



Apply By Fax
To apply by fax, please complete this application and fax to: (805) 644-5362

COMPANY INFORMATION

COMPANY NAME: _____

CONTACT/TITLE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

BUSINESS PHONE: _____ FAX#: _____

CELL PHONE: _____

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: _____

ANNUAL REVENUE: _____

AVERAGE BANK BALANCE: _____

MONTHLY CREDIT CARD SALES VOLUME: _____

FINANCING NEEDS

I AM INTERESTED IN:

EQUIPMENT FINANCING RECEIVABLES FINANCING

BUSINESS LOAN CREDIT IMPROVEMENT

WORKING CAPITAL SBA

DEBT CONSOLIDATION

AMOUNT NEEDED: _____ TIMEFRAME: _____

EQUIPMENT TYPE (if applicable): _____

VENDOR (if applicable): **InspectorTools**

PRINCIPAL OWNER'S INFORMATION

PRINCIPAL I NAME: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

SOCIAL SECURITY#: _____ BIRTH DATE: _____

PHONE#: _____ % OWNERSHIP: _____

CELL PHONE#: _____

EMAIL: _____

SIGNATURE: _____ DATE: _____

PRINCIPAL II NAME: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

SOCIAL SECURITY#: _____ BIRTH DATE: _____

PHONE#: _____ % OWNERSHIP: _____

CELL PHONE#: _____

EMAIL: _____

SIGNATURE: _____ DATE: _____

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: _____

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 agree to receive updates from Direct Capital Corp. and its partners regarding this account via the email address(es) and/or fax number(s) provided for the account above. If you provide us your mobile device number you expressly agree to receive prerecorded messages and/or text messages at that number from us and our authorized agents, including with the use of an automatic dialer (autodialer). Standard text messaging rates apply.