



LESSEES FULL COMPANY NAME: _____

EQUIPMENT ADDRESS, CITY, STATE, ZIP CODE _____

BUSINESS PHONE NUMBER FAX NUMBER CELL PHONE NUMBER PAGER NUMBER

TYPE OF BUSINESS FEDERAL ID NUMBER DATE BUSINESS STARTED UNDER CURRENT PRESIDENT/OWNER

D&B NUMBER WEB SITE ADDRESS EMAIL ADDRESS

BUSINESS (CIRCLE ONE): CORPORATION LIMITED LIABILITY PARTNERSHIP PROPRIETORSHIP

PERSONAL INFORMATION ON OWNER(S):

NAME ADDRESS CITY, STATE, ZIP SOCIAL SECURITY # % OF OWNERSHIP & TITLE

BUSINESS BANK INFORMATION:

BANK NAME PHONE # ACCOUNT # CONTACT

TRADE/SUPPLIER REFERENCE:

COMPANY NAME PHONE # ACCOUNT # CONTACT

ADDITIONAL INFO:

ANNUAL SALARY PERSONAL NETWORTH LAST YEARS SALES BUSINESS NETWORTH AVERAGE CKING ACCT BALANCE MONTHLY MORTGAGE PYMT

PREFUNDING (CHECK ONE): YES NO PERCENTAGE NEEDED: FIRST CHOICE SOURCE:

VENDOR & EQUIPMENT INFORMATION:

BUSINESS NAME: LIFE RECORD INC CONTACT: MICHAEL PIKE PHONE # 877-577-3727 ext 701 EQUIPMENT: LIFE RECORD EMR SOFTWARE AND SUPPORT

COST \$ 9999.99 (WITHOUT TAX) TERM CIRCLE ONE: NEW USED/YEAR

NOTICE TO ALL BUSINESS APPLICANTS: IF YOUR APPLICATION FOR BUSINESS CREDIT IS DENIED, YOU HAVE THE RIGHT TO A WRITTEN STATEMENT OF THE SPECIFIC REASONS FOR DENIAL...

By signing below, each undersigned individual, as a principal of and/or guarantor for the Applicant, authorizes Lessor, its designees, assignees and potential assignees, to review his or her personal credit profile and other information as provided by national credit bureaus, banks and third parties...

DATE SIGNATURE: