



- \* **Bank owned leasing company- Highly competitive rates**
- \* **No prepayment penalty- Fully discounted payoff after 12 months**
- \* **Easy to complete documents- Sign with DocuSign on your mobile device**
- \* **Quick approval- 2 Hour credit approval**
- \* **Unique payment structure- Deferral and step payments available**
- \* **FAST Turnaround- 2 Hour documentation preparation**
- \* **Contract for your needs- \$1 Purchase Option or EFA are available**

**1. Sign and Complete the application below 2. Fax to 855-268-1079 or email to creditapps@thebeneficial.com. Once approved, we will email your documents for signing.**

Vendor: _____ Sales Rep: _____ Phone: _____ Email: _____	Equipment Cost: _____ Equipment Description: _____	<b>Michael Stepa</b> VP Medical Equipment Finance Beneficial Equipment Finance Corp C: 609-760-5939 O: 484-348-6813 <a href="mailto:mstepa@thebeneficial.com">mstepa@thebeneficial.com</a> Fax: 855-268-1079
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**NO PREPAYMENT PENALTY/ FULLY DISCOUNTED PAYOFF AFTER 12 PAYMENTS**  
 Payments Do Not Include Applicable Taxes, \$129 Documentation Fee.

### Practice Information

#### Borrower Information

Full Legal Name of Business:		Telephone Number:	Fax Number:
Practice DBA Name		Federal Tax ID:	# Years in Business: Time as Owner:
Street Address:		City:	State: Zip:
Contact:	Title:	E-Mail Address:	Practice Structure: <input type="checkbox"/> C-Corp. <input type="checkbox"/> S-Corp. <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor

#### Guarantor Information

Principal 1 Name:		Title	Home Address		City, State, Zip	
Social Security #:	Date of Birth	Date Licensed	License #	Cell #	E-Mail Address	% of Ownership
Principal 2 Name:		Title	Home Address		City, State, Zip	
Social Security #:	Date of Birth:	Date Licensed	License #	Cell #	E-Mail Address	% of Ownership

**By signing this Credit Application, you authorize Beneficial Equipment Finance Corporation, and/or its assigns, to contact all bank and trade references, run credit and business reports and you authorize all references to release credit card information with respect to this Credit Application and from time to time in connection with the following up on any matters relating to this proposed Lease transaction.**

If your application for credit is denied, you have a right to a written statement of the specific reasons for denial. To obtain a statement, please contact the Beneficial Equipment Finance Credit department at 165 Pottstown Pike, Chester Springs, PA 19425 or call 877-880-9020 within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for denial within 30 days of receiving your request for the statement. **Notice:** The federal Equal Credit 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 application has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is: FDIC Consumer Response Center, 1100 Walnut Street, Box #11, Kansas City, MO 64106.

#### IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

To help the 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.

Signature X _____	Printed Name	Title	Date
Signature X _____	Printed Name	Title	Date

To take advantage of Conestoga Equipment Finance Corp's financing program, fax application to 855-268-1079