

Vendor Information

Vendor Name: Tucor Inc		Estimated Equipment Cost:
Vendor Contact: Mary Hogue		Brief Equipment Description:
Vendor Phone:	Vendor Fax:	

Customer Information

Full Legal Company Name	Billing Address		Business Street Address (if different from Billing Add.	
Bank Use:	City, State, Zip		Phone:	
Type of Business	Years In Business	Annual Sales	Email Address	
Business Owner's Name	Title	Years As Owner	# of Employees	Date of Birth
Legal Structure: (circle one) LLC Non-Profit Sole Proprietor Partnership Corporation	State of Incorporation		State Organization Number	
Principal I Name	Principal I Address		City, State, Zip	
Principal I E-Mail Address	Principal I Social Security Number		Principal I Ownership %	
Principal II Name	Principal II Address		City, State, Zip	
Principal II E-Mail 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

The undersigned individual(s), recognizing that his or her individual credit history may be a factor in the evaluation of the credit of the applicant, hereby consents to and authorizes the above named business credit provider and any assignee, lender or funding service that may be utilized to obtain and use a consumer credit report on the undersigned, now and from time to time, as may be needed in the credit evaluation and review process and waives any right or claim they would otherwise have under the Fair Credit Reporting Act in the absence of this continuing consent. 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. If for any reason your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please write to Direct Capital Corp., 215 Commerce Way, Suite E, Portsmouth, NH 03801 within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial of credit within 30 days of receiving your request for the statement.

Principal I Signature _____ Date _____ Principal II Signature _____ Date _____

Please Fax this to your Account Executive, **Stephen Woodhouse**, at **(603) 433-9712**.
Phone: (603) 433-9447 ♦ Fax: (603) 433-9712