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Kristopher Tozier at (603) 766-9394



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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: _____

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 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:** _____

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.