



# 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.

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

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

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

**Step Two:** Submit completed DaaS Credit Application:

**Fax:** 717-674-6125

**Email:** [Credit@DaasHelp.com](mailto: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:				ST:		ZIP:		ALT:				
PHYSICAL ADDRESS:						FAX:						
CITY:				ST:		ZIP:		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/State/Zip					City/State/Zip						
	% of Ownership		Social Security Number			% of Ownership		Social Security Number				
<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>												