



9019 East Bahia Drive, #100
Scottsdale, AZ 85260

Finance/Lease Application

Rev 11/04

Lessee

Company Name: _____
 DBA: _____ Fed Tax ID: _____
 Address: _____
 City, State & Zip: _____
 Business Phone #: _____
 Contact Name: _____ Phone #: _____
 e-Mail: _____ Fax: _____
 Business Description: _____
 Time In Business Under Current Ownership: _____
 Type of Business: S-Corp LLC Proprietorship
 Partnership Corporation Non-Profit

Vendor

Company Name: Microlife Medical Home Solutions, Inc.
 Address: 2801 Youngfield St. #241
 City, State & Zip: Golden, CO 80401
 Telephone: 303-808-2291 Fax: 1-866-285-8296
 Contact: David Wilcoxson

Bank References

Principal Bank: _____
 Account Numbers: _____
 Telephone: _____
 Contact: _____

Personal Information on Officers, Partners or Owners

Name: _____
 Home Address: _____
 City, State & Zip: _____
 Telephone: _____
 Social Security #: _____ % Ownership: _____
 Signature: _____
 Print Name: _____
 Date: _____

Name: _____
 Home Address: _____
 City, State & Zip: _____
 Telephone: _____
 Social Security #: _____ % Ownership: _____
 Signature: _____
 Print Name: _____
 Date: _____

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 Lessor or its designee (and any assignee or potential assignee thereof) authorizing review of his/her personal credit profile from a national credit bureau. Such authorization shall extend to obtaining a credit profile in considering this application and subsequently for the purposes of update, renewal or extension of such credit or additional credit and for reviewing or collecting the resulting account. A copy 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.

Equipment to be Leased (Attach equipment schedule if necessary)

Address of Installation: _____

Quantity	Model	Description	Serial Number(s)	Purchase Price (w/o tax)
1	100-0001-06-KIT	BodyGem System Kit		2799

Proposed Lease Terms

Number of Months: _____ Equipment Cost: _____ Monthly Payment*: _____ Purchase Option: _____
*Does not include sales tax.

I hereby represent all information is true, correct and complete. A facsimile copy of this authorization shall be valid as the original.

Signature: _____ Title: _____ Date: _____
(Authorizing Officer Signature)
(Please Print Name)

Please fax completed application to
1-866-285-8296

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 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, D.C. 20580.

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 Lessor set forth above 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.