



DIRECT SOURCE CAPITAL

COMMERCIAL FINANCE APPLICATION

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ACCOUNT EXECUTIVE
DATE

CUSTOMER'S FULL COMPANY NAME
DATE ESTABLISHED (UNDER CURRENT OWNERSHIP)
CUSTOMER'S FULL COMPANY ADDRESS CITY STATE ZIP CODE TELEPHONE WEBSITE
OTHER LOCATIONS? FEDERAL TAX NO. CONTACT E-MAIL ADDRESS
NATURE OF BUSINESS/WHAT DOES YOUR BUSINESS DO? TYPE OF BUSINESS: SOLE PROP OR FREELANCER PARTNERSHIP OR LLC CORPORATION STATE INC.

Table with 3 columns for Guarantors/Owners (1), (2), and (3). Rows include NAME, STREET, CITY, STATE, ZIP, EMAIL ADDRESS, SOCIAL SECURITY NUMBER, TITLE, and % OF COMPANY OWNERSHIP.

Table with 5 columns: BANK, CITY/STATE, PHONE NUMBER, CONTACT, ACCOUNT NUMBER. Includes sections for EQUIPMENT FINANCING and LOANS OR LINES OF CREDIT.

SELLERS OF EQUIPMENT (ATTACH COPIES OF SALES QUOTES/INVOICES, IF AVAILABLE)
SELLER'S COMPANY NAME ADDRESS CITY STATE ZIP
CONTACT PHONE NUMBER EMAIL
EQUIPMENT DESCRIPTION NEW USED
EQUIPMENT LOCATION (IF DIFFERENT FROM CUSTOMER'S BILLING ADDRESS ABOVE)
TERM REQUESTED (18-60 MOS) WHEN IS EQUIPMENT NEEDED BY? ARE YOU TAX EXEMPT? TOTAL EQUIPMENT COST

CREDIT RELEASE
The undersigned individual(s) (either a principal of the credit applicant or a guarantor of its obligations) provides this written instruction to DSC or its nominee/assigns authorizing review of their personal credit profile from a national credit bureau.

X _____ DATE _____