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CREDIT APPLICATION

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CUSTOMER INFORMATION

Customer (Full Legal Name) Tel No. Fax No.

Federal Tax ID #

DBA Contact Years in business Type of business

Address City State Zip Code

Address for this Equipment (if different) City State Zip Code

Email Address:

Check ONE: [] "S" Corporation [] Corporation [] Not for Profit [] Sole Proprietorship [] Limited Partnership [] General Partnership
[] Limited Liability Co. [] Limited Liability Partnership [] Other Date of formation State of formation

BANK INFORMATION (Should be at least 2 years old; if less, please supply previous bank reference)

Bank Name Contact Name Phone # Fax #

Account Type Account Number Year Opened

Bank Name Contact Name Phone # Fax #

Account Type Account Number Year Opened

TRADE REFERENCES

Company Contact Name Phone # Fax# No. Years

Company Contact Name Phone # Fax# No. Years

Company Contact Name Phone # Fax# No. Years

VENDOR: Contact Name Phone

Equipment Description:

Cost: \$ Term (Please Mark): 24 36 48 60

AUTHORIZATION

The following authorization(s) shall apply to this application and subsequently for the purposes of update, renewal or extension of such credit and for reviewing or collecting the resulting account. A photostatic or facsimile copy of this authorization shall be valid as the original.

By signing below, the undersigned individual who is either a principal of the credit applicant or a personal guarantor of its obligations, provides written instruction to Cornerstone Medical & Technology Finance or its designee (and any assignee or potential assignee thereof) authorizing review of his/her personal credit profile from a national credit bureau.

Officer Name: Title:

Signature: Date:

The Federal Equal Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract), because all or part of the applicant's income derives from any public assistance program, or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law is the Federal Trade Commission, Equal Credit Opportunity, Washington, DC 20580.

If your application for business credit is denied or conditionally approved, you have the right to a written statement of the specific reasons for the denial or conditional approval. To obtain the statement, please contact CREDIT OPERATIONS, Cornerstone Medical & Technology Finance, 9722 S. Windsor Drive, Lee's Summit, MO 64086 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.