

# quick credit application

fax to: 866.259.4402  
or call us at  
866.246.3696



commercialfirstleasing  
helping you grow

## business information

Business Name(s): \_\_\_\_\_

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

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

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

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

Time in Business: \_\_\_\_\_ yrs    Structure (Partnership, LLC, etc,) \_\_\_\_\_

## personal information

Doctor's Full Legal Name: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Medical Specialty: \_\_\_\_\_

First Year Licensed: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

## project information

please check all programs that interest you

_____ cash only.....	amount needed \$	_____
_____ new equipment.....	amount needed \$	_____
_____ sale/leaseback.....	amount needed \$	_____
_____ leasehold/capital improvements.....	amount needed \$	_____
_____ other: _____	amount needed \$	_____

By signing below, each undersigned individual(s), who is either a principle of the credit applicant listed above or a personal guarantor of its obligations, certifies that all information provided is true and correct and authorizes Lender or its assignee(s) to verify any credit information from whatever source it deems necessary and further authorizes Lender or its assignee(s) to investigate the references, statements, or other data listed or accompanying this application. The undersigned authorizes all parties contacted including but not limited to any credit reporting agency to release credit and financial information requested by telephone or other means. The undersigned further acknowledges and agrees that they will notify the Lender in writing of any change in name, address or employment within a reasonable time thereafter. The undersigned further understands that any information obtained now or from time to time will be treated confidentially and will only be used to secure financing. A Photostat, facsimile or electronic copy of this authorization shall be valid as the original.

applicant signature \_\_\_\_\_ title \_\_\_\_\_ date \_\_\_\_\_

Commercial First Leasing > 321 North Front Street, Suite 306 > Wilmington > NC > 28401  
phone > 866.246.3696 fax > 866.259.4402  
www.commercialfirstleasing.com