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**MedicalSpaFunding.com**  
 Medical and Aesthetic Equipment Financing

**QUESTIONS?**

Phone: (800) 316-1942

Email: [info@MedicalSpaFunding.com](mailto:info@MedicalSpaFunding.com)

## FINANCE APPLICATION

Please email completed and signed application to: [INFO@MEDICALSPAFCUNDING.COM](mailto:INFO@MEDICALSPAFCUNDING.COM)

| CUSTOMER BUSINESS INFORMATION  |  |   |
|--|--|---|
| Business Legal Name & Any DBA's  |  | Date Established <i>(current ownership)</i> |
| Business Address / City / State / Zip (Equipment Location)   |  | Business Phone                              |
| Website  | Federal Tax ID   |   |
| Medical Director (Full Name)   | Medical Doctor Owned<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Email                                       |
| TYPE OF BUSINESS <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship   |  |   |
| OWNERS, OFFICERS OR GUARANTORS (Please Sign on Signature Line)   |  |   |
| Principal Name   | Title  | Cell<br>( )                                 |
| Social Security #  | % Ownership<br>%   | Email                                       |
| Home Address / City / State / Zip  |  |   |
| Professional License(s)  | Date License Issued  | License Number                              |
| <b>Your company colors used on application</b>   |  |   |
| Principal Name   | Title  | Cell<br>( )                                 |
| Social Security #  | % Ownership<br>%   | Email                                       |
| Home Address / City / State / Zip  |  |   |
| Professional License(s)  | Date License Issued  | License Number                              |
| <p>By signing below, you certify that the information provided in this application is complete and accurate. The undersigned individual as principal of and/or guarantor for the applicant, authorizes Accrete Enterprises, Inc. ("MSF"), its designee, lenders/funders, assigns or potential assigns, to review his/her personal credit profile and related documentation in considering this application and for the purpose of the update, renewal, or extension of credit to the applicant or the collection of any resultant accounts. The authorization will be ongoing and relate not only to the evaluation and/or extension of the business credit extended, but also for the purpose of reviewing the account. By the execution of the application, I/We warrant that the information submitted herein is true and correct and hereby authorize that any bank, lending institution, supplier, person or consumer reporting agency should comply and furnish any information MSF deems necessary in connection with this application. Any and all disputes must be heard in the county of Clark, state of Nevada. Further, I/We warrant it is understood that MSF reserves the right to reverse any credit decision if the information contained herein is found to be incorrect, and I/We will indemnify MSF for any and all costs incurred with this application for credit including any cost incurred in the placement or reservation of the intended leased equipment based on the information contained herein.</p> <p>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 is the Federal Trade Commission Equal Credit Opportunity, Washington, D.C. 20580. If your application for credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact Lessor set forth above within sixty (60) days from the date you are notified of our decision. We will send you a written statement for reasons of denial within thirty (30) days of receiving request for the statement.</p> |  |   |
| Please email completed and signed application to: <a href="mailto:INFO@MEDICALSPAFCUNDING.COM">INFO@MEDICALSPAFCUNDING.COM</a>   |  |   |
| SIGNATURE X _____  | DATE _____   |   |
| SIGNATURE X _____  | DATE _____   |   |