CREDIT APPLICATION

Fax (866)865-8860

neuroVasix
exclusive marketers of MicroVas Innovation

TODAY'S DATE: _____

CHECK ONE

COMPLETE LEGAL NAME OF BUSINESS

☐ **SOLE PROPRIETOR** ☐ **LLC**
☐ **PARTNERSHIP** ☐ **NON-PROFIT**
☐ **"S" CORPORATION**
☐ **"C" CORPORATION**

TYPE OF BUSINESS	**ANNUAL SALES**	**YEARS IN BUSINESS**	**FEDERAL TAX ID NUMBER**	**# EMPLOYEES**

ADDRESS OF BUSINESS	**CITY**	**STATE**	**ZIP**	**COUNTY**
WHERE EQUIPMENT WILL BE LOCATED	CITY	STATE	ZIP	COUNTY

PHONE NUMBER	**FAX NUMBER**	**PERSON(S) TO CONTACT**
( ) -	**( ) -**	

E-MAIL ADDRESS TO SEND LEASE DOCUMENTS FOR SIGNATURE:

IF IT'S EASIER FOR YOU TO SEND IN YOUR EXISTING BUSINESS REFERENCES SHEET, THAT'S FINE.
PLEASE COMPLETE THE APPLICATION, **SIGN IT** AND FAX EVERYTHING TO US.

AUTHORIZING OFFICERS / TITLE	**%**	**SOCIAL SECURITY #**	**Phone #**	**HOME ADDRESS**
_____ **TITLE:**				
_____ **TITLE:**				

BANK NAME	**BUSINESS ACCOUNT NUMBER**	**AVG. BAL.** (1,000'S)	**CONTACT** _____ **PHONE NUMBER** **( ) -**

IF THE TRANSACTION DOES NOT AUTOMATICALLY CREDIT SCORE "APPROVED"
WE WILL CALL YOU FOR ADDITIONAL INFORMATION.

APPROXIMATE PRE TAX COST OF EQUIPMENT:
$

END OF LEASE TERM BUYOUT OPTION:
☐ $1.00 ☐ 10%

LEASE / FINANCE TERM IN MONTHS (Check One)
☐ 24 ☐ 36 ☐ 48 ☐ 60

APPROXIMATE MONTHLY PAYMENT QUOTED:
$

THE UNDERSIGNED ACKNOWLEDGES THAT NEUROVASIX AND ITS ASSIGNEES WILL BE REVIEWING OUR CREDIT PROFILES INCLUDING PERSONAL CREDIT BUREAUS AND BY SIGNING THIS FORM GAINS OUR PERMISSION TO DO SO.

By: **X**_____
Authorizing Officer

X _____
Print Name

By: **X** _____
Authorizing Officer

X _____
Print Name