



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:		ST:		ZIP:		ALT:		
PHYSICAL ADDRESS:					FAX:			
CITY:		ST:		ZIP:		WEBSITE:		
POINT OF CONTACT:					TITLE:			
EMAIL:				PHONE:				EXT#:

DAAS SOLUTION

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

CLIENT/APPLICANT

BUSINESS: <i>(Legal Name)</i>					DBA: <i>(if any)</i>			
LEGAL ADDRESS:					PHONE:			
CITY:		ST:		ZIP:		ALT:		
PHYSICAL ADDRESS:					FAX:			
CITY:		ST:		ZIP:		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:			FEDERAL TAX ID #:	
DATE INCORPORATED:			SALES 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/State/Zip			City/State/Zip	
	% of Ownership			% of Ownership	
	Social Security Number			Social Security Number	

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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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.