



DaaS APPLICATION

Fax Completed Application to 717-674-6125
or email to credit@daashelp.com

| Equipment/Vendor Information | | | |
|---|-----------------------------------|--|----------------------------|
| Equipment Description | | | |
| Equipment Location | | | Expected Delivery Date |
| Equipment Type <input type="checkbox"/> New <input type="checkbox"/> Used | Equipment Cost (excluding tax) \$ | Monthly Payment \$ | |
| Desired DaaS Term <input type="checkbox"/> 24 Mo. <input type="checkbox"/> 36 Mo. . | | End of Lease Option <input type="checkbox"/> FMV | |
| Vendor Name | Contact Person | Phone () | |
| Address | | City/State/Zip | |
| Client Information | | | |
| Business Legal Name | | DBA (if any) | |
| Type of Business | Email Address | Date Business Started | Date Business Incorporated |
| <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> C-Corporation <input type="checkbox"/> S-Corporation <input type="checkbox"/> Limited Liability Company (LLC) <input type="checkbox"/> Other: _____ | | | |
| Street Address | | | |
| City | | State | Zip Code |
| Contact Name | | Title | |
| Phone () | Fax () | Fed Tax ID | |
| Sales Tax Exempt <i>If "yes" exemption certificate must be attached</i> <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Principal Information | | | |
| | (1) | (2) | |
| Principal Name(s) and Title(s) | | | |
| Home Address | | | |
| City/State/Zip | | | |
| % of Ownership | | | |
| Social Security Number | | | |
| <small>Each individual signing as principal certifies that the information provided in this application is accurate and complete. Each individual signing as principal authorizes lender or any other lending sources to obtain information from the references listed above and obtain a consumer credit report that will be ongoing and relate not only to the evaluation and/or extension of the business credit requested, but also for purposes of reviewing the account, increasing the credit line, taking collection action on the account and for any other legitimate purpose associated with the account as needed. Each individual signing as principal further waives any right or claim which such individual would otherwise have under the Fair Credit Reporting Act in the absence of this continuing consent.</small> | | | |
| <small>I authorize all deposit, borrower and trade account information to be released to the Lessor. I hereby represent all information is true, correct and complete. A photostat or facsimile copy of this authorization shall be valid as the original.</small> | | | |
| Principal Signature(s) | Signature | Date | Signature |
| | | | |
| <small>The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract), because all or part of the applicants income derives from any public assistance program or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law is the Federal Trade Commission Equal Credit Opportunity, Washington, DC 20580. If your application for credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact Lessor set forth above within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for denial within 30 days of receiving your request for the statement.</small> | | | |