## quick credit application fax to: 866.259.4402

fax to: 866.259.4403 or call us at 866.246.3696



## business information

applicant signature\_\_\_

| Business Address:  City:   | Business Name(s):   | <u> </u>  |   |   |
|--|---|---|---|---|
| Phone:   | Business Address:   |   |   |   |
| Email:  Time in Business:  | City:   | State:  | Zip:  |   |
| Time in Business:  | Phone:  | Fax:  |   |   |
| Time in Business:  | Email:  |   |   |   |
| 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.  leasehold/capital improvements  amount needed \$  other:  By signing below, each undersigned individual(s), who is either a principle of the credit applicant listed above or a personal guarantor of its obligacerifies that all information provided is true and correct and authorises Lender or its assignee(s) to verify any credit information from whatever it deems necessary and further authorizes Lender or its assignee(s) to verify any credit information from whatever it deems necessary and further authorizes Lender or its assignee(s) to verify any credit information from whatever it deems necessary and further authorizes Lender or its assignee(s) to verify any credit information from whatever it deems necessary and further authorizes all parties contacted including but not limited to any credit reporting agency to release credit and finformation requested by telephone or other means. The undersigned further acknowledges and agrees that they will notify the Lender in writing any change in name, address or employment within a reasonable time thereafter. The undersigned further understands that any information of two wor from time to time will be treated confidentially and will only be used to secure financing. A Photostat, facsimile or electronic copy of this   |   |   |   |   |
| 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.  leasehold/capital improvements  amount needed \$  other:  By signing below, each undersigned individual(s), who is either a principle of the credit applicant listed above or a personal guarantor of its obligacerifies that all information provided is true and correct and authorises Lender or its assignee(s) to verify any credit information from whatever it deems necessary and further authorizes Lender or its assignee(s) to verify any credit information from whatever it deems necessary and further authorizes Lender or its assignee(s) to verify any credit information from whatever it deems necessary and further authorizes Lender or its assignee(s) to verify any credit information from whatever it deems necessary and further authorizes all parties contacted including but not limited to any credit reporting agency to release credit and finformation requested by telephone or other means. The undersigned further acknowledges and agrees that they will notify the Lender in writing any change in name, address or employment within a reasonable time thereafter. The undersigned further understands that any information of two wor from time to time will be treated confidentially and will only be used to secure financing. A Photostat, facsimile or electronic copy of this   | personal information  |   |   |   |
| State:   Zip:  |   |   |   |   |
| City:  |   |   |   |   |
| Social Security Number:   Date of Birth:   Date of Birth:   Project information  |   |   |   |   |
| project information  please check all programs that interest you   | Phone:  | Medical Specia  | alty:   |   |
| project information  please check all programs that interest you   | First Year Licensed:  | Social Securit  | y Number:   |   |
| cash only  | Date of Birth:  |   |   |   |
| cash only  | project information   |   |   |   |
|  | * PERSONAL PROCESSOR AND  | est you   |   |   |
|  |   | 199   | needed \$   |   |
| sale/leaseback   |   |   |   |   |
| other:  By signing below, each undersigned individual(s), who is either a principle of the credit applicant listed above or a personal guarantor of its obligation of the credit applicant listed above or a personal guarantor of its obligation of the credit information provided is true and correct and authorises Lender or its assignee(s_ to verify any credit information from whatever it deems necessary and further authorizes Lender or its assignee(s) to investigate the references, statements, or other data listed or accompany in this application. The undersigned authorizes all parties contacted including but not limited to any credit reporting agency to release credit and find information requested by telephone or other means. The undersigned further acknowledges and agrees that they will notify the Lender in writing any change in name, address or employment within a reasonable time thereafter. The undersigned further understands that any information obtained in the time will be treated confidentially and will only be used to secure financing. A Photostat, facsimile or electronic copy of this  | sale/leaseback  | 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 obligate certifies that all information provided is true and correct and authorises Lender or its assignee(s_ to verify any credit information from whatever it deems necessary and further authorizes Lender or its assignee(s) to investigate the references, statements, or other data listed or accompanyle this application. The undersigned authorizes all parties contacted including but not limited to any credit reporting agency to release credit and finformation requested by telephone or other means. The undersigned further acknowledges and agrees that they will notify the Lender in writing any change in name, address or employment within a reasonable time thereafter. The undersigned further understands that any information obtained in the control of the c | leasehold/capital improvemer  | ntsamount   | needed \$   |   |
| certifies that all information provided is true and correct and authorises Lender or its assignee(s_ to verify any credit information from whatever it deems necessary and further authorizes Lender or its assignee(s) to investigate the references, statements, or other data listed or accompanyi this application. The undersigned authorizes all parties contacted including but not limited to any credit reporting agency to release credit and finformation requested by telephone or other means. The undersigned further acknowledges and agrees that they will notify the Lender in writing any change in name, address or employment within a reasonable time thereafter. The undersigned further understands that any information obtained in the time will be treated confidentially and will only be used to secure financing. A Photostat, facsimile or electronic copy of this   | other:  | amount  | needed \$   |   |
|  | certifies that all information provided is true and correct a<br>it deems necessary and further authorizes Lender or its as<br>this application. The undersigned authorizes all parties of<br>information requested by telephone or other means. The<br>lany change in name, address or employment within a rea-<br>now or from time to time will be treated confidentially and | and authorises Lender or its assign<br>ssignee(s) to investigate the refer<br>ontacted including but not limited<br>undersigned further acknowledges<br>sonable time thereafter. The unde | ee(s_ to verify any credit information<br>ences, statements, or other data liste<br>to any credit reporting agency to rele<br>s and agrees that they will notify the<br>ersigned further understands that any | n from whatever sourced or accompanying<br>ease credit and financi<br>Lender in writing of<br>hinformation obtained |

title\_

date