

## CREDIT APPLICATION

### CUSTOMER INFORMATION

<i>Business Legal Name</i>	<i>Medical Doctor Owned</i>	<input type="checkbox"/>	<input type="checkbox"/>	YES	NO
<i>Date Business Incorporated</i>	<i>Federal Tax ID #</i>				
<i>Street Address</i>					
<i>City</i>	<i>State</i>	<i>Zip</i>	<i>Phone</i>	<i>Fax</i>	
<i>Principal Contact</i>	<i>Gross Revenue Estimate</i>	<i>EMAIL ADDRESS</i>			
<i>Medical Speciality (Family Practice, Dermatologist, etc)</i>					

### EQUIPMENT INFORMATION

<i>Equipment Description</i>						<i>Equipment Location (if different than above)</i>		
<i>\$1 Dollar</i>	<i>FMV</i>					36	48	60
<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Desired End of Lease Option</i>		<i>COST / Amouted Requested</i>				<i>Desired Term ( in Months)</i>		
<i>Vendor Name</i>					<i>Vendor Contact</i>			

### PERSONAL / PRINCIPAL INFORMATION

<i>Principal Owner Name (s)</i>				
<i>Home Address</i>				
<i>Home Address (Cont)</i>				
<i>City / State/ Zip</i>				
<i>% Ownership</i>		%		%
<i>SOCIAL SECURITY NUMBER (s)</i>				
<i>Principal Signature (s)</i>				
	<i>Signature</i>	<i>Date</i>	<i>Signature</i>	<i>Date</i>

*By signing this application you certify that the information provided in this application is complete and accurate. Each individual signing as principal authorizes Heartland Business Credit, and other lenders to obtain further information regarding personal or business credit standing, which may include obtaining personal credit bureau reports from a credit reporting agency. This authorization will be ongoing and relate not only to the evaluation and/or extension of the business credit requested, but also for the purpose of reviewing the account.*

*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 applicants 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 is the Federal Trade Commission Equal Credit Opportunity, Washington, D.C. 20580. If your application for credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact Lessor set forth above within Sixty Days from the date you are notified of our decision. We will send you a written statement for reasons of denial within 30 days of receiving request for the statement.*