



Proximus Medical Representative:

Please Fax to: (305) 412-3662

Lease/Financing Credit Application

General Information:

Business Legal Name: _____ D& B: _____
Fed Tax ID Number: _____ Type: ___ Sole Prop ___ LLC ___ Corp
Business Address _____ City _____ State ___ Zip _____
Phone (____) _____ Fax (____) _____ E-mail _____
Nature of Business: _____ Years in Business: _____ No. Empl _____

Have you or a company you have any ownership in, ever declared bankruptcy or defaulted under a lease or finance agreement? ___ Yes ___ No. Date of bankruptcy: _____ Date of discharge: _____

Owner/Officer Information:

#1 Principal's Name _____ DOB _____ SSN _____
Home Address _____ City _____ State ___ Zip _____
2 Principal's Name _____ DOB _____ SSN _____
Home Address _____ City _____ State ___ Zip _____

Business Bank Loan Reference:

Bank Name _____ Account # _____ Phone #(____) _____
Bank Address: _____ Contact: _____

Business Loan & Trade References:

Ref#1 Name & Address _____
Phone/Contact/Acct# _____
Ref#2 Name & Address _____
Phone/Contact/Acct# _____
Ref#3 Name & Address _____
Phone/Contact/Acct# _____

Description of Equipment: _____ Cost:\$ _____

From Vendor: Proximus Medical – 13002 S.W. 133rd Court / Miami, FL. / 33186 – Tel (305)270-8444

Lease/Finance Term Requested: _____

AUTHORIZATION TO RELEASE INFORMATION: In connection with the above referenced credit application, the undersigned authorize the assignees of Proximus Financial to make all inquiries it deems necessary to verify the accuracy of the information provided by the undersigned including, but not limited to consumer credit reports, banking, borrowing and trade information. The undersigned further states that the contained in the application is true and correct. I hereby certify that the application is for a business purpose and not for personal, family or household purposes.

Applicant's Signature: _____
Name: _____
Date: _____

Applicant's Signature: _____
Name: _____
Date: _____