



Apply By Phone

To apply by phone, please call
Jeremy Tsakiris at (603) 433-9486



Apply By Fax

To apply by fax, please complete this
application and fax to: (603) 433-9715

COMPANY INFORMATION

COMPANY NAME:

PREVIOUS BUSINESS NAME:

CONTACT/TITLE:

ADDRESS:

CITY: STATE: ZIP:

BUSINESS PHONE: FAX#:

CELL PHONE:

FEDERAL TAX ID:

COMPANY TYPE / INDUSTRY:

TIME IN BUSINESS: # OF EMPLOYEES:

TIME IN BUSINESS UNDER CURRENT OWNERSHIP:

BUSINESS TYPE:

PARTNERSHIP S-CORP. SOLE PROP MUNICIPAL
 LLC CORPORATION NON PROFIT

DO YOU RENT OR OWN YOUR BUSINESS LOCATION:

IF RENT, LANDLORD NAME:

LANDLORD PHONE:

ANNUAL REVENUE:

AVERAGE BANK BALANCE:

MONTHLY CREDIT CARD SALES VOLUME:

FINANCING NEEDS

I AM INTERESTED IN:

EQUIPMENT FINANCING RECEIVABLES FINANCING
 BUSINESS LOAN WORKING CAPITAL

AMOUNT NEEDED: TIMEFRAME:

EQUIPMENT TYPE (if applicable):

VENDOR: Focus Treatment Solutions

WHERE WILL EQUIPMENT BE LOCATED (if different from above address):

PRINCIPAL OWNER'S INFORMATION

PRINCIPAL I NAME:

HOME ADDRESS:

CITY: STATE: ZIP:

SOCIAL SECURITY#: BIRTH DATE:

PHONE#: % OWNERSHIP:

CELL PHONE#:

EMAIL:

SIGNATURE: DATE:

PRINCIPAL II NAME:

HOME ADDRESS:

CITY: STATE: ZIP:

SOCIAL SECURITY#: BIRTH DATE:

PHONE#: % OWNERSHIP:

CELL PHONE#:

EMAIL:

SIGNATURE: DATE:

BANK & TRADE REFERENCES

BANK REFERENCE NAME:

BANK ACCT NUMBER:

BANK PHONE:

BANK CONTACT:

TRADE REFERENCE NAME:

TRADE REFERENCE ACCT NUMBER:

TRADE REFERENCE PHONE:

TRADE REFERENCE CONTACT: