



Company Information

Company Name _____ DBA Name _____
 Company Address _____ City / State _____ Zip _____
 Business Phone _____ Fed Tax ID # _____
 Contact Person _____
 E-Mail Address _____ Years in Business _____
 Type of Business Corporation LLC Partnership Non-Profit Sole-Proprietor
 Nature of Business: _____

Officers, Partners, or Guarantors

Name _____ Title _____ Social Sec. # _____ %Ownership _____
 Home Address _____ City / State _____ Zip _____
 Email _____ Home Phone _____ Cell Phone _____
 Name _____ Title _____ Social Sec. # _____ %Ownership _____
 Home Address _____ City / State _____ Zip _____
 Email _____ Home Phone _____ Cell Phone _____
 Name _____ Title _____ Social Sec. # _____ %Ownership _____
 Home Address _____ City / State _____ Zip _____
 Email _____ Home Phone _____ Cell Phone _____
 Have any of the above Officers, Partners, or Guarantors ever filed bankruptcy? YES NO

Equipment Information

Vendor Name _____ Phone # _____ Contact _____
 Equipment Description _____
 Equipment Cost: \$ _____ NEW EQUIPMENT USED EQUIPMENT
 Are you considering the purchase of any OTHER equipment? YES NO
 Would you like to secure an ADDITIONAL approval for OTHER equipment ? YES NO

Declaration / Authorization

The undersign agrees that the information provided above, together with any financial statements, schedules, or other materials provided to Dao Financial Solutions, LLC, is true, correct, and complete. The undersign individual as representative for the applicant authorizes Dao Financial Solutions LLC and assignees to check references, bank accounts and principals and/or guarantors' personal credit profiles from any source in considering this application and for the purpose of the update, renewal or extension of credit to the applicant. A fax or photocopy of this authorization shall be valid as the original

Signature _____ Title _____
 Print Name _____ Date _____

Fax signed completed application to: 1-866-781-5385