

# FINANCING APPLICATION



## Apply Online:

To apply online, visit:

<https://apply.directcapital.com/referral/franks>



## Apply by Fax:

To apply by fax, please complete this application and fax to: **Robin at (603) 373-1885**

## Terms

Amount to Finance: \_\_\_\_\_

Desired Term (1 - 72 months): \_\_\_\_\_

Equipment Type: \_\_\_\_\_

Equipment Is:  New  Used

## Business

Legal Business Name: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Time in Business Under Current Ownership: \_\_\_\_\_

Legal Structure:

LLC  Corporation

S-Corp  Partnership

Municipal  Sole Prop  Non-Profit

Number of Employees: \_\_\_\_\_

## Ownership

Principal I Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Phone #: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Social Security #: \_\_\_\_\_

% Ownership: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Principal II Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Phone #: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Social Security #: \_\_\_\_\_

% Ownership: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**AUTHORIZATIONS:** I understand this is an application for business credit. By submitting this electronic Application and checking the Acceptance box below, I hereby authorize, represent, warrant and agree as follows: (a) LendEdge, LLC and Direct Capital Corporation and their affiliates, employees, assigns, agents, vendor partners, funding referral sources and designees (collectively "DCC") may obtain commercial and consumer credit reports on me, investigate references and make other credit inquiries about me, and anyone so contacted may release information to DCC; (b) if I have filed this application in the name of a corporation, limited liability company, partnership or other form of business organization or on behalf of any other owner or guarantor included in this Application, I repeat the authorizations contained in these Application Terms with respect to me individually and warrant that any such other owner or guarantor also agrees to the authorizations contained in these Application Terms; (c) DCC may share my consumer credit report or portions thereof with vendors, suppliers and other third parties who may be involved in the anticipated finance transaction, such as vendors who may be supplying equipment and/or services; (d) the information in this Application is true, correct and complete, and I will immediately notify DCC in writing of any material change in any information; (e) this Application is submitted for financing solely for business or commercial use and not for personal, family or household purposes; (f) I am a citizen or lawful permanent resident of the United States; (g) this Application will apply to any future request for additional financing and renewals, and all notices, disclosures, authorizations, representations, warranties and agreements shall be deemed repeated for each future request, unless I submit a new written application; (h) based upon the contents of the Application, credit information obtained and DCC underwriting criteria, DCC in its sole discretion may elect to either grant or decline to grant credit; (i) I have read, understand and agree to the DCC End User License Agreement and Privacy Policy accessed at the link below; (j) I agree that this Application is an electronic record using my electronic signature and is binding on me; and (k) I consent and agree to receive updates from DCC and its partners regarding this account via the telephone or fax numbers or email address provided in connection with this or any future DCC application, and if I have provided a mobile device number, I expressly agree to receive communications at that number from DCC and its authorized agents. **EQUAL CREDIT OPPORTUNITY ACT NOTICE:** If your Application is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact Service Account, Direct Capital Corporation, 155 Commerce Way, Portsmouth, NH 03801, telephone number (800) 999-9942 within 60 days from the date we notify you of our decision. We will send you a written statement of the reasons for the denial within 30 days of receiving your request for the statement. **IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT:** To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

# FINANCING APPLICATION

## Addendum: Additional Principals

### Ownership

**Principal III Name:** \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Phone #: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Social Security #: \_\_\_\_\_

% Ownership: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Principal VI Name:** \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Phone #: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Social Security #: \_\_\_\_\_

% Ownership: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Principal IV Name:** \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Phone #: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Social Security #: \_\_\_\_\_

% Ownership: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Principal VII Name:** \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Phone #: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Social Security #: \_\_\_\_\_

% Ownership: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Principal V Name:** \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Phone #: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Social Security #: \_\_\_\_\_

% Ownership: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Principal VIII Name:** \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Phone #: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Social Security #: \_\_\_\_\_

% Ownership: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_