



DAAS CREDIT APPLICATION

Submit completed Credit Applications to:

Fax: 717-674-6125 Email: Credit@DaasHelp.com

PARTNER/PROVIDER

COMPANY: <i>(Legal Name)</i>					DBA: <i>(if any)</i>			
LEGAL ADDRESS:					PHONE:			
CITY:		PR:		PC:		ALT:		
PHYSICAL ADDRESS:					FAX:			
CITY:		PR:		PC:		WEBSITE:		
POINT OF CONTACT:					TITLE:			
EMAIL:				PHONE:				EXT#:

FINANCED SOLUTION

DESCRIPTION:				PROJECTED DELIVERY DATE:			
DESIRED TERM	<input type="checkbox"/> 24 MOS	<input type="checkbox"/> 36 MOS	<input type="checkbox"/> OTHER _____	TOTAL ESTIMATED COST: <i>(Excluding Tax)</i>	\$	_____	

CLIENT/APPLICANT

BUSINESS: <i>(Legal Name)</i>					DBA: <i>(if any)</i>			
LEGAL ADDRESS:					PHONE:			
CITY:		PR:		PC:		ALT:		
PHYSICAL ADDRESS:					FAX:			
CITY:		PR:		PC:		WEBSITE:		
POINT OF CONTACT:				TITLE:			EMAIL:	

BUSINESS INFORMATION

TYPE OF BUSINESS:	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company (LLC)
	<input type="checkbox"/> C-Corporation	<input type="checkbox"/> S-Corporation	<input type="checkbox"/> OTHER: _____
DATE STARTED:			TAX ID #:
DATE INCORPORATED:			TAX EXEMPT: <input type="checkbox"/> NO <input type="checkbox"/> YES* <small>*If "yes" MUST attach copy of "exemption certificate"</small>

PRINCIPLE INFORMATION

(1)	Principal's Name		(2)	Principal's Name	
	Principal's Title(s)			Principal's Title(s)	
	Home Address			Home Address	
	City/Province/PostalCode			City/Province/PostalCode	
	% of Ownership			% of Ownership	
	S.I.N.#			S.I.N.#	

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. 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.

(1) PRINCIPLE SIGNATURE	DATE	(2) PRINCIPLE SIGNATURE	DATE
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By submitting this application, each of the applicants, co-lessees and/or guarantors, (including existing lessees and /or guarantors) has: Consented to the collection, use and disclosure of personal information for the purposes of credit adjudication by the Lessor/Lender and its funders, to enable the Lessor/Lender and its assignees to provide lease/financial services, administer your contract and promote the products and services of the Lessor/Lender and its affiliates; and Acknowledged that providing a social insurance number is optional and not a mandatory condition to obtaining a credit review; and Consented to the Lessor/Lender and its funders and assignees obtaining information relating to the applicants, co-lessees and or any guarantors from all credit reporting agencies and other third parties in connection with this application; and The User confirms the information submitted is accurate and correct for the Lessor/Lender to reliably adjudicate the application. The User may be held responsible for the transmittance of incorrect information.