

# EQUIPMENT FINANCING EXPRESS APPLICATION

## EQUIPMENT INFORMATION

EQUIPMENT VENDOR: \_\_\_\_\_  
 SALES REP NAME: \_\_\_\_\_  
 PHONE: ( \_\_\_\_\_ ) \_\_\_\_\_ FAX: ( \_\_\_\_\_ ) \_\_\_\_\_  
 EQUIPMENT DESCRIPTION: \_\_\_\_\_  NEW  USED  
 EQUIPMENT COST: \$ \_\_\_\_\_ PAYMENT TERM: 36 \_\_\_\_\_ 48 \_\_\_\_\_ 60 \_\_\_\_\_

# Hot Summer Financing

**NCMIC's Best Offer  
Ever on Chiropractic  
Table Financing!**

- Payments as low as \$103
- 100% financing & tax advantages
- No payment for up to 90 days available

**Simply complete and fax toll free to 1-877-776-7244**

## BUSINESS INFORMATION

LEGAL NAME: \_\_\_\_\_  
 DBA NAME (if applicable): \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY/STATE/ZIP: \_\_\_\_\_  
 PHONE: ( \_\_\_\_\_ ) \_\_\_\_\_ FAX: ( \_\_\_\_\_ ) \_\_\_\_\_  
 EMAIL: \_\_\_\_\_  
Your email address will never be sold. It will be used to send you important notices.  
 ANNUAL GROSS REVENUE: \$ \_\_\_\_\_  
 ANNUAL NET INCOME: \$ \_\_\_\_\_  
 YEARS IN BUSINESS: \_\_\_\_\_  
 BUSINESS OWNERS NAME: \_\_\_\_\_ OWNERSHIP %: \_\_\_\_\_  
 1. \_\_\_\_\_  
 2. \_\_\_\_\_

## PERSONAL INFORMATION

NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY/STATE/ZIP: \_\_\_\_\_  
 PHONE: ( \_\_\_\_\_ ) \_\_\_\_\_ CELL: ( \_\_\_\_\_ ) \_\_\_\_\_  
Required for fraud monitoring purposes.  
 SOCIAL SECURITY #: \_\_\_\_\_  
 PROFESSIONAL LICENSE #: \_\_\_\_\_  
 SPECIALTY: \_\_\_\_\_  
 YEARS LICENSED: \_\_\_\_\_  
 DO YOU: OWN \_\_\_\_\_ RENT \_\_\_\_\_ HOW LONG \_\_\_\_\_  
 BANK ACCOUNTS: CHECKING \_\_\_\_\_ SAVINGS \_\_\_\_\_

## SIGNATURE

I hereby authorize the release of business and/or personal credit information to NCMIC Finance Corporation (NCMIC), its affiliates or assignees (1) from any source including credit bureau reporting agencies and my bank for the purpose of extending credit, and (2) to any credit reporting agency. Additionally if my application is not approved by NCMIC, I hereby authorize the release of my application without notice, to any other non-related potential lending sources for consideration of approval of credit. I hereby represent all information is true, correct and complete. A photo static and/or facsimile copy of this authorization shall be valid as the original. The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applications 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 a part of the applicant's income derives from any public assistance programs, or because the applicant has in good faith exercised any rights under the Consumer Credit Protection Act. The federal agency that administers compliance with this law is the Federal Trade Commission, Equal Credit Opportunity, Washington, DC 20580. 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. This means that when you apply for credit or open an account with NCMIC we will ask for your name, address, date of birth, social security number, and other information that will allow NCMIC to identify you. We may also require that you furnish NCMIC with a copy of your Driver's License or other identifying documents. Consult your attorney or financial advisor for specific legal and/or tax advice before entering into any type of financing arrangement, and for information on tax deduction eligibility and procedures. **NCMIC AND THE EQUIPMENT VENDOR YOU SELECT ARE SEPARATE COMPANIES, ARE NOT AGENTS OF ONE ANOTHER, AND HAVE NO AUTHORITY TO BIND ONE ANOTHER TO FINANCIAL OR OTHER CONTRACTUAL OBLIGATIONS.**

**X** \_\_\_\_\_

APPLICANT'S SIGNATURE

DATE



14001 University Avenue, Clive, Iowa 50325-8258

Questions?

Call Emily Blair 1-800-396-7157, ext. 4593

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