



Credit Application

Applicant		Vendor	
Legal Bus. Name:		Name:	
Doing Business As:		Address:	
Address:		City, State, Zip:	
City, State, Zip:		Sales Rep:	
Contact:		Telephone:	
Telephone:		Lender Information (To be filled out internally)	
Fax:		Relationship Manager:	
E-Mail Address:		Telephone:	
Equipment Location (if different than above):		Cost Center:	Officer Code:
		Leasing Manager:	

Business Information

Type of Business (Check One): Corporation Partnership Proprietorship LLC Other:

Years in Business: _____ Licensed: Yes No Type of License: _____ State Licensed: _____

Type of Industry: Medical Dental Manufacturing Other:

Annual Revenue: _____ Federal Tax ID Number: _____

Principals/Personal or Corporate Guarantors

Name:	Social Security Number or Fed ID:	% of Ownership:
Home Address:	DOB:	E-Mail:
Phone Number:		

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Home Address:	DOB:	E-Mail:
Phone Number:		

Any Judgments/Suits Pending? Yes No Ever Taken Bankruptcy? Yes No Ever Had Goods Repossessed? Yes No

If yes to any of the above, please give details:

References

Who have you financed/leased equipment with before? (list lenders/lessors here)

Your Bank Name:	Phone:	Account Number:	Contact:
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Other Vendor/Credit Reference:	Name:	City:	State:	Phone:
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Equipment To Be Leased	Lease Structure
Description:	Desired Term (in Months): <input type="checkbox"/> 36 <input type="checkbox"/> 48 <input type="checkbox"/> 60 <input type="checkbox"/> Unknown <input type="checkbox"/> Other (Explain)
Cost:	Other:
New <input type="checkbox"/> Used <input type="checkbox"/> Equipment Delivered? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Delivery Date?	
Other Comments Regarding Equipment or Circumstances:	

By submitting this application, I/We hereby understand and agree that: Financial services providers and lenders may make credit inquiries and employment inquiries about me, may provide and exchange information about me with any source of credit information to which these entities may inquire, and may disclose information about me with other financial institutions for purposes of fulfilling this credit request, and I am authorizing them to do so by submitting this application for credit. I also certify that all information provided on this Application or in connection with this Application is true, correct and complete, even if completed by an agent and I understand that lenders will rely on the information in this credit application in making their decision and I also understand that making false statements in order to obtain credit is a crime. I certify that I am a U.S. resident and I agree that if credit is approved, lenders may obtain subsequent consumer reports in connection with reviewing the account, and taking collection action on the account or for other legitimate purposes associated with the account. I also provide express written consent for others to contact me/us, in connection with my/our loan at the phone number(s) and e-mail address (es) provided. I also consent to sharing the information in this application and my credit reports with my equipment provider, with American HealthCare Lending, and with participating lender partners. I also consent to allow American HealthCare Lending and its lender partners to verify the information in this application including, obtaining my/our credit report(s). This application is governed by federal law and Utah law (to the extent that state law applies).

By: _____ Date: _____ By: _____ Date: _____

Print Name: _____ Print Name: _____

Fax completed application to 800-393-9317

For additional information please contact: Mike Larsen 801-971-3956 mike@americanhcl.com