



EQUIPMENT FINANCE

Applicant Information

Applicant Name		DBA (If applicable)		
Street Address (cannot be a PO Box)	City	County	State	Zip
Mailing Address (if different than above)	City	County	State	Zip
Equipment Address (if different than above)	City	County	State	Zip
Type of Applicant <input type="checkbox"/> Individual <input type="checkbox"/> C-Corporation <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Corporation <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Nonprofit Organization <input type="checkbox"/> Sub-S Corporation <input type="checkbox"/> General Partnership <input type="checkbox"/> Other		Phone Number () -	Fax Number () -	
Taxpayer ID/Social Security Number		Are there any bankruptcies, liens, suits, or repossessions? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Explain:		
Primary Contact Name	Title	Phone Number () -	Fax Number () -	Email Address

Business Information

Type of Business <input type="checkbox"/> Hospital <input type="checkbox"/> Physicians Practice <input type="checkbox"/> Surgical Center <input type="checkbox"/> Other	Years in Operation	Number of Doctors	Number of Shareholders	Number of Beds (Hospital)
Revenues Last Year		Revenues Year Before Last		Projected Revenues this Year
Name of hospital or medical center affiliation(s)				
Description of business and primary specialties (be specific).				

Equipment To Be Financed

Equipment Vendor/Supplier	Contact Name	Reason for Acquisition		
Equipment Description	Estimated Equipment Cost	Term (Months)	Down Payment	End of Term Option

Owner/Principal Information

List all Owner(s)/Principal(s) with at least 20% ownership interest in the company. If more than three owners, complete an additional application.

Owner Name (First, MI, Last)	Title	Social Security Number	Date of Birth	% of Ownership
Home Street Address		City	State	Zip
		Phone Number () -		
Owner Name (First, MI, Last)	Title	Social Security Number	Date of Birth	% of Ownership
Home Street Address		City	State	Zip
		Phone Number () -		
Owner Name (First, MI, Last)	Title	Social Security Number	Date of Birth	% of Ownership
Home Street Address		City	State	Zip
		Phone Number () -		

Bank References

Business Deposit Accounts					
Financial Institution	Type of Account (Checking, Savings, Cash Management)	Current Balance	Average Balance	Contact Name	Phone Number
		\$	\$		
		\$	\$		
		\$	\$		

Business Debts (List all business debts, including accounts and trade payables. Include existing U.S. Bank/U.S. Bancorp debt.)					
To whom payable?	Type of Account (Revolving, Term, etc.)	Balance Owning	Payment	Contact Name	Phone Number
		\$	\$ per		
		\$	\$ per		
		\$	\$ per		

Agreement

The undersigned individual (who is a principal and/or owner of the credit applicant named herein ("Applicant")) hereby authorizes U.S. Bank Equipment Finance ("USBEF") and its agents (1) to obtain more credit information (including credit reports) about Applicant and its principals and/or co-owners and to make inquiries in conjunction with this application; (2) to share credit information with USBEF affiliates and agents, as well as Applicant's other creditors, bureaus and persons who have or expect to have financial dealings with the Applicant or its principals; and (3) to share collection information with Applicant's other creditors. All the information in this application (and all attachments) is true, complete and correct; Applicant will notify USBEF of any material change in this information and/or the condition of its affairs. The undersigned is authorized to make this application on Applicants behalf. A photostatic or facsimile copy, including an electronically-signed version, of this authorization shall be as valid as the original. The application shall remain the property of USBEF, whether or not the lease is granted. This constitutes an application only and shall not be binding upon either USBEF or Applicant.

Signature	Printed Name	Title	Date
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Please fax completed application to Don Crosby at 800-299-6098. Phone: 800-253-3468 Ext 848 Email: don.crosby@usbank.com