

EQUIPMENT FINANCING EXPRESS APPLICATION

EQUIPMENT INFORMATION

EQUIPMENT VENDOR(S): DentaTek Micro Laser ML830

SALES REP NAME: Steve Barbour, Sales Manager

PHONE: (713) 927-7068 EMAIL: rstevebarbour@aol.com

EQUIPMENT DESCRIPTION: Dental Laser NEW USED

TOTAL EQUIPMENT COST: \$ _____ PAYMENT TERM: 36 48 60

90 DAY DEFERRED? YES NO

DENTA TEK
micro laser ML830®

www.dentatekmicrolaser830.com

Financing is provided by Professional Solutions Financial Services. Dentatek is not affiliated with Professional Solutions.

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

BUSINESS INFORMATION

LEGAL NAME: _____

DBA NAME (if applicable): _____

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: \$ _____
(If you have been in business < 1 year, leave blank.)

ANNUAL NET INCOME: \$ _____
(If you have been in business < 1 year, leave blank.)

YEARS IN BUSINESS: _____

BUSINESS OWNER(S) NAME: _____ OWNERSHIP %: _____

1. _____

2. _____

PERSONAL INFORMATION

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: (_____) _____ CELL: (_____) _____
Required for fraud monitoring purposes.

SOCIAL SECURITY #: _____

PROFESSIONAL LICENSE #: _____

SPECIALTY: _____

YEARS LICENSED: _____

EMAIL: _____

SIGNATURE

I hereby authorize the release of business and/or personal credit information to Professional Solutions Financial Services, a division of NCMIC Finance Corporation (NCMIC), its affiliates or assignees (1) from any source including credit bureau reporting agencies and my bank for the purpose of extending credit, and (2) to any credit reporting agency. Additionally if my application is not approved by NCMIC, I hereby authorize the release of my application without notice, to any other potential lending sources not related to NCMIC Finance Corporation for consideration of approval of credit. I hereby represent all information is true, correct and complete. A photo static, facsimile, or other electronic copy of this authorization shall be valid as the original. 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 a part of the applicant's income derives from any public assistance programs, or because the applicant has in good faith exercised any rights 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. 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. This means that when you apply for credit or open an account with NCMIC we will ask for your name, address, date of birth, social security number, and other information that will allow NCMIC to identify you. We may also require that you furnish NCMIC with a copy of your Driver's License or other identifying documents. Consult your attorney or financial advisor for specific legal and/or tax advice before entering into any type of financing arrangement, and for information on tax deduction eligibility and procedures. **NCMIC AND THE EQUIPMENT VENDOR AND/OR BROKER YOU SELECT ARE SEPARATE COMPANIES, ARE NOT AGENTS OF ONE ANOTHER, AND HAVE NO AUTHORITY TO BIND ONE ANOTHER TO FINANCIAL OR OTHER CONTRACTUAL OBLIGATIONS.**

X _____

APPLICANT'S SIGNATURE

_____/_____/_____
DATE

Financing provided by:



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Questions?
Call Emily Blair, toll free at 1-877-770-7244, ext. 4593