



\$1,000 - \$30,000

Product / Service _____

Amount Requested \$ _____

CREDIT APPLICATIONPlease complete our separate revolving credit line application.
(Request a copy from the merchant, apply online or call 855.800.2580)

PLEASE COMPLETE ALL FIELDS AND PRINT CLEARLY

APPLICANT (PLEASE PRINT)

First Name		MI	Last Name		Marital Status <input type="radio"/> Married <input type="radio"/> Unmarried	
Date of Birth		Social Security No.		Driver License# or State ID#		State of Issuance Expiration Date
Home Phone ()		Work Phone ()		Ext.	Cell Phone ()	
Current Home Address		City		State	Zip	Monthly Payment \$ <input type="radio"/> Rent <input type="radio"/> Own Time at Residence Yrs Mos
Previous Home Address (if less than 1 year at current address)		City		State	Zip	Monthly Payment \$ <input type="radio"/> Rent <input type="radio"/> Own Time at Residence Yrs Mos
E-Mail Address				Bank Routing # (for Checking Account)**		Checking Account #
Current Employer (if Retired, Student, Homemaker or on Disability, please write below)				Current Occupation or Job Title		Verifiable Gross Salary \$ <input type="radio"/> Monthly <input type="radio"/> Yearly
Current Employer Address		City		State	Zip	Time at Job Yrs Mos
Previous Employer (if less than 1 year at current employer)				Previous Occupation or Job Title		Previous Gross Salary \$ <input type="radio"/> Monthly <input type="radio"/> Yearly
Previous Employer Address		City		State	Zip	Time at Job Yrs Mos
Verifiable Additional Income(s)*		Other Job \$ <input type="radio"/> Monthly <input type="radio"/> Yearly	Spouse \$ <input type="radio"/> Monthly <input type="radio"/> Yearly	Child Support \$ <input type="radio"/> Monthly <input type="radio"/> Yearly	Retirement/Pension \$ <input type="radio"/> Monthly <input type="radio"/> Yearly	Rental Income \$ <input type="radio"/> Monthly <input type="radio"/> Yearly

*Alimony, child support, or separate maintenance income need not be revealed if you do not wish it considered as a basis for repayment. **Providing a checking account and routing # allows more payment options.

CO-APPLICANT (PLEASE PRINT)

First Name		MI	Last Name		Marital Status <input type="radio"/> Married <input type="radio"/> Unmarried	
Date of Birth		Social Security No.		Driver License# or State ID#		State of Issuance Expiration Date
Home Phone ()		Work Phone ()		Ext.	Cell Phone ()	
Current Home Address		City		State	Zip	Monthly Payment \$ <input type="radio"/> Rent <input type="radio"/> Own Time at Residence Yrs Mos
Previous Home Address (if less than 1 year at current address)		City		State	Zip	Monthly Payment \$ <input type="radio"/> Rent <input type="radio"/> Own Time at Residence Yrs Mos
E-Mail Address				Bank Routing # (for Checking Account)**		Checking Account #
Current Employer (if Retired, Student, Homemaker or on Disability, please write below)				Current Occupation or Job Title		Verifiable Gross Salary \$ <input type="radio"/> Monthly <input type="radio"/> Yearly
Current Employer Address		City		State	Zip	Time at Job Yrs Mos
Previous Employer (if less than 1 year at current employer)				Previous Occupation or Job Title		Previous Gross Salary \$ <input type="radio"/> Monthly <input type="radio"/> Yearly
Previous Employer Address		City		State	Zip	Time at Job Yrs Mos
Verifiable Additional Income(s)*		Other Job \$ <input type="radio"/> Monthly <input type="radio"/> Yearly	Spouse \$ <input type="radio"/> Monthly <input type="radio"/> Yearly	Child Support \$ <input type="radio"/> Monthly <input type="radio"/> Yearly	Retirement/Pension \$ <input type="radio"/> Monthly <input type="radio"/> Yearly	Rental Income \$ <input type="radio"/> Monthly <input type="radio"/> Yearly

*Alimony, child support, or separate maintenance income need not be revealed if you do not wish it considered as a basis for repayment. **Providing a checking account and routing # allows more payment options.

By providing your email address you consent to receive electronic information such as notices of credit decisions, monthly billing statements and collection notices. You also acknowledge that we will use all contact information provided to contact you regarding your application, loan offer, account status or future offers. We may utilize electronic, mobile, SMS, traditional methods or any other means available.

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. I hereby acknowledge that I have been informed of the name and address of the financial institution to which this transaction is being submitted. I FURTHER ACKNOWLEDGE THAT THE ABOVE INFORMATION IS TRUE AND CORRECT. I understand DiversePayments.com will be acting as a credit processing agent on my behalf and my credit request may be presented to multiple credit issuing companies. A one-time service fee up to \$49 may be charged for the service efforts resulting in a credit offer.

AUTHORIZATION I certify that the above information stated in this application is true and correct and a complete statement of my financial condition. I understand that this application will be kept whether or not it is approved. You are authorized to share this application with other potential lenders. You and any potential or subsequent creditor are authorized to check my credit and employment history to answer questions about your credit experience with me and to disclose credit information to each other. I further understand that my application is being submitted to a lender(s).

Applicant Signature _____

Date _____ Co-Applicant Signature _____

Date _____

MERCHANT (PLEASE PRINT)

Merchant - Business Name / Phone # / Sales Rep Name		Product / Service	Total Cost \$
			Purchase / Delivery Date



Business Credit Application

Sales Rep
Telephone
Facsimile
Email

LEASE AGREEMENT - BUSINESS

usually \$20,000 plus

Merchant Info

☐ Corporation ☐ Sub S Corporation ☐ Partnership ☐ Sole Proprietor ☐ LLC

FULL LEGAL NAME OF BUSINESS/COMPANY			TYPE OF BUSINESS/MERCHANT SPECIALTY		
COMPANY STREET ADDRESS		SUITE	COMPANY EMAIL		
COMPANY CITY	ST	ZIP	WEBSITE URL		
OFFICE PHONE NUMBER	OFFICE FAX		TOTAL ANNUAL BUSINESS REVENUE (\$)	AVERAGE SALE PRICE (\$)	
FEDERAL TAX ID	STATE TAX ID		DATE (DD/MM/YY) BUSINESS STARTED	DATE (DD/MM/YY) OF CURRENT OWNERSHIP	

Principal(s)

OWNER #1 FIRST NAME	M.I.	LAST NAME		OWNER #2 FIRST NAME	M.I.	LAST NAME	
TITLE		DRIVER LICENSE #	DL# ST	TITLE		DRIVER LICENSE #	DL# ST
HOME STREET ADDRESS			APT#	HOME STREET ADDRESS			APT#
CITY	ST	ZIP		CITY	ST	ZIP	
HOME PHONE		MOBILE PHONE		HOME PHONE		MOBILE PHONE	
SSN #	BIRTH DATE (DD/MM/YY)	% OWNERSHIP		SSN #	BIRTH DATE (DD/MM/YY)	% OWNERSHIP	
EMAIL		ANNUAL GROSS INCOME (\$)		EMAIL		ANNUAL GROSS INCOME (\$)	

Trade Reference

COMPANY NAME #1	CITY	ST	ZIP	PHONE
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Bank Account

BANK NAME	BANK CONTACT NAME	TYPE OF CHECKING ACCOUNT <input type="checkbox"/> PERSONAL <input type="checkbox"/> BUSINESS	
CHECKING ACCOUNT TRANSIT/ABA ROUTING NUMBER (9 DIGITS)	CHECKING ACCOUNT NUMBER	AVG. MONTHLY BALANCE (\$)	

Loan/Lease Type

TYPE OF LOAN/LEASE <input type="checkbox"/> WORKING CAPITAL <input type="checkbox"/> MERCHANT CASH ADVANCE <input type="checkbox"/> EQUIPMENT LEASE	REQUESTED CREDIT AMOUNT (\$)	AVERAGE Monthly Credit Card Volume (\$)
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Vendor

(applicable for merchant applying for an equipment lease/loan)-leave blank if none

VENDOR COMPANY NAME	VENDOR PHONE	VENDOR FAX
VENDOR STREET ADDRESS	SUITE	VENDOR EMAIL
VENDOR CITY	ST	ZIP
DESCRIPTION OF EQUIPMENT TO LEASE		

The undersigned certifies that all information provided is true and correct and authorizes DiversePayments.com, LLC (hereinafter referred to as "DP") and its affiliates and any credit bureau or other agency to investigate the references, statements, or other data listed or accompanying this application. The undersigned authorizes all party's contacts to release credit and financial information requested as a part of any due diligence. Merchant hereby expressly grants the authorization and power of attorney to DP to execute, whether digitally or in actuality, any and all documents on our behalf to apply for a business loan or lease with its contracted Lender(s).

Signature: X

DATE

PRINTED NAME & TITLE