

FINANCING APPLICATION

LIMITED TIME OFFER
EXPIRES in 60 Days

Equipment Cost

Practice Name

Years in Practice

Type of Practice: ☐ Corporation ☐ S Corporation ☐ Partnership ☐ Proprietorship ☐ LLC

Practice Address

City

ST

Zip

Practice Phone

Practice Fax

Tax Identification Number

Contact Name

Email Address

Guarantor

Guarantor SSN

MD License Number

MD License State

Guarantor Home Address

City

ST

Zip

Guarantor

Guarantor SSN

MD License Number

MD License State

Guarantor Home Address

City

ST

Zip

By signing below, the undersigned individual, who is either a principal of the credit applicant or a personal guarantor of its obligations, provides written instruction to EverBank Commercial Finance, Inc. or its designee (and any assignee or potential assignee thereof) authorizing review of his/her personal credit profile from a national credit bureau. Such authorization shall extend to obtaining a credit profile in considering this application and subsequently for the purposes of update, renewal or extension of such credit or additional credit and for reviewing or collecting the resulting account. A Photostat or facsimile copy of this authorization shall be valid as the original. By signature below, I/we affirm my/our identity as the respective individuals identified in the above application.



Signature

Print Name

Date



Signature

Print Name

Date

FAX COMPLETED APPLICATION TO 1.201.770.4779

Financing provided by EverBank
Commercial Finance, Inc.



Lisa Gabrielson
Relationship Manager
1.973.576.0659
lisa.gabrielson@everbank.com

IMPORTANT NOTICE: This is for promotional purposes only. Nothing herein shall be construed as a commitment to provide credit, or a guaranty of tax or accounting treatment or other services. All transactions are subject to credit approval by EverBank Commercial Finance, Inc. and the execution of definitive documentation. The terms in this promotion are subject to change and actual figures may vary from the above examples.

For security purposes and to help the government fight terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person or commercial entity who opens an account or obtains financing. For this reason, we will ask you for your name, address, date of birth, Social Security or other Tax Identification Number, and other information that will allow us to identify you. We may also ask other questions or request other documents meant to verify your individual or commercial identity.

Equal Credit Opportunity Act ("ECOA") Notice: Note 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 our ECOA Compliance Representative at EverBank Commercial Finance, Inc., 10 Waterview Boulevard, Parsippany, NJ 07054, 877-275-8795, within 60 days from the date you are notified of your denial. Within 30 days of receiving your request we will send you a written statement specifying the reasons for the denial. 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 that 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 applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning the creditor is the Consumer Financial Protection Bureau, 1700 G Street NW Washington, DC 20006.

EverBank Commercial Finance, Inc. is a subsidiary of EverBank and is not itself a bank or a member of the FDIC.

© 2015 EverBank. All rights reserved. 15ECF0076.03