



DDSC 3 Year Subscription Program

DICOM Imaging Software

Monthly Subscription Payment: \$188.00

Package Includes
Software Subscription
3 Years of Support
Training

Equipment Cost: _____ **Monthly Payment:** _____

- ◆ Total Term = 36 Months
- ◆ 1 Advance w/Signed Documents (Subscription Plus Equipment Portion)
- ◆ 10% End-of-Term Purchase Option on Equipment Portion Only

Total Monthly Investments: _____

.03346 X Equipment Cost = Equipment Monthly Payment

Business Information

Legal Business Name _____

Business Address _____ City _____ State _____ Zip _____

Business Phone Number _____ Business Fax Number _____

Federal Tax ID # _____ Business Type: Corporation Partnership Proprietorship

E-Mail Address _____ Years I Business _____

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

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

Medical License # _____

Your Signature

The undersigned consents to and authorizes the use of his/her consumer credit report by U.S. Bancorp Healthcare Finance Services 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 _____

Please complete and fax to U.S. Bancorp Healthcare Finance Service at 1-800-571-7371.
Contact Aaron Faber at 800-941-7456 with any questions.