



DK CAPITAL, INC.
4121 Okemos Road, Suite 16, Okemos, MI 48864
phone 517-347-7844 • fax 517-347-7752

CREDIT APPLICATION

APPLICANT

Company Legal Name	
Address	
City	State County Zip
Phone	Fax
E-Mail	Date Est. (Current ownership)
<input type="checkbox"/> Corporation <input type="checkbox"/> Proprietorship	<input type="checkbox"/> Partnership <input type="checkbox"/> LLC
<input type="checkbox"/> Other	

VENDOR

Name	
Address	
City	State Zip
Phone	Fax
Contact	Delivery Date

EQUIPMENT AND TERMS

Equipment Cost	Equipment description			
<input type="checkbox"/> New <input type="checkbox"/> Used (age _____)	Term Requested	Monthly Payment	Down Payment	Purchase Option <input type="checkbox"/> \$1.00 <input type="checkbox"/> 10% <input type="checkbox"/> EFA

CREDIT INFORMATION

Type of Business		Federal Tax Identification Number	
Business Bank Name	Phone Number	Contact	Check Account #
Credit Reference	Phone Number	Contact	
Credit Reference	Phone Number	Contact	
Credit Reference	Phone Number	Contact	

PERSONAL CREDIT INFORMATION ON OFFICERS / OWNERS / PARTNERS

Name		Address	Social Security Number	Title
Home Phone	% Ownership			
Name		Address	Social Security Number	Title
Home Phone	% Ownership			

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 (broker) 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 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.

X _____
APPLICANT'S SIGNATURE DATE

X _____
APPLICANT'S SIGNATURE DATE