

**FINANCIALCORP**  
EQUIPMENT FINANCE

Fax: 952-854-4447 Phone: 800-770-8550  
Email: [financialcorpleasing@gmail.com](mailto:financialcorpleasing@gmail.com)

VENDOR: \_\_\_\_\_ **QUICK-APP**

Equipment Description \_\_\_\_\_ Estimated Cost: \$ \_\_\_\_\_

Advance Payments \_\_\_\_\_ # of Months (Term) \_\_\_\_\_ Buyout (Circle One): 10% FMV \$1.00

Legal Business Name \_\_\_ Corp. \_\_\_ Sole Prop. \_\_\_ Partnership \_\_\_ LLC Tax ID # \_\_\_\_\_ Years in Practice \_\_\_\_\_

Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Business Phone # \_\_\_\_\_

**Equipment Location**  
(If different):

Business Bank Name \_\_\_\_\_ Phone # \_\_\_\_\_ Bank Acct. # \_\_\_\_\_ Contact \_\_\_\_\_

Dr. Name \_\_\_\_\_ Business Fax # \_\_\_\_\_ Social Security # \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Circle one: DVM MD DC DDS Other \_\_\_\_\_

**Release:** I give authorization for FINANCIALCORP and its agents to obtain any information requested regarding personal & company credit standing.

Authorized Signature: \_\_\_\_\_