

Express Credit Application

BUSINESS NAME:			
STREET ADDRESS:			
CITY/STATE/ZIP:			
EQUIPMENT TO BE FINANCED:		PRICE:	
MEDICAL SPECIALTY:		TIME IN BUSINESS: (YEARS)	
ANNUAL PERSONAL INCOME:		ANNUAL BUSINESS INCOME:	
PHONE:		EMAIL:	
COMPANY STRUCTURE: (LLC, CORP, SOLE PROPRIETOR)		FEDERAL TAX ID:	

Personal Information (Principals or Guarantors)

NAME		
STREET		
CITY, STATE, ZIP		
DATE OF BIRTH		
SOCIAL SECURITY #		
% OF OWNERSHIP		

X

X

I HEREBY AUTHORIZE OUR BANKS, TRADE REFERENCES AND FINANCIAL INSTITUTIONS THE RIGHT TO RELEASE CREDIT INFORMATION TO LEASEPOINT FUNDING GROUP AND OR ITS ASSIGNEES The undersigned individual, recognizing that his or her individual credit history may be a factor in the evaluation of the credit of the applicant, hereby consents to and authorizes the above named business credit provider and any assignee, lender or funding service that may be utilized to obtain and use a consumer credit report on the undersigned, now and from time to time, as may be needed in the credit evaluation and review process and waives any right or claim they would otherwise have under Fair Credit Reporting Act in the absence of this continuing consent.

Please submit completed application to:

EMAIL APPS@LEASEPOINTFG.COM