



DIRECT SOURCE CAPITAL

Commercial Finance Application

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ACCOUNT EXECUTIVE
DATE

LESSEE FULL COMPANY NAME DATE ESTABLISHED (UNDER CURRENT OWNERSHIP)
LESSEE FULL COMPANY ADDRESS CITY STATE ZIP CODE TELEPHONE FAX
TRADE STYLE OR NAME WEBSITE FEDERAL TAX NO. CONTACT E-MAIL ADDRESS
TYPE OF BUSINESS PROPRIETORSHIP PARTNERSHIP CORPORATION STATE

GUARANTORS / OWNERS (1) (2) (3)
NAME
STREET
CITY, STATE, ZIP
HOME NUMBER
SOCIAL SECURITY NUMBER
TITLE
% OF OWNERSHIP

CREDIT REFERENCES (ALSO ATTACH 1ST PAGE OF LAST 3 MONTHS BUSINESS BANK STATEMENTS)
BANK CITY/STATE PHONE NUMBER CONTACT ACCOUNT NUMBER
BANK LOAN, LEASE OR FINANCE REFERENCES CITY/STATE PHONE NUMBER CONTACT ACCOUNT NUMBER
MAJOR SUPPLIER ACCOUNTS CITY/STATE PHONE NUMBER CONTACT ACCOUNT NUMBER

SELLER OF EQUIPMENT (ATTACH COPIES OF SALES QUOTES/INVOICES, IF AVAILABLE)
SELLER'S COMPANY NAME ADDRESS CITY STATE ZIP
CONTACT PHONE NUMBER FAX NUMBER
EQUIPMENT DESCRIPTION NEW USED
EQUIPMENT LOCATION (IF DIFFERENT FROM ADDRESS ABOVE)
TERM REQUESTED INSTALLATION DATE LEASE BUYOUT REQUEST (10% FMV, \$100.) TOTAL EQUIPMENT COST

CREDIT RELEASE
The undersigned indiv. (either a principal of the credit applicant or a guarantor of its obligations) provides this written instruction to Lessor or its nominee/assigns authorizing review of his/her pers. credit profile from a nat'l credit bureau. Such authorization shall extend to obtaining a credit profile in consideration of this application and subsequently for the purpose of update, renewal or the extension of such credit and for reviewing and collecting the resulting acct. A photostat or facsimile of this auth. shall be valid as the original. By signing below, I/we affirm our identity as the respective individuals identified in the related application. The undersigned states that all of the above statements are true & complete and authorizes Lessor to obtain from any source information re: the credit standing of the applicant or guarantors.

X _____ DATE _____