

PLEASE PRINT AND FAX THE FINANCE APPLICATION BELOW TO 16034339737



FINANCE APPLICATION

Vendor Information

Vendor Name: Access Product Source, Inc		Estimated Equipment Cost:	
Vendor Contact: Sanjay Sukumaran		Brief Equipment Description	
Vendor Phone: 866-647-0624	Vendor Fax: 99922237734726868787		

Customer Information

Full Legal Company Name		Billing Address AND Business Street Address (if different from Billing Address)			
City, State, Zip:			Phone:		
Type of Business:	Years in Business	Annual Sales	Email Address:		
Business Owner's Name:		Years as Owner	# of Employees	Date of Birth:	
Legal Structure (circle one): LLC Nonprofit Sole Proprietor Partnership Corporation	State of Incorporation:		State Organization Number:		
Principal I Name:	Principal I Address:		City State Zip:		
Principal I Email Address:	Principal I Social Security Number:		Principal I Ownership %:		
Principal II Name:	Principal II Address:		City State Zip:		
Principal II Email Address:	Principal II Social Security Number:		Principal II Ownership %:		

Bank & Trade References

Bank:	Phone #:	Account #:	Contact:
Bank:	Phone #:	Account #:	Contact:

Company Name:	Phone #:	Account #:	Contact:
Company Name:	Phone #:	Account #:	Contact:

Your Signature

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 or 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 of 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 below, I also wish to continue to receive updates from Direct Capital Corp. regarding our account. Information should be sent to the fax and/or email address given for the account.

Principal I Signature _____ Date _____

Principal II Signature _____ Date _____

Please Print and Fax this to your Finance Manager **Kim Cluff at 603-433-9746**

Phone: 603-766-9316 ♦ Fax: 603-433-9746 ♦ Email: kcluff@directcapital.com