MEDICREATIONS LLC
6370 Annie Oakley Dr
Las Vegas, NV 89120

Phone: **(702) 650-0002 Option 5**
Email: **funding@medicreations.com**
www.medicreations.com

PLEASE EMAIL COMPLETED AND SIGNED APPLICATION TO: FUNDING@MEDICREATIONS.COM

CUSTOMER BUSINESS INFORMATION

BUSINESS LEGAL NAME & ANY DBA'S			TIME IN BUSINESS	
BUSINESS ADDRESS / CITY, STATE, ZIP (EQUIPMENT LOCATION)			BUSINES PHONE ( )	
WEBSITE			FEDERAL TAX ID	
MEDICAL DIRECTOR (FULL NAME)	MEDICAL DOCTOR OWNED? ☐ YES ☐ NO		EMAIL	
BUSINESS TYPE	☐ CORPORATION/PC	☐ LLC/PLLC	☐ PARTNERSHIP/LP	☐ SOLE PROPRIETOR

OWNERS, OFFICERS AND/OR GUARANTORS (PLEASE SIGN ON SIGNATURE LINE)

PRINCIPAL NAME	TITLE	CELL ( )
SOCIAL SECURITY NUMBER	% OWNER %	EMAIL
HOME ADDRESS / CITY, STATE, ZIP		
PROFESSIONAL LICENSE(S)	DATE LICENSE ISSUED	LICENSE NUMBER

PRINCIPAL NAME	TITLE	CELL ( )
SOCIAL SECURITY NUMBER	% OWNER %	EMAIL
HOME ADDRESS / CITY, STATE, ZIP		
PROFESSIONAL LICENSE(S)	DATE LICENSE ISSUED	LICENSE NUMBER

I/We understand that this is an application for business credit ("Application"). By submitting this Application, I/We hereby authorize, represent, warrant and agree as follows: (a) Medical Spa Funding and their affiliates, employees, assigns, agents, vendor partners, funding referral sources and designees (collectively "MSF") may obtain commercial and consumer credit reports on me/us, investigate references and make other credit inquiries about me/us, and anyone so contacted may release information to MSF; (b) the information in this Application is true, correct and complete, and I/We will immediately notify MSF in writing of any material change in any information; (c) this Application is submitted for financing solely for business or commercial use and not for personal, family or household purposes; (d) I/We am/are a citizen or lawful permanent resident of the United States; (e) this Application will apply to any future request for additional financing and renewals, and all notices, disclosures, authorizations, representations, warranties and agreements shall be deemed repeated for each future request, unless I/We submit a new written application; (f) based upon the contents of the Application, credit information obtained and MSF underwriting criteria, MSF in its sole discretion may elect to either grant or decline to grant credit; (g) I/We agree that this Application is an electronic record using my electronic signature and is binding on me/us; (h) I/We consent and agree to be contacted and receive notices regarding the Application, as well as updates from MSF, its affiliates, and its partners regarding this account via the telephone or fax numbers or email address provided in connection with this or any future MSF application, and if I/We have provided a mobile device number, I/We expressly agree to receive communications at that number from MSF, its affiliates, and its authorized agents; and (i) any and all disputes must be heard in the county of Clark, state of Nevada.

Equal Credit Opportunity Act 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 Bureau of Consumer Financial Protection, 1700 G Street NW, Washington DC 20006.

If your Application is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact Customer Service, Medical Spa Funding, 7848 W Sahara Ave, Suite 100, Las Vegas, NV 89117, telephone number (800) 316-1942 within 60 days from the date we notify you of our decision. We will send you a written statement of the reasons for the denial within 30 days of receiving your request for the statement.

SIGNATURE: _____ DATE: _____

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SIMPLIFYING FINANCING. BUILDING TRUST THROUGH TRANSPARENCY