

Advanced Microderm[®]
 Skin Care Systems for Life



Equipment Lease Credit Application

Return to: **Advanced Microderm**
Direct Phone (630) 980-3300 x111
Direct Fax (832) 213-0111

To ensure proper processing of your application, please type or print all information clearly and completely.

LESSEE COMPANY INFORMATION					
Full Legal Business Name		Web Site Address WWW.		E-mail Address	
Company Address		City		State	Zip Code
Phone	Fax	Nature of Business		Federal Tax ID#	Contact Person
Business Classification: <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Non-Profit			Years In Business	Years of Ownership	State of Incorporation/Organization
OFFICER(S), PARTNER(S) OR GUARANTOR(S) INFORMATION					
Name	Title	Social Security Number (required) - -	Home Address		Home Phone
Name	Title	Social Security Number (required) - -	Home Address		Home Phone
EQUIPMENT DESCRIPTION					
Description Advanced Microderm Microdermabrasion System		Projected cost \$	Vendor: Name Advanced Microderm 904 S. Roselle Road, Suite 302 Schaumburg, IL 60193	Contact Andrew Goodwin Email: Andrew@advancedmicroderm.com	Phone 630-980-3300 x111
LEASE TERM: 24 36 48 60 months		Total equipment cost \$	PURCHASE OPTION: FMV \$1 Purchase Option		

The above information, together with any accompanying financial statements, schedules, or other materials, is submitted for the purpose of obtaining credit and is warranted to be true, correct and complete. The undersigned hereby warrants that any individual identified above who is either a principal, a personal guarantor or a sole proprietor of the credit applicant, recognizing that his or her individual credit history may be a factor in the evaluation of the credit history of the applicant, has provided his/her written authorization for inquiry into their credit worthiness, including but not limited to obtaining a consumer credit report, and shall hold Advanced Microderm and its assignees, agents or nominees harmless from same. You understand that such investigation may include seeking information as to the background, credit and financial responsibility of your officers and principals (or any of them).

Applicant: _____ Signature (required) _____

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