



Microsoft Capital Corporation Credit Application

Please fax completed application to : 1-866-836-4276
With questions, e-mail: inetappsBOS@leasedirect.com

PARTNER INFORMATION

Partner			Contact		
Address			Phone	Fax	
City	State	Zip Code	E-mail address		

COMPANY INFORMATION

Full legal name of company			Phone		
DBA (if any)			Fax		
Address			E-mail address		
City	State	Zip Code	Contact Person		
Date Started	Website		DUNS# (if applicable)		
<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> Non-Profit <input type="checkbox"/> Other			Industry of Business		

PRINCIPAL INFORMATION

Owner/officer(s)		Date of Birth		Owner/officer(s)		Date of Birth		
Social Security #		Title		Social Security #		Title		
Address				Address				
City	State	Zip Code	City	State	Zip Code	City	State	Zip Code

BANK REFERENCE

Bank Name							
Address		Contact Name		Phone			
Ck Account #		Date Opened		Borrowing Account #		Date Opened	

PRODUCT INFORMATION (Please provide total dollar amount for each category)

Total Estimated Solution Price (sum of A through G) \$		E. Hardware \$	
A. Microsoft Business Solutions Software \$		F. Partner Consulting Implementation Service Fees \$	
B. MBS Software Maintenance (Enhancement) \$		G. Microsoft Consulting \$	
C. Classic Microsoft Software (Windows, Exchange, Biztalk, etc.) \$		H. Requested Term <input type="checkbox"/> 24 mos. (Maintenance Renewal Only) <input type="checkbox"/> 36 mos. <input type="checkbox"/> 48 mos. <input type="checkbox"/> 60 mos.	
D. Authorized ISV Software (Please list company an module) \$		I. Rate Promotion	

You, the "Applicant" (which term includes the business entity as well as the undersigned individuals(s)), certify to us that Applicant is applying for credit for business reasons, and not for personal, family or household purposes. Microsoft Capital Corporation and/or its assigns ("Bank"), or its designees, may obtain information from others concerning Applicant's credit and trade standing and other relevant information impacting this Application and provide to others information about its transaction and experiences with Applicant. Bank may obtain credit reports, including consumer credit reports, in connection with the Application, and at Applicant's request, will tell Applicant whether a credit report was obtained and, if so, the name and address of the reporting agency which provided it. Provided credit is granted, Bank may, without further notice to Applicant, use or request subsequent credit bureau reports (1) to update Bank's information, (2) in connection with a renewal or extension, and/or (3) in connection with Applicant's request for additional services. Applicant agrees that Bank may get or share credit information with its agents, assignees, and its designated service provider, De Lage Landen Financial Services, Inc., regarding the Guarantor(s) or Applicant's owners in considering the Applicant's Application. Except as otherwise prohibited by law, Applicant agrees and consents that Bank may share with affiliates and others all information about Applicant that Bank has or may obtain for, among other things, the purpose of evaluating credit applications or offering Applicant products or services that Bank believes may be of interest to Applicant. Applicant represents that it has reviewed this document and the information herein is true, correct and complete.

THE APPLICANT HAS A RIGHT TO A STATEMENT OF THE SPECIFIC REASONS IF AN ADVERSE ACTION HAS BEEN TAKEN. TO REQUEST THIS INFORMATION, CONTACT BANK'S ECOA COMPLIANCE DEPARTMENT WITHIN SIXTY (60) DAYS OF RECEIPT OF AN ADVERSE ACTION NOTIFICATION. THE DEPARTMENT CAN BE REACHED BY WRITING TO 1111 OLD EAGLE SCHOOL ROAD, WAYNE, PA 19087. WHEN CONTACTING THE DEPARTMENT, PLEASE BE SURE TO REFERENCE THE APPLICATION NUMBER ON THE NOTIFICATION LETTER. BANK WILL PROVIDE APPLICANT WITH A STATEMENT OF THE SPECIFIC REASONS FOR THE ADVERSE ACTION WITHIN THIRTY (30) DAYS AFTER BANK HAS RECEIVED APPLICANT'S REQUEST.

NOTICE: 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 APPLICANT'S 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 CONCERNING BANK IS THE FEDERAL TRADE COMMISSION, EQUAL CREDIT OPPORTUNITY, WASHINGTON, D.C. 20580

APPLICANT HEREBY AUTHORIZES BANK OR ANY CREDIT BUREAU OR OTHER INVESTIGATIVE AGENCY EMPLOYED BY BANK TO INVESTIGATE THE REFERENCES HEREIN LISTED OR STATEMENTS OR OTHER DATA OBTAINED FROM APPLICANT OR FROM ANY OTHER PERSON PERTAINING TO APPLICANT'S CREDIT AND FINANCIAL RESPONSIBILITY.

Authorized Signature _____ Title _____ Date _____
 Authorized Signature _____ Title _____ Date _____