



Advance Commercial Funding Lease Application:

Vendor: Health Is Wealth Maui LLC 71 Baldwin Ave. B7-305 Paia HI 96779

Ph 888-824-7558 • Fax: 808-572-7159

<http://coldlasersupplies.com> • <http://quantum-healing-lasers.com> • <http://healthiswealthmaui.com>

Legal Company Name: _____

Name if DBA: _____ **Fed Tax ID#:** _____

Physical Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____ **Email:** _____

Owner/Doctor Information:

Time in Business: _____ **Company Structure:** Proprietorship Corporation LLC Partnership

Start Date (under present ownership): _____ **Professional License #:** _____

Owner Name: _____ **SS#** _____ **% Ownership** _____

Business Bank Account Information:

Bank Name: _____ **Account #:** _____ **Phone:** _____

Equipment Description:

Type: _____

Approximate Cost: \$ _____ **Choose Your Lease Term:** 12 months _____ 24 months _____
 36 months _____ 48 months _____ 60 months _____ **Would you like to be considered for our 90-day Deferred
 Special? (\$0/mo. for 3 months, regular payments begin in 4th month) Yes _____ No _____**

AUTHORIZATION TO RELEASE INFORMATION: In connection with the above referenced credit application the undersigned authorize Advance Commercial Funding, Inc. and or its assignees to make all inquiries it deems necessary to verify the accuracy of the information provided by the undersigned including, but not limited to consumer credit reports, banking, borrowing and trade information. He/she undersigned further states that the information contained in the application is true and correct.

Applicant Signature: _____

Print Name: _____ **Date:** _____

For Leasing Questions Please Call us at 866-388-0096 and ask for Juline Gurney

***** Please Fax this application to: 866-388-0095 *****