



# Fast Application

# Customer Information/Credit Application

PHONE: 484 433 8711

Date: \_\_\_\_\_

## Practice/Hospital

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Office Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Web Address: \_\_\_\_\_

Type of Practice:  Corporation  Partnership  Proprietorship  LLC

## Physician Name

(1) Name: \_\_\_\_\_ SS# \_\_\_\_\_ Lic Date: \_\_\_\_\_ Specialty: \_\_\_\_\_

(2) Name: \_\_\_\_\_ SS# \_\_\_\_\_ Lic Date: \_\_\_\_\_ Specialty: \_\_\_\_\_

Detailed Equipment List: \_\_\_\_\_ Term: \_\_\_\_\_ Purchase Option: \_\_\_\_\_

Vendor: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Amount Financed: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

You, the "Applicant" (which term includes the business entity as well as the undersigned individual(s)), certify to us that Applicant is applying for credit for business reasons, and not for personal, family or household purposes. De Lage Landen Financial Services, Inc. and/or its assigns ("Lessor"), or its designees, is authorized to obtain information from others concerning Applicant's credit and trade standing and other relevant information impacting this Application and provide to others information about its transaction and experiences with Applicant. Lessor may obtain credit reports, including consumer credit reports, in connection with the Application, and at Applicant's request, will tell Applicant whether a credit report was obtained and, if so, the name and address of the reporting agency which provided it. Provided credit is granted, Lessor may, without further notice to Applicant, use or request subsequent credit bureau reports (1) to update Lessor's information, (2) in connection with a renewal or extension, and/or (3) in connection with Applicant's request for additional services. Applicant agrees that Lessor may get or share credit information with its agents, assignees, and its designees, regarding the Applicant, Guarantor(s) or Applicant's owners in considering the Applicant's Application. Except as otherwise prohibited by law, Applicant agrees and consents that Lessor may share with affiliates and others all information about Applicant that Lessor has or may obtain for, among other things, the purpose of evaluating credit applications or offering Applicant products or services that Lessor believes may be of interest to Applicant. Applicant represents that it has reviewed this document and the information herein is true, correct and complete.

THE APPLICANT HAS A RIGHT TO A STATEMENT OF THE SPECIFIC REASONS IF AN ADVERSE ACTION HAS BEEN TAKEN. TO REQUEST THIS INFORMATION, CONTACT OUR ECOA COMPLIANCE DEPARTMENT WITHIN SIXTY (60) DAYS OF RECEIPT OF THIS ADVERSE ACTION NOTIFICATION. THE DEPARTMENT CAN BE REACHED BY WRITING TO 1111 OLD EAGLE SCHOOL ROAD, WAYNE, PA 19087 OR BY CALLING (610) 386-5641. WHEN CONTACTING THE DEPARTMENT, PLEASE BE SURE TO REFERENCE THE APPLICATION NUMBER ON THE NOTIFICATION LETTER. WE WILL PROVIDE YOU WITH A STATEMENT OF THE SPECIFIC REASONS FOR THE ADVERSE ACTION WITHIN THIRTY (30) DAYS AFTER WE HAVE RECEIVED YOUR REQUEST.

NOTICE: 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 AGENCIES THAT ADMINISTER COMPLIANCE WITH THIS LAW CONCERNING THE LESSOR ARE THE BUREAU OF CONSUMER FINANCIAL PROTECTION, 1700 G STREET NW., WASHINGTON D.C. 20006 AND THE FEDERAL TRADE COMMISSION, EQUAL CREDIT OPPORTUNITY, WASHINGTON D.C. 20580.

I HEREBY AUTHORIZE LESSOR AND ITS ASSIGNEES, OR ANY CREDIT BUREAU OR OTHER INVESTIGATIVE AGENCY EMPLOYED BY LESSOR TO INVESTIGATE THE REFERENCES HEREIN LISTED OR STATEMENTS OR OTHER DATA OBTAINED FROM ME OR FROM ANY OTHER PERSON PERTAINING TO MY CREDIT AND FINANCIAL RESPONSIBILITY.

PLEASE CHECK:  I HAVE RECEIVED A COPY OF MY LEASE APPLICATION

SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

Email or Fax your completed application to: Zach Hirsh

Email: Zach.Hirsh@dllgroup.com, Fax: 1 800 275 1415