



DaaS Credit Application

Step One: Complete DaaS Credit Application (*see below guide for reference*)

SECTION 1: DaaS Solution Provider

To be completed by the Technology Solution Provider.

COMPANY NAME	The legal name and DBA(s) of the company the Technology/Solution Provider is operating under.
COMPANY ADDRESS	The company's legal address (<i>and physical if different</i>).
POINT OF CONTACT	The name, title, email, and phone number of the Technology/Solution Provider point person.

SECTION 2: DaaS Solution

To be completed by the Technology Solution Provider.

TYPE	NEW	First-time	TERM	24 MONTHS	Indicate desired term, OR
	ADD-ON	Additional and/or add-on to existing		36 MONTHS	
	RENEWAL	New DaaS term (<i>previous term completed</i>)		OTHER	Select OTHER and specify length of term being requested.
	OTHER	Specify accordingly			
TARGET DATE	The anticipated installation and/or need-by date.				
TOTAL COST	Provide the total estimated cost of the solution and/or dollar amount being requested to finance.				

SECTION 3: DaaS Client/Applicant

To be completed by the Client (*person applying for financing*).

COMPANY NAME	The legal name and DBA(s) of the Client/Applicant's business/company.				
ADDRESS	The company's legal address (<i>and physical if different</i>).				
POINT OF CONTACT	The name, title, email, and phone number of the point person.				
BUSINESS INFORMATION	TYPE	Check box to indicate business entity type. (<i>i.e.: Partnership, Sole Proprietorship, C-Corporation, S-Corporation, Limited Liability Company</i>)			
	STARTED	The date the Client/Applicant's business/company was established.			
	INCORPORATED	The date business/company was incorporated (<i>if applicable</i>).			
	FEDERAL TAX ID#	The Federal Tax ID# of the Client/Applicant's Company.			
	SALES TAX	Indicate whether business is sales tax exempt (<i>if yes, attach copy of exemption</i>).			
PRINCIPLE(S) INFORMATION (<i>aka company owner, founder, CEO</i>)	NAME	Principal's complete legal name (<i>as appears on legal ID</i>).			
	TITLE	Principal's title (<i>i.e.: CEO, Proprietor, Principal, Owner, President, Founder, Administrator, Director, Managing Partner, Managing Member</i>).			
	EMAIL	Principal's email address (NOTE: Finance company will send DocuSign link to this email).			
	ADDRESS	Principal's home address (<i>street, city, province, and postal code</i>).			
	OWNERSHIP %	Principal's percentage of ownership in the business/company.			
	SSN	Principal's nine-digit social security number.			

Step Two: Submit completed DaaS Credit Application:

Fax: 717-674-6125

Email: Credit@DaasHelp.com



DAAS CREDIT APPLICATION

Submit completed Credit Applications to:

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

DAAS SOLUTION 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#:							
DAAS SOLUTION													
TYPE:		NEW		ADD-ON		RENEWAL		OTHER: _____		INSTALLATION TARGET DATE:			
TERM:		24 MONTHS		36 MONTHS		<input type="checkbox"/> OTHER: _____		ESTIMATED TOTAL COST:		\$ _____			
DAAS CLIENT/APPLICANT													
BUSINESS: <i>(Legal Name)</i>				DBA: <i>(if any)</i>									
WEBSITE:				EMAIL:									
LEGAL ADDRESS:				PHONE:									
CITY:			ST:	ZIP:		FAX:							
PHYSICAL ADDRESS:				ST:				ZIP:					
CONTACT PERSON:				PHONE:		EMAIL:							
BUSINESS INFORMATION													
<input type="checkbox"/> Partnership		<input type="checkbox"/> C-Corporation		<input type="checkbox"/> Limited Liability Company (LLC)		DATE STARTED:							
<input type="checkbox"/> Sole Proprietorship		<input type="checkbox"/> S-Corporation		<input type="checkbox"/> OTHER: _____		DATE INCORPORATED:							
FEDERAL TAX ID #:				SALES TAX EXEMPT:		<input type="checkbox"/> NO		<input type="checkbox"/> YES* <i>(*If yes, MUST attach copy of exemption certificate)</i>					
PRINCIPAL INFORMATION													
(1)	Principal's Name			(2)	Principal's Name								
	Principal's Title(s)				Principal's Title(s)								
	EMAIL				EMAIL								
	Home Address				Home Address								
	City/PR/PC				City/PR/PC								
	% of Ownership		S.I.N.#		% of Ownership		S.I.N.#						
<p>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.</p>													
(1) PRINCIPAL SIGNATURE				DATE		(2) PRINCIPAL SIGNATURE				DATE			
<p>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.</p>													