



# Myo-Logic Diagnostics, Inc.

"The Leader in bringing Evidence Based Practice Procedures to the Chiropractic Profession"

## YOUR BENEFITS WITH A NCMIC FINANCE CORPORATION LEASE

- No hidden costs or fees ... **NO pre-payment penalties.**
- Credit approvals in 30 minutes or less by fax ... a simple application and you never have to leave your office.
- Friendly lease terms ... no hidden surprises buried in the fine print.
- Our programs are simple and flexible, and additional payment options are always available.

## EQUIPMENT FINANCING EXPRESS REQUEST

Simply complete and fax toll free to (877) 776-7244

<b>1 PRACTICE INFORMATION</b>	<b>2 PERSONAL INFORMATION</b>
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LEGAL NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

PHONE: ( \_\_\_\_ ) \_\_\_\_\_ FAX: ( \_\_\_\_ ) \_\_\_\_\_

E-MAIL: \_\_\_\_\_  
For Professional Solutions use only. We will never sell or rent your e-mail address.

EQUIPMENT: \_\_\_\_\_

COST: \$ \_\_\_\_\_

ANNUAL GROSS REVENUE FROM PRACTICE: \$ \_\_\_\_\_

ANNUAL NET INCOME AFTER EXPENSES: \$ \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

PHONE: ( \_\_\_\_ ) \_\_\_\_\_

SOCIAL SECURITY: \_\_\_\_\_

PROFESSIONAL LICENSE: \_\_\_\_\_

SPECIALITY: \_\_\_\_\_

YEARS IN PRACTICE / LICENCED: \_\_\_\_\_

HOW LONG HAVE YOU OWNED YOUR HOME? \_\_\_\_\_

DO YOU OWN YOUR PRACTICE?    \_\_\_\_ YES \_\_\_\_ NO

### 3 SIGNATURE

Applicant hereby authorizes the release of business and/or personal credit information to Professional Solutions Financial Services, its affiliates and partners, (1) from any source including credit bureau reporting agencies and applicant's bank for the purpose of extending credit, (2) to any credit reporting agency. I hereby represent all information is true, correct and complete. A photo static and/or facsimile copy of this authorization shall be valid as the original. 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: Credit Operations, Professional Solutions Financial Services, 14001 University Avenue, Clive, Iowa 50325-8258 within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement. PSFS complies with Section 326 of the USA Patriot Act. The law requires that we request and verify certain information about you and your company. This means that we will ask for specific information to verify your identity. This will include a copy of your drivers licence or other identifying documents. We appreciate your cooperation.

X \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 APPLICANT'S SIGNATURE DATE