



888-463-1381  
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# \*Practice Builder Leasing Special\*

## Start the New Year Off Right and Help Your Practice Grow for Only \$50 a Month!!!

### Here's how it works:

- Pick any table or piece of equipment (new or used) from \$5,000.00 and up.
- Complete the attached credit application and fax it back to 843-341-9686.
- Once approved, pay only \$50 a month for the first 3 months followed by 33 equal monthly installments at your customized GFS re-payment option (emi payments are confirmed once program approval is received)\*.
- Additional terms; such as 3 @ \$50 followed by 45 months and 3 @ \$50 followed by 57 months might be available upon request and approval\*.

Program Details: 01/01/08

- 36 Equal Monthly Installments.
- \$5,000.00 minimum.
- \$50 payment is for the first 3 monthly payments only.
- \$89 set up fee.
- All terms are subject to credit approval\*.

## APPLICATION FORM

Doctors Name \_\_\_\_\_

Years Lic. \_\_\_\_\_

Business Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Ofc. Address \_\_\_\_\_

Total Financing Needs: \$ \_\_\_\_\_

\_\_\_\_\_

Type of business: Corp., Prop., Partnrshp., Other. \_\_\_\_\_

Home Address \_\_\_\_\_

Equipment Description \_\_\_\_\_

\_\_\_\_\_

Ofc. # \_\_\_\_\_ Home/Cell # \_\_\_\_\_

Salesperson \_\_\_\_\_ GFS Contact: **Brian Aidelbaum**

Email Address \_\_\_\_\_

# GROUP FINANCIAL SERVICES

## Application for Financing

**Business Name:** \_\_\_\_\_ **Tax ID #** \_\_\_\_\_

Years Incorporated \_\_\_\_\_ Proprietorship \_\_\_\_ Corporation \_\_\_\_ Partnership \_\_\_\_ Other \_\_\_\_

**Customer Name:** \_\_\_\_\_ **SS#** \_\_\_\_\_

Specialty \_\_\_\_\_ Years Licensed \_\_\_\_\_

**Partner's Name :** \_\_\_\_\_ **SS#** \_\_\_\_\_ **Yrs Lic.** \_\_\_\_\_

**Office Address:** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Office Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Office Manager \_\_\_\_\_

**Home Address:** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Vendor:** \_\_\_\_\_ **Salesperson:** \_\_\_\_\_

**Total Amount requested:** \$ \_\_\_\_\_ **Equipment Description** \_\_\_\_\_

**Delivery Date** \_\_\_\_\_ **Order placed: Y\_\_ N\_\_**

Program: **Lease** or **Finance** \* Term: \_\_\_\_\_ months \* End of Term Purchase: \$1 or 10 %

### RELEASE AUTHORIZATION

I hereby authorize our banks, consumer agencies, trade references, and financial institutions to compile and furnish any information pertaining to our credit and financial responsibilities as requested by Group Financial Services and photo static or facsimile copies of this authorization may be submitted to obtain the release of this information.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Feel free to contact our office with any questions or additional needs.

Sincerely,  
Brian Aidelbaum  
Business Development Manager  
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Office (888) 330-0575  
Fax (843) 341-9686