

Please fax completed application to 603-373-1480 or call Adam Felipe at 603-766-9367.

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.