

Business lending done right.



YOUR COMPANY

APPLICATION FOR FINANCING - Healthcare

Legal Business Name:			DBA (if applicable):				
Address:			City/State/Zip:				
Federal Tax ID #:	Phone Number:						
Contact Name:	Contact Email:						
Type of Business: PROP	CORPORATION	LIC	PARTNERSHIP	Years in Business:			
OWNERSHIP INFO	RMATION						
Principal 1 Name:	ncipal 1 Name:			Address:			
City/State/Zip:			License #:		Email:		
Social Security #:	Date of Birth:		Date Licensed	: Cell:		% of Ownership:	
Principal 2 Name:		Title:		Address:			
City/State/Zip:			License #:		Email:		
Social Security #:	Date of Birth:		Date Licensed	: Cell:		% of Ownership:	
Equipment Model:		Equipment Price:					
x Authorized Signature:			Date:				
x Authorized Signature	:			D	ate:		

By submitting this Application, You represent and warrant that this Application is for business purposes and not for personal, family, or household purposes. You represent and warrant and all information provided is true and correct. You hereby authorize NewLane Finance Company and its designee and affiliates to obtain information from credit bureaus and other third parties it deems necessary to, from time to time, evaluate Your current and ongoing credit worthiness in connection with the extension of credit. To help the government fight the funding of terrorism and money laundering, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who enters into financing agreement. Accordingly, we may ask for verifying documents and personal information such as your: federal tax ID number, date of birth, and address. Equal Credit Opportunity Act. The equal credit opportunity act (ECOA) prohibits credit grantors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status or age. The federal trade commission administers compliance with the ECOA.