



**Diversified
Capital Credit**

Diversified Capital Credit Corp.

2201 Macy Drive
Roswell, GA 30076
770-552-4004 • 770-552-9546 FAX

DATE

REP: **J Prothero**
Prothero@DiCapCredit.com

| | | | | | |
|-----------------------------|--|--|---|---|---------------------------------|
| LESSEE FULL COMPANY NAME | | | | DATE COMPANY ESTABLISHED MO. YR. | |
| LESSEE FULL COMPANY ADDRESS | | CITY | STATE | ZIP | TELEPHONE NO. & FAX NO. |
| TYPE OF BUSINESS | | PROPRIETORSHIP <input type="checkbox"/> | PARTNERSHIP <input type="checkbox"/> | CORPORATION <input type="checkbox"/> | LLC <input type="checkbox"/> |
| LESSEE CONTACT | | | | FEDERAL TAX ID | |

| BANK | CITY/STATE | PHONE NO. | TYPE OF ACCT. | CONTACT | ACCT NO. |
|------|------------|-----------|---------------|---------|----------|
| 1 | | | | | |
| 2 | | | | | |

| | |
|-----------------------------|--|
| PERSONAL INFORMATION | |
| NAME | |
| STREET | |
| CITY, STATE, ZIP | |
| TELEPHONE NO. | |
| SOCIAL SECURITY NO. | |
| % OF OWNERSHIP | |



Gasser Chair Company

| | | |
|---|---------------|---------------------------------|
| VENDOR INFORMATION | | |
| CONTACT | TELEPHONE NO. | FAX NO. |
| PRODUCT DESCRIPTION | | |
| PRODUCT SHIP TO LOCATION (IF DIFFERENT THAN LESSEE ADDRESS ABOVE) | | |
| TERM | BUYOUT OPTION | TOTAL INVOICE WITHOUT TAX \$ |

CREDIT RELEASE

Everything that I/we have stated in this application is correct and to the best of my/our knowledge. I agree to notify you of any material change(s) in my financial condition. By signing below, the undersigned individual, who is either a principal of the credit applicant or a personal guarantor of its obligations, provides written instruction to Diversified Capital Credit Corp. or its designee (and any assignee or potential assignee thereof) authorizing review of his/her personal credit profile from a national credit bureau. Such authorization shall extend to obtaining a credit profile in considering this application and subsequently for the purposes of update, renewal, or extension of such credit or additional credit and for reviewing or collecting the resulting account. A photostat or facsimile copy of this authorization shall be valid as the original. By signature below, I/we affirm my/our identity as the respective individual/s identified in the above application. I/We hereby authorize our banks, trade references, and financial institutions the right to release credit information to Lessor.

X _____

X _____