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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:** \_\_\_\_\_

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**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.