

Credit Application Representative: Phone Number: 815-915-4530 Borrower/Lessee Personal Info of Owners, Partners or Officers Company Name: Name: D/B/A: Fed Tax ID: Home Address: State of Inc./ Organization: D&B #: City, State & Zip: Address: Telephone: City, State & Zip: Social Security #: % Ownership: Personal Info of Owners, Partners or Officers Telephone & Fax: Name: Website: http:// Contact: e-mail: Home Address: Type of Business: City, State & Zip: ☐ S-Corp ☐ LLC □ Proprietorship ☐ Partnership ☐ C-Corp ■ Non-profit Telephone: Government ☐ 501 C3 Muni ☐ Federal Social Security #: % Ownership: For Medical Transactions Only Amount of Malpractice Carried Practice / Physician Specialty: Avg. # Patients per Mo. Physician License # Medical Groups You Belong To: Insurance Carriers Accepted Business Banking (Checking & Savings) References Name: Name: Address: Address: Telephone and Contact: Telephone and Contact: Account #: Account #: **Business Trade References** Company Name: Company Name: Telephone and Contact: Telephone and Contact: Vendor and Equipment Information Vendor Name: Description of Equipment: Amount to be Financed: **Proposed Finance Terms** Number of Months: ☐ 24 Mo. ☐ 36 Mo. ☐ 48 Mo. ☐ 60 Mo. ☐ 72 Mo. \$1.00 P.O. Fair Market Value: LOC: ☐ 84 Mo. ☐ Other term (Step up, Seasonal, Deferred) I hereby represent all information is true, correct and complete. By placing my/our full name and date of birth in the indicated boxes you affirm your signature to be acceptable as a written signature. I/we hereby authorize the release of any credit information, business or personal to the submitter or its assigns. Submitter complies with section 326 of the US Patriot Act. This law mandates that submitter or its assigns request and verifies certain information about you and your company. A copy or fax of this authorization shall be deemed valid as the original. Officer Signature #1: Date of Birth: Title: Date: Date of Birth: Title: Officer Signature #2: Date: