# CONSUMER EQUIPMENT APPLICATION

**Business Direct CAPITAL**

**2888 Loker Avenue East, Suite 321 Carlsbad, CA 92010**

**Toll Free (888) 305-9292**

**Fax Application to (888) 305-9797**

| COMPLETE LEGAL NAME | | DATE OF BIRTH | SOCIAL SECURITY # | Own ☐ Rent ☐ | |
|---|---|---|---|---|---|
| HOME ADDRESS | | CITY | | STATE | ZIP |
| COUNTY | SALES TAX RATE % | HOME TELEPHONE | EMAIL OF CONTACT PERSON | | |

**Please estimate your current credit FICO score? 750+ ☐ 700-749 ☐ 650 699 ☐ 600-649 ☐ Under 600 ☐**

| EQUIPMENT VENDOR – CONTACT PERSON - | TELEPHONE | EMAIL | | DEPOSIT ON EQUIPMENT? Yes ☐ No ☐ |
|---|---|---|---|---|
| TYPE OF EQUIPMENT APPLYING FOR | | # OF PIECES | NEW OR USED New ☐ Used ☐ | TOTAL COST $ |

**Do you need personal cash for other uses? Yes ☐ No ☐ $10K ☐ $15K ☐ $25K ☐ $40K ☐**

The above information, together with any accompanying financial statements, schedules, or other materials, is submitted for the purpose of obtaining credit and is warranted to be true, correct and complete. The undersigned hereby warrants that any individual identified above who is either a principal, a personal guarantor or a sole proprietor of the credit applicant, recognizing that his or her individual credit history may be a factor in the evaluation of the credit history of the applicant, has provided his/her written authorization for inquiry into their credit worthiness, including but not limited to obtaining a consumer credit report, and shall hold Advanced Innovations, Inc. and Business Direct Capital and its assignees, agents or nominees harmless from same. You understand that such investigation may include seeking information as to the background, credit and financial responsibility of your officers and principals (or any of them). A photo stat or facsimile copy of this application acts as the original.

Authorized Signature _____ Title _____ Date _____