ARROWHEAD MEDICAL RESOURCES
Serving all your rehabilitation needs

Credit Application

Fax Back to: (310) 944-9947

COMPANY INFORMATION

Legal Company Name		Date Est. (Current Ownership)	Federal Tax ID #
DBA (if any)		Web Address	
Street Address (No PO Boxes)	City	State	Zip
Physical Location of Equipment (□ Same as above)	City	State	Zip
Telephone #	Fax #	□ Corporation □ LLC □ Proprietorship □ Partnership □ Not For Profit	
Contact Name	Title	E-Mail Address	

PERSONAL INFORMATION

	Principal #1	Principal #2	Principal #3
Name			
Home Street Address			
City, State, Zip			
Home Phone #			
Social Security #			
Title			
% of Business Ownership			
E-Mail Address			

FINANCIAL REFERENCES

Bank Name	Account #	Contact	Telephone #
Bank Name	Account #	Contact	Telephone #

To expedite the credit application process, please submit bank statements for all business bank accounts for the last three (3) months with the application.

EQUIPMENT INFORMATION

Sales Rep	Equipment Description	Equipment Cost

Credit Release & Information Verification

By signing this application, the applicant(s) certifies that all information contained herein, and all attachments hereto, are true, complete and accurate to the best of the applicant(s) knowledge and are made for the purpose of obtaining credit for business purposes. The applicant(s) hereby authorizes Baycap, LLC and its assigns and/or affiliates to obtain consumer credit reports now and in the future as deemed necessary by Baycap, LLC and its assigns and/or affiliates for purposes including but not limited to the evaluation and/or extension of the business credit requested, review of the applicant(s) account, taking collection action on the applicant(s) account, and any other legitimate purpose associated with the applicant(s) account. The applicant(s) further authorizes any government agency, bank or financial institution to release credit information on the applicant(s) to Baycap, LLC and its assigns and/or affiliates. Each individual signing below waives any right or claim that such individual would otherwise have under the Fair Credit Reporting Act in absence of this continuing consent. Applicant agrees that submission of an electronic, photocopy or facsimile copy of a signed authorization shall be deemed to be binding, valid, genuine and authentic as an original-signature document for all purposes. The applicant(s) further authorizes Baycap, LLC to mail, fax or e-mail solicitations for future lease financing services or promotions to the applicant(s).

X _____
Principal #1 Signature Date

X _____
Principal #2 Signature Date

X _____
Principal #3 Signature Date

Leasing/Financing provided by Baycap, LLC

BAYCAP

Your Baycap Representative is:
Todd Sheets
(877) 992-2922 ext.612
TSheets@baycap.net