



**Questions? Call toll free 1-877-770-7244**  
**Emily Blair, ext. 4593**

**YOUR BENEFITS WITH  
 A NCMIC FINANCE LEASE**

- Quick credit approvals ... a simple process, and you never have to leave your office.
- Friendly lease terms ... no hidden fees or pre-payment penalties.
- Our programs are simple and flexible, and additional payment options are always available.

**EQUIPMENT FINANCING  
 EXPRESS REQUEST**

**Simply complete and fax toll free to (877) 776-7244**

**BUSINESS INFORMATION**

LEGALNAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_

EMAIL: \_\_\_\_\_  
(Your email address will never be shared or sold. It will be used to send you important notices)

ANNUAL GROSS REVENUE FROM BUSINESS: \$ \_\_\_\_\_

ANNUAL NET INCOME AFTER EXPENSES: \$ \_\_\_\_\_

BANK NAME: \_\_\_\_\_

ACCOUNT NO.: \_\_\_\_\_

ACCOUNT TYPE: \_\_\_\_\_ CONTACT: \_\_\_\_\_

BANK PHONE: (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_

**PERSONAL INFORMATION**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_ CELL: (\_\_\_\_) \_\_\_\_\_

SOCIAL SECURITY: \_\_\_\_\_

PROFESSIONAL LICENSE: \_\_\_\_\_

SPECIALTY: \_\_\_\_\_

YEARS IN PRACTICE / LICENSED: \_\_\_\_\_

HOW LONG HAVE YOU OWNED YOUR HOME? \_\_\_\_\_

DO YOU OWN YOUR BUSINESS? \_\_\_\_\_ YES \_\_\_\_\_ NO

EQUIPMENT: \_\_\_\_\_

COST: \$ \_\_\_\_\_ LEASE TERM: 36 \_\_\_\_\_ 48 \_\_\_\_\_ 60 \_\_\_\_\_

**SIGNATURE**

Applicant hereby authorizes the release of business and/or personal credit information to Professional Solutions Financial Services, its affiliates and partners, (1) from any source including credit bureau reporting agencies and applicant's bank for the purpose of extending credit, (2) to any credit reporting agency. We reserve the right to submit this application to include all information obtained for credit approval, without notice to any other potential Lessor for consideration of approval of credit. I hereby represent all information is true, correct and complete. A photo static and/or facsimile copy of this authorization shall be valid as the original. 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: Credit Operations, Professional Solutions Financial Services, 14001 University Avenue, Clive, Iowa 50325-8258 within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement. Professional Solutions Financial Services complies with Section 326 of the USA Patriot Act. The law requires that we request and verify certain information about you and your company. This means that we will ask for specific information to verify your identity. This will include a copy of your driver's license or other identifying documents. We appreciate your cooperation.

**X** \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 APPLICANT'S SIGNATURE DATE



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