

Please fax completed application to 603-373-1800 or Call David Duquenne at 603-501-1057.

### COMPANY INFORMATION

BUSINESS LEGAL NAME: \_\_\_\_\_

PREVIOUS BUSINESS NAME: \_\_\_\_\_

BUSINESS DBA NAME: \_\_\_\_\_

CONTACT/TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE & ZIP: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_ FAX#: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

FEDERAL TAX ID: \_\_\_\_\_

COMPANY TYPE / INDUSTRY: \_\_\_\_\_

YEARS IN BUSINESS: \_\_\_\_\_ # OF EMPLOYEES: \_\_\_\_\_

YEARS IN BUSINESS UNDER CURRENT OWNERSHIP: \_\_\_\_\_

BUSINESS TYPE: \_\_\_\_\_ STATE OF INCORPORATION: \_\_\_\_\_

- PARTNERSHIP     LLC     S-CORP     CORPORATION  
 SOLE PROP     LLP/LP     NON-PROFIT     MUNICIPAL

DO YOU RENT OR OWN YOUR BUSINESS LOCATION: \_\_\_\_\_

IF RENT, LANDLORD NAME: \_\_\_\_\_ RENT AMOUNT: \_\_\_\_\_

LANDLORD PHONE: \_\_\_\_\_

ANNUAL GROSS SALES: \_\_\_\_\_

MONTHLY CREDIT CARD SALES VOLUME: \_\_\_\_\_

CURRENT CREDIT CARD PROCESSOR: \_\_\_\_\_

TICKETS

LAST MONTH: # \_\_\_\_\_ \$ \_\_\_\_\_ 2 MONTHS AGO: # \_\_\_\_\_ \$ \_\_\_\_\_

3 MONTHS AGO: # \_\_\_\_\_ \$ \_\_\_\_\_ 4 MONTHS AGO: # \_\_\_\_\_ \$ \_\_\_\_\_

### FINANCIAL NEEDS

AMOUNT NEEDED: \_\_\_\_\_ TIMEFRAME: \_\_\_\_\_

USE OF FUNDS: \_\_\_\_\_

EQUIPMENT TYPE (if applicable): \_\_\_\_\_

ESTIMATED EQUIPMENT COST (if applicable): \_\_\_\_\_

VENDOR (if applicable): \_\_\_\_\_

WHERE WILL EQUIPMENT BE LOCATED (if different from above address): \_\_\_\_\_

### PRINCIPAL OWNER(S) INFORMATION

PRINCIPAL I NAME: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY, STATE & ZIP: \_\_\_\_\_

SOCIAL SECURITY#: \_\_\_\_\_

BIRTH DATE: \_\_\_\_\_ % OWNERSHIP: \_\_\_\_\_

PHONE#: \_\_\_\_\_

CELL PHONE#: \_\_\_\_\_

EMAIL: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINCIPAL II NAME: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY, STATE & ZIP: \_\_\_\_\_

SOCIAL SECURITY#: \_\_\_\_\_

BIRTH DATE: \_\_\_\_\_ % OWNERSHIP: \_\_\_\_\_

PHONE#: \_\_\_\_\_

CELL PHONE#: \_\_\_\_\_

EMAIL: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### BANK & TRADE REFERENCES

BANK REFERENCE NAME: \_\_\_\_\_

BANK ACCT NUMBER: \_\_\_\_\_

AVERAGE BANK BALANCE: \_\_\_\_\_

BANK PHONE: \_\_\_\_\_

BANK CONTACT: \_\_\_\_\_

TRADE REFERENCE NAME: \_\_\_\_\_

TRADE REFERENCE ACCT NUMBER: \_\_\_\_\_

TRADE REFERENCE PHONE: \_\_\_\_\_

TRADE REFERENCE CONTACT: \_\_\_\_\_

AUTHORIZATIONS: 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 Company/Merchant and Owner(s)/Principal(s) identified above (individually, an "Applicant") each represents, acknowledges and agrees that (1) all information and documents provided to Direct Capital Corporation ("DCC") including credit card processor statements are true, accurate and complete, (2) Applicant will immediately notify DCC of any change in such information or financial condition, (3) Applicant authorizes DCC to disclose all information and documents that DCC may obtain including credit reports to other persons or entities (collectively, "Assignees") that may be involved with or acquire commercial loans and/or Merchant Cash Advance transactions or other working capital products, including without limitation the application therefor (collectively, "Transactions") and each Assignee is authorized to use such information and documents, and share such information and documents with other Assignees, in connection with potential Transactions, (4) each Assignee will rely upon the accuracy and completeness of such information and documents, (5) DCC, Assignees, and each of their representatives, successors, assigns and designees (collectively, "Recipients") are authorized to request and receive any investigative reports, credit reports, statements from creditors or financial institutions, verification of information, or any other information that a Recipient deems necessary, (6) Applicant waives and releases any claims against Recipients and any information-providers arising from any act or omission relating to the requesting, receiving or release of information, and (7) each Owner/Principal represents that he or she is authorized to, and does, sign this form on behalf of Merchant/Company (i.e., as well as in such Owner/Principal's individual capacity). Applicant acknowledges that, based upon such information and other factors which may apply, a Recipient, in its sole discretion, may either approve or decline a proposed Transaction. By signing above, Applicant agrees to receive communications from Recipients via the email address(es) and/or fax number(s) provided above. Any Applicant that provides a mobile device number expressly agrees to receive prerecorded messages and/or text messages at that number from Recipients or their agents, including with the use of an automatic dialer (autodialer). Standard text messaging rates apply.