

EQUIPMENT FINANCING
EXPRESS APPLICATION

EQUIPMENT INFORMATION

Equipment Vendor: Cosmetic Laser Group
 Equipment Description: _____
 New _____ Used _____
 Equipment Cost: \$ 0.00
 Lease Term: 36 _____ 48 _____ 60 _____

**YOUR BENEFITS WITH A
PROFESSIONAL SOLUTIONS LEASE**

- Absolute and True No Prepayment Penalties
- Fast credit decisions—a simple process, and you never have to leave your office
- Upfront lease terms—no hidden fees or undisclosed service charges
- Simple and flexible programs

Simply complete and fax toll free to 1-877-776-7244

BUSINESS INFORMATION

Legal Name: _____
 DBA Name (if different): _____
 Address: _____
 City/State/Zip: _____
 Phone: _____ Fax: _____
 Email: _____
Your email address will never be sold. It will be used to send you important notices.
 Annual Gross Revenue: \$ _____
 Annual Net Income: \$ _____
 Years in Business: _____
 Business Owners Name: _____ Ownership %: _____

PERSONAL INFORMATION

Name: _____
 Address: _____
 City/State/Zip: _____
 Phone: _____
 Cell: _____
Required for fraud monitoring purposes.
 Social Security #: _____
 Professional License #: _____
 Specialty: _____
 Years Licensed: _____
 Do You: Own _____ Rent _____
 How Long _____
 Bank Accounts: Checking _____ Savings _____

SIGNATURE

I hereby authorize the release of business and/or personal credit information to Professional Solutions Financial Services, a division of NCMIC Finance Corporation, its affiliates, partners or assignees (1) from any source including credit bureau reporting agencies and applicant's bank for the purpose of extending credit, (2) to any credit reporting agency. I request Professional Solutions submit this application to include all information obtained for credit approval, without notice, to any other potential Lessor for consideration of approval of credit. I hereby represent all information is true, correct and complete. A photo static and/or facsimile copy of this authorization shall be valid as the original. The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applications 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 applicant's income derives from any public assistance programs, 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, DC 20580. If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact: Credit Operations, Professional Solutions Financial Services, 14001 University Avenue, Clive, Iowa 50325-8258 within 60 days from the date you are notified of our decision. We will send you a written statement of the reasons for the denial within 30 days of receiving your request for the statement. To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. We may also require a copy of drivers license or other identifying documents.

X

Applicant's Signature

Date



Call Mike Miller at 1-877-770-7244 ext. 4632

A division of NCMIC Finance Corporation
 14001 University Avenue, Clive, Iowa, 50325-8258