

A Complete Financial Resource for the Healthcare Professional for Over 40 Years

**Business Name:** \_\_\_\_\_ **Tax I.D.:** \_\_\_\_\_

( ) Corporation ( ) Partnership ( ) Proprietorship ( ) Other: \_\_\_\_\_ Year Established: \_\_\_\_\_

Revenues Last Year \$ \_\_\_\_\_ Year-to-date Revenues \$ \_\_\_\_\_ through \_\_\_/\_\_\_/\_\_\_

Business Billing Address: \_\_\_\_\_

Office Manager/Contact: \_\_\_\_\_ Contact Email: \_\_\_\_\_

Office phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**1. Owner Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **% of Ownership:** \_\_\_\_\_

SS#: \_\_\_\_\_ Year licensed: \_\_\_\_\_ License #: \_\_\_\_\_ Specialty: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Are you a US Citizen? \_\_YES\_\_ NO If NO, are you a US Permanent Resident? \_\_Yes\_\_ NO

Home address: \_\_\_\_\_

Hm Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_Yes\_\_ NO – Have you or any firm in which you are/were a principal or guarantor ever declared bankruptcy?

\_\_Yes\_\_ NO – Have you ever been convicted of a felony?

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

**2. Owner Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **% of Ownership:** \_\_\_\_\_

SS#: \_\_\_\_\_ Year licensed: \_\_\_\_\_ License #: \_\_\_\_\_ Specialty: \_\_\_\_\_

Home address: \_\_\_\_\_

Hm Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_Yes\_\_ NO – Have you or any firm in which you are/were a principal or guarantor ever declared bankruptcy?

\_\_Yes\_\_ NO – Have you ever been convicted of a felony?

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

**Equipment Location (if different from billing location above):** \_\_\_\_\_

Location Phone: \_\_\_\_\_ Location Fax: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Contact Email: \_\_\_\_\_

**Vendor:** \_\_\_\_\_ **Requested \$** \_\_\_\_\_ **Sales Rep:** \_\_\_\_\_ **Rep Phone:** \_\_\_\_\_

**Equipment Description:** \_\_\_\_\_

**Vendor:** \_\_\_\_\_ **Requested \$** \_\_\_\_\_ **Sales Rep:** \_\_\_\_\_ **Rep Phone:** \_\_\_\_\_

**Equipment Description:** \_\_\_\_\_

**Vendor:** \_\_\_\_\_ **Requested \$** \_\_\_\_\_ **Sales Rep:** \_\_\_\_\_ **Rep Phone:** \_\_\_\_\_

**Equipment Description:** \_\_\_\_\_

Signing, faxing or emailing this application to Group Financial Services authorizes Group Financial Services, its designees(s), assignee(s) or any lending source to whom this application is submitted ("Us") to review or obtain any information it may request from any business or consumer reporting agencies; such authorization shall extend for the purposes of updating, renewing or collecting on the account. Additionally, this authorization permits Us to share and exchange information and to request, obtain and review bank, financial or other information from past, present, or potential creditors. All programs, rates, terms and amounts are subject to equipment review, credit approval, professional time licensed and business verifications. Other terms and structures may be available upon request. First payment (unless deferred) and small processing fee due with final contract. All payments are subject to any applicable sales tax and shipping. Call for terms on transactions under \$10,000. Upon approval terms are confirmed but rates may be subject to change at the first of each month based on yields on the posted U.S. Interest Rate Swaps and date of final loan closing. Rate and term are fixed once loan closes. Deferred options are not same as cash programs. Deferred options are fixed rate finance agreements with low payments for the first selected deferral months.

**Contact our office with any questions or additional needs.**

800-232-7526 Office

888-366-2398 Fax

[credit@finservices.com](mailto:credit@finservices.com)

[www.groupfinancial.com](http://www.groupfinancial.com)