



## Finance Application

Legal Business Name \_\_\_\_\_

Practice Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Practice Phone Number (\_\_\_\_) \_\_\_\_\_ Years in Business \_\_\_\_ Percent of Ownership \_\_\_\_

Fax Number (\_\_\_\_) \_\_\_\_\_ Email Address \_\_\_\_\_

Medical License # \_\_\_\_\_ Type of Practice \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone Number (\_\_\_\_) \_\_\_\_\_  Home Owner

Business Bank Reference \_\_\_\_\_ Contact \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Bank Account Number \_\_\_\_\_ Type of Account \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**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 \_\_\_\_\_

Equipment Cost \$ \_\_\_\_\_ Supplier/Vender: **DDSC**

*Thank you for choosing U.S. Bancorp Healthcare Finance Services.  
Please contact Aaron Faber at 800-941-7456 with any questions.*

**Please complete and fax to U.S. Bancorp Healthcare Finance Service at:  
800-571-7371**