



# MEDICAL CREDIT APPLICATION

300 Lackawanna Ave. Suite 3  
West Paterson, NJ 07424  
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COMPLETE LEGAL COMPANY NAME				D.BA NAME (n applicable);						
BILLING ADDRESS				CITY		STATE		ZIP		
PHYSICAL ADDRESS				CITY		STATE		ZIP		
EQUIPMENT LOCATION (n different than physical address of business);				CITY		STATE		ZIP		
COUNTY		BUSINESS PHONE #		BUSINESS FAX #			CONTACT CELL #			
NATURE OF BUSINESS				SOLE PROPRIETOR		CORPORATION		PARTNERSHIP	LLC	OTHER
FEDERAL ID#		BUSINESS START DATE		CURRENT OWNERSHIP yrs			E-MAIL			

## OFFICERS/OWNERS/PARTNERS/MEMBERS GUARANTOR INFORMATION

NAME #1			NAME #2			NAME #3		
TITLE		% OWNED	TITLE		% OWNED	TITLE		% OWNED
SOCIAL SECURITY NUMBER			SOCIAL SECURITY NUMBER			SOCIAL SECURITY NUMBER		
LICENSE #			LICENSE #			LICENSE #		
YRS LICENSED			YRS LICENSED			YRS LICENSED		
STREET			STREET			STREET		
CITY	ST	ZIP	CITY	ST	ZIP	CITY	ST	ZIP

## BUSINESS CHECKING ACCOUNT REFERENCE

BANK NAME		ACCOUNT NUMBER		CONTACT PERSON		PHONE NUMBER	
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## OTHER LEASING COMPANY OR LOAN REFERENCE

BANK NAME		ACCOUNT NUMBER		CONTACT PERSON		PHONE NUMBER	
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## BUSINESS TRADE REFERENCE

BANK NAME		ACCOUNT NUMBER		CONTACT PERSON		PHONE NUMBER	
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## EQUIPMENT TO BE LEASED AND VENDOR/SUPPLIER INFORMATION

VENDOR NAME		CONTACT PERSON			PHONE#						
DESCRIPTION				QUANTITY		MODEL #		NEW	USED		
				EQUIPMENT COST				TERM			
				SALES REP				36	48	60	

## AUTHORIZATION

The following authorization shall apply to this application and subsequently for the purpose of update, renewal, or extension of such credit and for reviewing or collecting the resulting account. A copy of this authorization shall be valid as the original. By signing below, the undersigned individual who is either a principal of the credit applicant or a personal guarantor of its obligations, provides written instruction to US Funding, LLC or its designee authorizing any credit bureau or other investigative agency to investigate the references herein listed or statements or other data obtained pertaining to credit and financial responsibility.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Print Name \_\_\_\_\_ Title \_\_\_\_\_

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 CREDIT OPERATIONS, US FUNDING 300 Lackawanna Ave., Suite 3, West Paterson, NJ 07424, 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.