

# Healthcare Financing!

## Get Approved to Finance your Equipment today!

**NO Pre-Payment Penalty, fully discounted after 12 payments!**

Customer owns equipment at the end of the term, \$1.00 buyout  
 No Payment due in advance, \$149.00 documentation billed on first payment. Payments may be subject to applicable tax if not included,  
 Offer expires 9/30/2020

Take advantage of Section 179 Tax Savings Benefits!



<b>Equipment:</b>	Memory MD Equipment
<b>Financed Amount:</b>	<b>\$8,000.00</b>
<b>Customer:</b>	
<b>Territory Sales Mgr:</b>	
<b>Phone:</b>	
<b>Email:</b>	<a href="mailto:dcropp@newlanefinance.com">dcropp@newlanefinance.com</a>



**Contact:** Doreen Cropp - Finance Contact  
 858-245-1909- Mobile

Standard Options: 1st Payment due in 30 days			
<b>60 Mos.</b>	<b>48 Mos.</b>	<b>36 Mos.</b>	<b>24 Mos.</b>
\$150.96	\$184.22	\$239.74	\$350.93
90 Day Deferred Options: 3 @ \$0.00, followed by:			
<b>60 Mos.</b>	<b>48 Mos.</b>	<b>36 Mos.</b>	<b>24 Mos.</b>
\$153.22	\$186.77	\$242.78	\$354.95

Graduated Payment-Business Builder Program			
First 3 months @ \$0.00, followed by:			
<b>9 Mos.</b>	<b>Followed By</b>	<b>48 Mos.</b>	<b>36 Mos.</b>
\$80.00	<i>(circle one)</i>	\$182.96	\$237.04

**Circle the payment above that fits your budget!**

1. Circle your payment selection above
2. Sign and complete the application below
3. Scan and email to [DCROPP@Newlanefinance.com](mailto:DCROPP@Newlanefinance.com) or fax to 858-759-5194.

### Practice Information

Legal Business Name	Business Structure Corp LLC Partnership Sole Prop	
Street Address	Tax ID	Years In Business
City, State, Zip	Contact Name	Office Phone #
EQUIPMENT LOCATION ADDRESS (IF DIFFERENT THAN ABOVE)	Email Address for Contact	

### Principal/Owner Information

<b>Owner Name (1) / Title</b>	% Ownership	Social Security #	
Home Street Address	Date of Birth	Personal E-Mail for e-Docs	
City, State, Zip	Professional License Number / Date Issued		
<b>Owner Name (2) / Title</b>	% Ownership	Social Security #	
Home Street Address	Date of Birth	Personal E-Mail for e-Docs	
City, State, Zip	Professional License Number / Date Issued		

By signing this Credit Application, you authorize Beneficial Equipment Finance Corporation, and/or its assigns, to contact all bank and trade references, run credit and business reports and you authorize all references to release credit card information with respect to this Credit Application and from time to time in connection with the following up on any matters relating to this proposed Lease transaction.

If your application for credit is denied, you have a right to a written statement of the specific reasons for denial. To obtain a statement, please contact the Beneficial Equipment Finance Credit department at 165 Pottstown Pike, Chester Springs, PA 19425 or call 877-880-9020 within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for denial within 30 days of receiving your request for the statement. Notice: 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 application has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is: FDIC Consumer Response Center, 1100 Walnut Street, Box #11, Kansas City, MO 64106.

#### IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

Signature	X	Date
Signature	X	Date

**PLEASE FAX APPLICATION TO: (858) 759-5194 Questions? Call Doreen Cropp at 858-245-1909**