



# ESQUIRE CAPITAL

## Application for Renewal / Change to Existing Facility

www.esquirecapital.com | 26 Court Street, Suite 1104, Brooklyn, NY, 11242 | phone (800) 710 - 7001 / (718) 625 - 7424 | fax (718) 875 - 0608

A Delaware Corporation

Please print or type all information.

|  |                          |                              |                              |                        |                          |                                |
|--|--------------------------|------------------------------|------------------------------|------------------------|--------------------------|--------------------------------|
| <b>Request Type</b><br><i>(Please check one)</i>           | <input type="checkbox"/> | Renew Facility               | <input type="checkbox"/>     | Change Facility Amount | <input type="checkbox"/> | Renew Facility & Change Amount |
| <b>Reason for Request</b>                                  |                          |                              |                              |                        |                          |                                |
| <b>Firm Name</b>   |                          |                              |                              |                        |                          |                                |
| <b>Firm Address</b>  |                          |                              |                              |                        |                          |                                |
| <b>Firm Telephone</b>                                      |                          |                              |                              |                        |                          |                                |
| <b>Applicant Name*</b>                                     |                          |                              |                              |                        |                          |                                |
| <b>Home Address</b>  |                          |                              |                              |                        |                          |                                |
| <b>Home Telephone</b>                                      |                          |                              |                              |                        |                          |                                |
| <b>Social Security Number</b>                              |                          |                              |                              | <b>Date of Birth</b>   |                          |                                |
| <b>Existing Facility Type</b><br><i>(Please check one)</i> | <input type="checkbox"/> | Case Cost Financing          | <b>Current Maturity Date</b> |                        |                          |                                |
|  | <input type="checkbox"/> | Disbursement Funding         |                              |                        |                          |                                |
|  | <input type="checkbox"/> | Line of Credit               | <b>Existing Amount (\$)</b>  |                        |                          |                                |
|  | <input type="checkbox"/> | Liquidity Line               |                              |                        |                          |                                |
| <input type="checkbox"/>                                   | Non-Recourse Funding     | <b>Requested Amount (\$)</b> |                              |                        |                          |                                |
| <b>Application Fee</b>                                     | \$250                    |                              |                              |                        |                          |                                |

\*For multi-partner firms, a Credit Authorization form must be executed for each of the other partners.

Please send the completed application with the Application Fee to:

**By Mail:** Esquire Capital  
 Attn: Loan Processing  
 26 Court Street, Suite 1104  
 Brooklyn, NY 11242

**By Fax:** (718) 875 - 0608  
 Attn: Loan Processing

**By Email:** appsesq@esquirecapital.com

This form authorizes the procurement of a consumer report (credit report) by Esquire Capital. In connection with this request, I authorize all credit agencies to release information they may have about the individual listed above, to the person or company with which this statement has been filed, or their agent. This authorization, in original or copy form, shall be valid for this and any future reports or updates that may be requested. I understand that I have the right to request additional disclosure as to the nature and scope of the credit review, upon written request, within a reasonable period of time. Esquire Capital may rely upon the information contained in this application the attachments in all respects.

As part of the final underwriting of this loan, we may require life insurance protection. This may be in the form of key man insurance newly purchased or existing policies held by the law firm. If your application for business credit is denied, you have the right to a written statement with specific reasons for the denial. At the time of such denial, Esquire Capital shall provide you with the name, address and phone number of the agency which provided their information. You may contact the agency within 60 days from the date you are notified of our decision. No documentation submitted to Esquire Capital will be returned to the applicant. All application fees are non-refundable.

|                       |  |  |             |
|-----------------------|--|--|-------------|
| <b>Principal Name</b> |  |  |             |
| <b>Signature</b>      |  |  | <b>Date</b> |