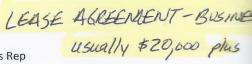
## Product / Service GREDIT APPLICATION Please complete our separate revolving credit line application Amount Requested \$ (Request a copy from the merchant, apply online or call 855.800.2580) APPLICANT (PLEASE PRINT) PLEASE COMPLETE ALL FIELDS AND PRINT CLEARLY MI First Name Last Name ○ Married OUnmarried Social Security No. State of Issuance Expiration Date Driver License# or State ID# Date of Birth Cell Phone Carrier Work Phone Ext. Cell Phone Home Phone Current Home Address City State Zip Monthly Payment Time at Residence ORent OOW Previous Home Address (if less than 1 year at current address) Monthly Payment Time at Residence City Zip ORent OOv Bank Routing # (for Checking Account)\* Checking Account # Verifiable Gross Salary Current Employer (if Retired, Student, Homemaker or on Disability, please write below) Current Occupation or Job Title Monthly O Year Zip **Current Employer Address** City Previous Occupation or Job Title Previous Gross Salary Previous Employer (if less than 1 year at current employer) O Monthly O Year Previous Employer Address State Zip Time at Job Retirement/Pension Rental Income Other Job Child Support Monthly Yearly Monthly Yearly O Monthly O Year O Monthly O Ye iny, child support, or separate m. CO-APPLICANT (PLEASE PRINT) Last Name Marital Status First Name OMarried OUnmarried Driver License# or State ID# State of Issuance Social Security No. Date of Birth Cell Phone Relationship to Applicant Home Phone Work Phone Ext. Monthly Payment Time at Residence Current Home Address City State Zip ORent Oow Previous Home Address (if less than 1 year at current address) City State Zip Monthly Payment Time at Residence ORent OOW 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 S O Monthly O Yearly State Zip Time at Job Current Employer Address Previous Occupation or Job Title Previous Gross Salary Previous Employer (if less than 1 year at current employer) O Monthly O Year Previous Employer Address State Time at Job Other Job O Monthly O Yearly Monthly Yearly Monthly O Yearly Monthly Year ony, child support, or separate maintenance income ne

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 herby 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. Inderstand 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		Co-Applicant Signature			
MERCHANT (PLEASE PRINT)					
Merchant - Business Name / Phone # / Sales Rep Name		Product / Service	Total Cost \$		
			Purchase / Delivery Date		
			Purchase / Delivery Da		





Sales Rep Telephone Facsimile Email

Merchant Info	Corporation	Sub	S Corporation	Partnership		e Propri	etor	TTC	unio esca	
FULL LEGAL NAME OF BUSINESS/COMPANY  COMPANY STREET ADDRESS  SUITE			TYPE OF BUSINES	S/MERCHANT SP	ECIALTY					
			COMPANY EMAIL							
COMPANY CITY ST ZIP			WEBSITE URL							
FICE PHONE NUMBER OFFICE FAX		TOTAL ANNUAL BUSINESS REVENUE (\$)  AVERAGE SALE PRICE (\$)								
DERAL TAX ID STATE TAX ID			DATE (DD/MM/YY) BUSINESS STARTED DATE (DD/M				MM/YY) OF CURRENT OWNERSHIP			
Principal(s)								i Lini	1771	
WNER #1 FIRST NAME	M.I. LAST NAI	LAST NAME		OWNER #2 FIRST NAME M.I.			LAST NAME			
TLE	DRIVER I	DRIVER LICENSE # DL# ST		TITLE			DRIVER LICENSE # DL# ST			ST
HOME STREET ADDRESS APT#		HOME STREET ADDRESS APT#								
ITY		ST ZIP		CITY				ST ZIP		
OME PHONE	MOBILE	MOBILE PHONE		HOME PHONE			MOBILE PHONE			
SSN#	BIRTH D.	BIRTH DATE (DD/MM/YY) % OWNERSHIP		SSN#			BIRTH DATE (DD/MM/YY) % OWNERSHIP			
EMAIL	IAIL ANNUAL GROSS INCOME (\$)		EMAIL ANNUAL GROSS INCOME (\$					\$)		
Trade Reference										
COMPANY NAME #1		CITY			ST ZIP		PHONE			
Bank Account		un seg	11.75							
BANK NAME			BANK CONTACT NAME			TYPE OF CHECKING ACCOUNT PERSONAL BUSINESS				
CHECKING ACCOUNT TRANSIT/ABA ROUTING NUMBER (9 DIGITS)			CHECKING ACCOUNT NUMBER				AVG. MONTLHY BALANCE (\$)			
Loan/Lease Type										
TYPE OF LOAN/LEASE  WORKING CAPITAL	MERCHANT CASH	ADVANCE E	QUIPMENT LEASE	REQUESTED CR	EDIT AMOUNT (\$	)	AVERAGE	Monthly Cred	lit Card Volume	e (\$)
Vendor (app	olicable for	merchant a	pplying for a	n equipmen	t lease/loai	n)-leav	re blank i	fnone		
VENDOR COMPANY NAME		VENDOR PHONE			VENDOR FAX					
VENDOR STREET ADDRESS SUITE			VENDOR EMAIL							
VENDORY CITY		ST ZIP			DESCRIPTION OF EQUIPMENT TO LEASE					
The undersigned certifies the and its affiliates and any cre. The undersigned authorizes expressly grants the authorize for a business loan or lease to the second	dit bureau or of all party's contaction and pow	ther agency to tacts to releas er of attorney t	investigate the	references, state	tements, or ot on requested a	ner data as a bar	i listed or a t of anv du	e diligence	. Merchant	here