

CUSTOMER INFORMATION

Legal Name of Business	Phone	-	-
DBA	Federal Tax ID	Fax	- -
Address			
City	State	Zip	
Company Website	Years in Business		
Description of Business			
Type of Business: <input type="radio"/> Corporation <input type="radio"/> S-Corp <input type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Proprietorship			
Name and title of officer signing documents			

VENDOR & EQUIPMENT

Vendor Name	Contact	Phone	-	-
Equipment				
Cost \$	New	Used	If used, what year(s)?	Term (months): 24 36 48 60 Other

CREDIT RELEASE & OWNERSHIP INFORMATION – Please list all over 20%

Name	Title	Ownership	%
Home Address			
City	State	Zip	
SSN#	- -	Phone	- -
Signature X			
Name	Title	Ownership	%
Home Address			
City	State	Zip	
SSN#	- -	Phone	- -
Signature X			

I hereby authorize our banks, trade references and financial institutions the right to release credit information to Doctors Funding Group and/or it's assigns. The undersigned individual who is either a principal, a personal guarantor or a sole proprietorship of the credit applicant, recognizing the his or her individual credit history may be a factor in the evaluation of the credit history of the applicant, hereby consents and authorizes Doctors Funding Group or it's designee the use of a consumer report on the undersigned, from time to time as may be needed.

Corporate Officer's Signature X

Please fax completed application to 847-701-3280

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 (providing that the applicant has the legal capacity to enter into a binding contract), because all or part of the applicant's 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

