



There Are 3 Easy Ways to Apply For Financing:

**1** Apply by Phone

To apply by phone, please call  
Jared Batcheider at (800) 475-5523  
or (603) 373-1946

**2** Apply by Fax

To apply by fax, please fax  
this form to (603) 373-1881

**3** Apply Online

To apply online, please visit  
[www.directcapital.com/apply/zorn](http://www.directcapital.com/apply/zorn)

**Company Information**

Company Name: \_\_\_\_\_

Contact Name & Title: \_\_\_\_\_

Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Federal Tax ID: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Year Started: \_\_\_\_\_

Year Started Current Ownership: \_\_\_\_\_

Business Type: Partnership    LLC    SoleProp  
S-Corp    Corporation    Non Profit

**Principal Owner's Information**

Principal I Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ % Ownership: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Principal II Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ % Ownership: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Birthdate: \_\_\_\_\_

**Equipment**

Vendor: Zorn Compressor & Equipment

Vendor Branch: \_\_\_\_\_

Equipment Type: \_\_\_\_\_

New  Used

Estimated Equipment Cost: \_\_\_\_\_

Time Frame for Purchase: \_\_\_\_\_

Monthly Budget for Purchase: \_\_\_\_\_

Branch Name: \_\_\_\_\_

Signature: X \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Delivery of this application bearing a facsimile signature(s) shall have the same force and effect as if the application bore an inked original signature(s). The applicant certifies that all information provided is true, correct and complete and that the account will be used solely for business and commercial purposes. The applicant, owner(s) and guarantor (if any) authorize Direct Capital Corporation or its designee(s) or assignee(s) to obtain any information it may request from any business or consumer reporting agency (ies) or other sources that provide credit reports, account history information, credit and employment history or similar information; such authorization shall extend to update renewal or credit and for reviewing or collecting the account. The applicant acknowledges that, based upon such information and other factors which may apply, Direct Capital or its assignee(s) or designee(s), in their sole discretion, may either grant or decline to grant credit. By signing above, I also wish to continue to receive updates from Direct Capital Corp. regarding our account. Information should be sent to the fax and/or email address given for the account.

**Bank & Trade References**

**Bank Reference**

Bank Name: \_\_\_\_\_

Account #: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

**Trade Reference**

Trade Name: \_\_\_\_\_

Account #: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_