



Integrity Medical Capital, LLC

223 N. Guadalupe #147 Santa Fe, NM 87501
(505) 490-6198 Fax (505) 212-6106

Equipment Financing Application

Business Applicant Information					
Legal Name of Business:					
DBA of Business:			Contact:		
Business Address:			Phone:		
City/State/Zip:			Fax:		
Equipment Location:					
Federal Tax I.D. #:			Years in Business:		
Business Type (pls. Circle): C.Corp S.Corp LLC Partnership Proprietorship					
Ownership Information					
First Principal Name:			Social Security #:		
Home Address:			% Ownership:		
City/State/Zip:			Medical I.D.#:		
Home Phone #:			Date of Birth:		
Second Principal Name:			Social Security #:		
Home Address:			% Ownership:		
City/State/Zip:			Medical I.D.#:		
Home Phone #:			Date of Birth:		

By submitting this Application, the undersigned warrants that the applicant and each individual listed as a principal, partner, owner, guarantor or obligor consent, authorize and warrant as follows: (a) Integrity Medical Capital LLC, its affiliates, assignees, designees, or nominees to whom it refers this application ("IMC") may obtain commercial and consumer credit reports, investigate references and statements, and make other credit inquiries about the applicant and all such individuals, and anybody contacted in connection therewith may release any credit and financial information; (b) IMC and its affiliates, assignees, designees, or nominees may share with one another financial, credit and other information about the applicant and such individuals and use shared information to market to the applicant and the individuals; (c) the information on or accompanying this Application is true and complete, and the undersigned will notify IMC of any material change in any information; (d) this Application is submitted in connection with financing solely for business and commercial purposes and NOT for personal, family or household purposes; (e) the applicant, if an individual, is a citizen or lawful permanent resident of the United States; and (f) this Application will apply to any future request for additional financing and all notices, disclosures, consents and warranties shall be deemed repeated for each future request, unless the applicant submits a new written application. IMC does not make offers or commitments to extend credit except in final signed documents and, in limited circumstances, in and pursuant to the terms and conditions of written commitment letters. Term sheets, proposal letters, approval letters and the like are not commitment letters.

SIGNATURE: _____

DATE: _____

SIGNATURE: _____

DATE: _____

EQUAL CREDIT OPPORTUNITY ACT. 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 our Customer Service Manager, 243 N. Guadalupe #147, Santa Fe, NM 87501 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. 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 agency that administers compliance with this law concerning this creditor is the Federal Trade Commission, Equal Credit Opportunity, Washington, DC 20580.

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT. To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

READ CAREFULLY BEFORE SUBMITTING THIS APPLICATION: We recommend that you print the Application, sign it above and fax or email it to us. If you send this Application by unencrypted and non-secure e-mail, the contents including non-public information may be at risk, and we are not responsible for the security of the contents or for any theft or loss of data during e-mail transmission. If you decide to assume the risk of submitting this Application by e-mail, enter your name as authorized agent above. By entering your name and submitting this Application to us, you agree that this Application is an electronic record executed by you using your electronic signature. **(Please retain a copy of this notice and application for your records).** IMC hereby agrees to keep confidential the financial information provided by Applicant and Applicant agrees that IMC may release this financial information to financial institutions with whom IMC is collaborating in order to secure financing for Applicant.

Please scan and email to Credit@IntegrityMedicalCapital.com or fax to 505.212.6106