



Healthcare Finance Services

Credit Application

Legal Business Name _____

Practice Address _____ City _____ State _____ Zip _____

Practice Phone Number (____) _____ Practice Fax Number (____) _____

Percentage of Ownership _____ Please circle one— Proprietorship Partnership Corporation

E-mail address _____ Years in Business _____ License # _____

Doctor's Name _____ Social Security # _____ - _____ - _____

Home Address _____ City _____ State _____ Zip _____

Home Phone Number (____) _____ Home Owner – Yes No

Business Bank Reference _____ Contact _____

Phone (____) _____ Bank Account Number _____ Type of Account _____

The undersigned consents to and authorizes the use of his/her consumer credit report by U.S. Bancorp from time to time as may be needed in the credit and collection process and further authorizes banks, trade references, and financial institutions the right to release information to U.S. Bancorp.

Signature _____

Equipment Cost \$ _____

*Thank you for choosing U.S. Bancorp for your equipment needs.
Please contact Mike Sweeney at 800-941-7456 with any finance-related questions.*

Please complete and fax to 800-571-7371.