

# Three Minute Medical Credit Application

## National Equipment Leasing

7215 E. 21<sup>st</sup> Street, Suite F, Indianapolis, IN 46219  
 Ph (317) 352-9797 Toll (888) 613-9797 Fax (317) 352-9707  
[www.nationalequipmentleasing.com](http://www.nationalequipmentleasing.com)

### Fax to attention of:

- Bud Callahan     Dawn Carter-Manley     Alex Hauck  
 Paul Vaughn     Jack Updike     Eddie Miller  
 Brenda Osborne     Chris Carpenter

### BUSINESS INFORMATION

Business Name			Telephone
Street Address			Fax
City/State/Zip			Contact Person
Business Type	Business Start Date	Years Under Current Ownership	Fed. Tax I.D.
Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> C-Corp <input type="checkbox"/> S-Corp <input type="checkbox"/> LLC <input type="checkbox"/> Non-Profit <input type="checkbox"/>			Email Address
How Much Malpractice Insurance Do You Carry & Who With?		Name Of Medical Group Affiliation	Company's Annual Sales
Any unsettled lawsuits, judgments disputes or outstanding tax obligations? Bankruptcy ever filed by business?    Yes <input type="checkbox"/> No <input type="checkbox"/> When?			Company's Net Worth

### BANK INFORMATION

Bank Name	Contact Person	Contact Phone
Account Number	Account Type	Average Balance

### CREDIT REFERENCE

Loan/Leasing Company		Contact Person	Phone
Start Date (Month Year)	Original Loan/Lease Amount	Term	Monthly Payment    Account Number

### OWNERSHIP/GUARANTOR INFORMATION

Full Name		Title	% Owned	Social Security Number
Home Address (Street/City/State/Zip)			Birth Date	Own <input type="checkbox"/> Rent <input type="checkbox"/> Bankruptcy Filed Yes <input type="checkbox"/> No <input type="checkbox"/>
Home Phone	Mobile Phone	Email Address		
Medical License #	State Issued	Date Issued	Specialty	

Full Name		Title	% Owned	Social Security Number
Home Address (Street/City/State/Zip)			Birth Date	Own <input type="checkbox"/> Rent <input type="checkbox"/> Bankruptcy Filed Yes <input type="checkbox"/> No <input type="checkbox"/>
Home Phone	Mobile Phone	Email Address		
Medical License #	State Issued	Date Issued	Specialty	

### EQUIPMENT INFORMATION \*\*\* Attach Invoice W/Equipment Description\*\*\*

Vendor	Contact	Phone	Fax
Equipment		New <input type="checkbox"/> Used <input type="checkbox"/>	Price W/O Tax
Preferred Term	Preferred Lease/Loan Structure	Preferred Advance Payments	Preferred Residual

By signing below, the undersigned individual, who is either a principal of the credit applicant and/or a personal guarantor of its obligations, provides written instruction to National Equipment Leasing or its designee (and any assignee or potential assignee thereof) authorizing review of his/her personal credit profile from a national credit bureau. Such authorization shall extend to obtaining a credit profile in considering this application and subsequently for the purposes of update, renewal or extension of such credit or additional credit and for reviewing or collecting the resulting account. A photostat or facsimile copy of this authorization shall be valid as the original. Undersigned further authorizes release of all bank information for personal and corporate accounts by phone or fax. By signature below, I/we affirm my/our identity as the respective individual(s) identified in the above application.

Signed \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

Signed \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_