



# THE EXCELLENT MACHINE TRUMP

316-644-8928

## Open Source CNC - Equipment Financing Application

### 2 Easy Ways to Apply For OSCNC Financing

- Apply By Phone: Contact your Finance Manager, Jason Adler at (603) 433-9446
- Apply By Fax: Fax this completed form to (603) 433-9737

### Company Information

Company Name: \_\_\_\_\_  
 Contact Name & Title: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State Zip: \_\_\_\_\_  
 Federal Tax ID: \_\_\_\_\_  
 # of Employees: \_\_\_\_\_  
 Business Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Owned Since: Month: \_\_\_\_\_ Year: \_\_\_\_\_  
 Year Started Original Ownership: \_\_\_\_\_  
 Business Type: Partnership    LLC    SoleProp  
                                  Corporation    Non Profit

### Principal Owner's Information

Principal I Name: \_\_\_\_\_  
 DOB: \_\_\_\_\_ % Ownership: \_\_\_\_\_  
 Social Security #: \_\_\_\_\_  
 Principal II Name: \_\_\_\_\_  
 DOB: \_\_\_\_\_ % Ownership: \_\_\_\_\_  
 Social Security #: \_\_\_\_\_

### Equipment

OSCNC Contact: \_\_\_\_\_  
 Equipment Type: \_\_\_\_\_  
 Estimated Equipment Cost: \_\_\_\_\_  
 Time Frame for Purchase: \_\_\_\_\_  
 Monthly Budget for Purchase: \_\_\_\_\_

### Bank & Trade References

#### Bank Reference

Bank Name: \_\_\_\_\_  
 Account #: \_\_\_\_\_  
 Contact: \_\_\_\_\_  
 Phone: \_\_\_\_\_

#### Trade Reference

Trade Name: \_\_\_\_\_  
 Account #: \_\_\_\_\_  
 Contact: \_\_\_\_\_  
 Phone: \_\_\_\_\_

Signature: X \_\_\_\_\_  
 Print Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Date: \_\_\_\_\_

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 and 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 or 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 above, 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.