



In conjunction with Kensington Capital Partners, LLC

Please Complete and Fax to:  
 (718) 228-9101  
 If you have any questions,  
 please call us at:  
 1-888-874-3831

### Equipment Information

Manufacturer:	_____	Model:	_____	Price:	_____
Manufacturer:	_____	Model:	_____	Price:	_____

### Business Information

Legal Name of Business:	_____				
DBA of Business:	_____				
Business Address:	_____	City/State/Zip:	_____		
Phone:	_____	Fax:	_____		
Federal Tax ID #:	_____	Website:	_____		
Business Type (pls circle):	C. Corp S.Corp LLC Partnership Proprietorship				
Equipment Location (if different):	_____				
Medical Practitioners: Area(s) of specialization and state license #:	_____				

### Bank Information

Bank Name:	_____	Account #:	_____
Bank Phone:	_____	Contact at Bank:	_____

### Ownership Information (if more than two owners, please list the below information for each on a separate sheet)

#1

Name:	_____	Social Security #:	_____
Home Address:	_____	Ownership %:	_____
City/State/Zip:	_____	E-mail:	_____
Home Phone #:	_____		

#2

Name:	_____	Social Security #:	_____
Home Address:	_____	Ownership %:	_____
City/State/Zip:	_____	E-mail:	_____
Home Phone #:	_____		

### Authorization

I/We represent that the above information is true and is given to induce Kensington Capital Partners, LLC and/or its designees ("KCP") (and to any assignee or potential assignee thereof) to extend credit to the applicant. My/Our company and I/we authorize KCP to make such credit investigation as KCP sees fit, including contacting the above trade references and banks and obtaining credit reports. My/Our company and I/we authorize all trade references, banks, and credit reporting agencies to disclose to KCP any and all information concerning the financial and credit history of my/our company and myself/ourselves. This authorization shall extend to subsequent credit reports for the purposes of update, renewal or extension of credit granted or for 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 individual(s) identified in the above application and that I/we have read the terms and conditions stated above and that I/we agree to all of these terms and conditions.

X \_\_\_\_\_  
 Signature Signer's Printed Name Date

X \_\_\_\_\_  
 Signature Signer's Printed Name Date

PATRIOT ACT NOTICE: To help the US government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. For purposes of compliance with this act, an account shall be understood to include loans, leases, asset-based loans and receivables financing and other ongoing relationships.