

EQUIPMENT CREDIT APPLICATION

Submit Applications to: Steve Joskowitz				E-mai	E-mail: stevej@directfundingservices.com				
Phone: 702-832-7224				Web: www.directfundingservices.com					
BUSINESS (legal name business entity)									
Company Name/dba		Legal Structure				Fed. Tax I.D. #			
		☐ Proprietor ☐ Partnership		rship 🗆 Corpo	p □ Corporation □ LLC				
Address, City, State, Zip		Phone			Nature of Business		# years in biz		
Contact		Title		Email	Email		Website		
EQUIPMENT LOCATION Complete only if equip	ment will not	he located	l at hilling addre	255					
Address			City		County		State Zip		
PERSONAL INFORMATION ON MAJOR	ITY STO	ОСКН	OLDERS/	OWNERS					
Name E-mail			Title		% of Ownership	Social Se	Social Security No.		
Home Address		City		State	Zip	Zip Home/Cell Phone		ne No.	
Name E-mail			Title		% of Ownership	Social Se	Social Security No.		
Home Address		City		State	Zip	Home/Ce	Home/Cell Phone No.		
COMPANY BANK REFERENCES - MUST HA	AVE TWO Y	EAR HIST	ΓORY (Importa	nt to establish a	ny loan history)	,-1		,	
Name of Bank/Branch How Lon					Telephone No.		Contact Officer		
SUMMARY OF EXPERIENCE/CREDIT E	XPLAN.	ATION	N/SUPPOR	RTING IN	FORMATION	(attach ne	cessarv	documents)	
EQUIPMENT TO BE FINANCED Attach separ	ate list if nec	essary	Requesto	ed \$ Finance	Amount: D	own Pay	ment ((if any)?	
Quantity: Description (Make/Model/Year):					New		Used	
Supplier Name:				Supplier Contact:					
Supplier Address, City, State, Zip				11	Telephone No. Fax No.				
TERM 12 Mor	12 Months			Months 48 Months		60 Months			
AUTHORIZATION FORM: ("Soft Pull" initial co	redit check	does not	show inquiry	on credit repo	rt)				
By signing below, each undersigned individual (s), who is either a p instruction BSB Leasing, Inc. or its designee (and any assignee or p bureau. Such authorization shall extend to obtaining a credit profile or extension of such credit and for reviewing or collecting the resulti represent all information is true, correct and complete. A photo state	potential assi e in considerii ing account.	ignee there ng the app I authoriz	eof) authorizing plication of the o e all deposit, bo	review of his o credit applicant orrowing, and tr	r her personal credit pa and subsequently for t ade information to be r	rofile from a he purpose:	nationals	al credit date, renewal	
X Sign:									
Name: Title					Date				
X Sign: Name:	Title				Date				
1110				Dute					