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**MEDICAL
 LEASE APPLICATION**

APPLICANT NAME _____			EQUIPMENT SUPPLIER _____		
ADDRESS _____			ADDRESS _____		
STREET			STREET		
CITY _____	STATE _____	ZIP CODE _____	CITY _____	STATE _____	ZIP CODE _____
TELEPHONE _____	FAX _____	CONTACT _____	TELEPHONE _____	FAX _____	CONTACT _____

LOCATION OF EQUIPMENT (IF DIFFERENT FROM ABOVE) _____

STREET	CITY	COUNTY	STATE
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EQUIPMENT DESCRIPTION:	EQUIPMENT COST;
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EQUIPMENT IS: NEW _____ USED _____ RECONDITIONED _____

PROCESSING FEE: A minimum of \$150.00 will be due upon lease execution. If application is approved and lessee chooses not to execute the lease, the fee will be due and payable within 15 days of application date.

REQUESTED TERM	REQUESTED PAYMENT AMOUNT	PAYMENTS TO BE MADE	AMOUNT OF PREPAYMENT	PREPAYMENTS APPLY TO	END OF LEASE OPTION(S)
		MONTHLY _____ OTHER _____		_____	

Corporation _____ Partnership _____ Sole Proprietorship _____ LLC _____ Year Started _____ Year Inc. _____ Number of Employees _____

DBA's Being Used: _____ Type of Business: _____ Professional License #: _____

NAMES, RESIDENCE ADDRESSES AND PHONE NUMBERS OF GUARANTORS	TITLE	SOCIAL SECURITY NUMBER
1. _____		
2. _____		
3. _____		

BANK REFERENCES LIST ALL BANKS USED FOR LAST 2 YEARS	PHONE NUMBER	CHECKING, SAVING, LOAN, ETC.	OFFICER TO CONTACT	ACCOUNT NUMBER
BUSINESS 1. _____				
PERSONAL/BUSINESS 2. _____				

THE UNDERSIGNED CERTIFIES THAT THE ABOVE INFORMATION, GIVEN FOR CREDIT PURPOSES IS TRUE AND CORRECT AND AUTHORIZES THE FIRM OR PERSON TO WHOM THIS APPLICATION IS MADE, ITS ASSIGNEE OR DESIGNEE, AND ANY CREDIT BUREAU OR OTHER INVESTIGATIVE AGENCY TO INVESTIGATE THE REFERENCES, STATEMENTS OR OTHER DATA LISTED OR ACCOMPANYING THIS APPLICATION. THE UNDERSIGNED AUTHORIZES ALL PARTIES CONTACTED TO RELEASE CREDIT AND FINANCIAL INFORMATION REQUESTED AS A PART OF SAID INVESTIGATION.

 APPLICANT

SIGNATURE _____ DATE _____

RIGHT TO REQUEST SPECIFIC REASONS FOR CREDIT DENIAL

If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact the above Creditor in writing within 60 days from the date you are notified of the decision. You will be sent a written statement of reason(s) for the denial within 30 days of receipt of your request for the statement. NOTICE. The Federal Equal Credit Opportunity Act prohibits creditors from discrimination against credit applicants on the basis of race, color, religion, national origin, sex, marital status, or age (provided the applicant has the capacity to enter into a binding contract) or 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.