



# neurocare

6548 Comanche Trail, Suite 301, Austin, TX 78732

855.553.2735

Send completed application to: [neurocaregroup@leasepoint.com](mailto:neurocaregroup@leasepoint.com)

## EXPRESS CREDIT APPLICATION

### Business Details

Business Name			
Business Address			
City, State, ZIP Code			
Billing Phone		Billing Email	
Entity Structure		Federal Tax ID	

### Personal Details Owner 1

### Owner 2

Name		
Address		
City, State, ZIP Code		
Date of Birth		
Social Security #		
% of Ownership		

### Authorization

Signature		
Date		

By signing above, I/we authorize lessor and/or debtor and their affiliates, successors or its designee (and any assignee or potential assignee thereof) to obtain consumer and/or business credit reports relating to my/our credit history and/or creditworthiness. 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 for reviewing or collecting the resulting account. By signing below, I/we affirm my/our identity as the respective individual(s) identified in this application and authorize you to contact me/us at any numbers provided above. I/we also certify that all loan proceeds will be used exclusively for business related purposes. If the business is a corporation or partnership, all authorized owners/principals must sign and include their corporate/partnership title. A Photostat or facsimile copy of this authorization shall be valid as the original.

CREDIT RELEASE AUTHORIZATION: I hereby certify that the information contained in this credit application is true and accurate and I/we hereby authorize our banks, trade references, and financial institutions the right to release credit information. In states where permissible, I hereby authorize the filing and recording of UCC financing Statements showing the Secured Party's interest in the equipment and grant the Secured Party the right to execute Lessee's/debtors name thereto. A photostat copy of this authorization shall be as valid as the original. This document may be electronically signed, and any electronic signatures appearing on this Agreement or such other documents are the same as handwritten signatures for the purposes of validity, enforceability, and admissibility.

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 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 compliance with this law is the Federal Trade Commission Equal Credit Opportunity, Washington, D.C. 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 Lessor set forth above within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement.