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Company Information

Company Name _____ DBA Name _____

Company Address _____ City / State _____ Zip _____

Business Phone _____ Fed Tax ID# _____

Contact Person _____

E-Mail Address _____ Years in Business _____

Type of Business Corporation LLC Partnership Non-Profit Sole-Proprietor

Nature of Business: _____

If this is a medical practice: List Specialty: _____ License #: _____ Years Licensed _____

Officers, Partners, or Guarantors

Name _____ Title _____ Social Sec. # _____ %Ownership _____

Home Address _____ City / State _____ Zip _____

Email _____ Home Phone _____ Cell Phone _____

Have any of the above Officers, Partners, or Guarantors ever filed bankruptcy? YES NO

Please include an attachment for any additional personal guarantors (or for anyone with 10% or more ownership).

Equipment Information

Vendor Name _____ Phone # _____ Contact _____

Equipment Description _____

Equipment Cost: \$ _____ NEW EQUIPMENT USED EQUIPMENT

Are you considering the purchase of any OTHER equipment? YES NO

Would you like to secure an ADDITIONAL approval for OTHER equipment? YES NO

Declaration / Authorization

By signing below, each of the above-listed Business Owner(s)/Officer(s)/Principal(s) and Business (individually and collectively, "You") certify that all information and documents submitted in connection with this Funding Application ("Application") are accurate, true, correct and complete; and that You will immediately notify Dao Financial Solutions ("Dao") or any of its representatives, successors, assigns, designees, agents, partners or affiliates (individually and collectively, "Recipients") of any change in such information or financial condition. You further authorize Dao and/or Recipients to obtain consumer or personal, business and investigative reports, references and other information about You, including, but not limited to credit card processor statements and bank statements, from one or more consumer reporting agencies, such as TransUnion, Experian, and Equifax, and from other credit bureaus, banks, financial institutions, creditors and other third parties, now or in the future. You also authorize Dao to transmit this Application, along with any of the foregoing information obtained in connection with this Application, to any or all of the Recipients for the foregoing purposes. You agree to adopt this typed electronic representation of your name as your signature and shall be valid as the original. You consent and agree to receive updates from Dao and/or assignees regarding this account via the telephone or fax numbers or email address provided in connection with this or any future application.

Signature _____ Title _____

Print Name _____ Date _____

Fax signed completed application to: 1-888-276-4713

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