIP:

BUSINESS TYPE:

 PARTNERSHIP S-CORP. SOLE PROP MUNICIPAL
 LLC CORPORATION NON PROFIT
DO YOU RENT OR OWN YOUR BUSINESS LOCATION:
_____IF RENT, LANDLORD NAME:
_____LANDLORD PHONE:
_____**PRINCIPAL OWNER'S INFORMATION****PRINCIPAL I NAME:**
_____HOME ADDRESS:

CITY: _____ STATE: _____ ZIP: _____

SOCIAL SECURITY#: _____ BIRTH DATE: _____

PHONE#: _____ % OWNERSHIP: _____

EMAIL:

SIGNATURE: _____ DATE: _____

PRINCIPAL II NAME:
_____HOME ADDRESS:

CITY: _____ STATE: _____ ZIP: _____

SOCIAL SECURITY#: _____ BIRTH DATE: _____

PHONE#: _____ % OWNERSHIP: _____

EMAIL:

SIGNATURE: _____ DATE: _____

BANK & TRADE REFERENCESBANK REFERENCE NAME:
_____BANK ACCT NUMBER:
_____BANK PHONE:
_____BANK CONTACT:
_____TRADE REFERENCE NAME:
_____TRADE REFERENCE ACCT NUMBER:
_____TRADE REFERENCE PHONE:
_____TRADE REFERENCE CONTACT:
_____**EQUIPMENT INFORMATION**EQUIPMENT TYPE:
_____ESTIMATED COST:
_____TIME FRAME TO PURCHASE:
_____VENDOR:

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, may either grant or decline to grant credit. By signing above, I also wish to continue to receive updates from Direct Capital Corp. and its partners regarding this account. Information should be sent to the fax and/or email address provided for the account.