Servicing Division, LLC

Financing Application Company Information

Fax Back to (925)215-4577 Principal Owner's Information

Company Name	Principal I Name:
Contact Name & Title:	Phone #: % Ownership:
Address:	
City, State Zip:	
Federal Tax ID:	
Business Phone:	
Cell Phone:	
Fax:	
Email:	
Year Started:	Equipment
Year Started Current Ownership:	Vendor In Mind? ☐ Yes: ☐ No
Business Type: Partnership LLC Sole F	Prop Equipment Type: 🗖 New 🗖 Used
S-Corp Corporation Non Profi	t Estimated Equipment Cost:
Bank & Trade References	Time Frame for Purchase:
Bank Reference	Monthly Budget for Purchase:
Bank Name:	
Account #:	
Contact:	
Trade Reference	Signature: X
Trade Name:	Print Name:
Account #:	
Contact:	
Phone:	

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. regarding our account. Information should be sent to the fax and/or email address given for the account.