

CapMed+



+ Same Day Approval-to-Funding

We have the ability to **approve** an applicant, electronically **execute** the paperwork, and **fund** the transaction via wire by close of business that very **same day**.

INNOVATIVE EQUIPMENT FINANCING

CapMed+ delivers flexible financing options to healthcare providers that lower cost, conserve cash and minimize clinical, technical and operational obsolescence.

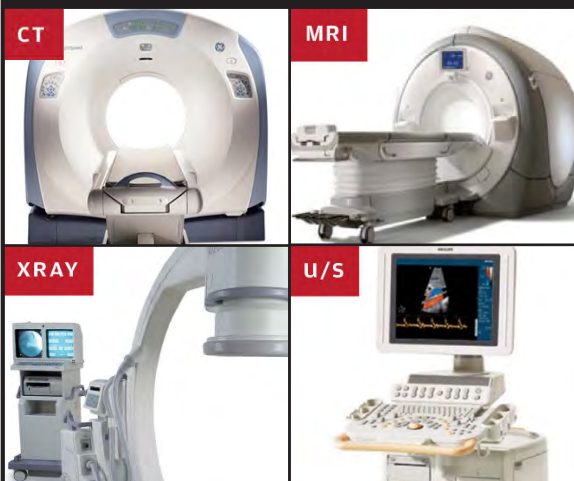
We specialize in delivering comprehensive financial products and services customized for each healthcare provider by making an analysis of your institution's capital needs.

These tailored vendor-independent solutions will efficiently streamline the equipment financing and acquisition process. Our consultants' knowledge of both historic and recent health-care technology financing issues enables us to serve as your innovative strategic partner.

+ **Application-only approvals up to \$250,000**

+ **100% financing**

- Same-day credit approval
- 24-84 month terms
- Leases and equipment finance agreements
- Financing for all types of equipment, software and vehicles
- Programs for professional practices and healthcare providers
- Seasonal, skip and deferred monthly payments



Our industry experts can help you determine the finance options that are just right for you.

Visit our website for more information or contact

Dave Tunnell at 877.893.9987

or at DavidT@capmedplus.com



Text

COMPANY INFORMATION

Business Legal Name: _____ DBA (if applicable): _____

Address/City/State/Zip: _____ Phone: _____

Contact Name & Title: _____ Email: _____ Cell: _____

Federal Tax ID: _____ Date Under Current Ownership: _____ # of Employees: _____

Industry Type: _____ Web Address: _____

Legal Structure: Sole Prop ☐ Partnership ☐ LLC ☐ Corporation ☐ Municipal ☐ Not for Profit ☐

VENDOR, EQUIPMENT, AND FINANCE INFORMATION

VENDOR CODE:

Vendor Name: _____ Contact: _____ Phone: _____

Address/Website: _____ Email: _____

NEW/USED	EQUIPMENT TO BE FINANCED	\$ FINANCED

EQUIPMENT ADDRESS:

(If Different From Company Address) _____

TERM:

(in months) _____

BANK AND FINANCE REFERENCES

Bank Name	Account Number	Contact Name	Phone Number
Finance Company	Lease/ Loan #	Contact Name	Phone Number

OWNERS, OFFICERS OR GUARANTORS (please sign on signature line)

1. Name: _____ Title: _____ Email: _____

Social Security #: _____ % Ownership: _____ Cell Phone: _____

Home Address: _____ Home Phone: _____

Signature X: _____ Date: _____

2. Name: _____ Title: _____ Email: _____

Social Security #: _____ % Ownership: _____ Cell Phone: _____

Home Address: _____ Home Phone: _____

Signature X: _____ Date: _____

DECLARATION/RELEASE

By signing above, the applicant and the Owners/Partners/Members/Guarantors agree as follows:

They certify that all information provided is true, correct and complete and that the property leased or acquired with any credit provided will be used solely for business and commercial purposes. The applicant and the Owners/Partners/Members/Guarantors of the applicant listed above recognize that their individual credit histories may be a factor in the evaluation of the applicant for the credit it is applying for and, thus, authorize Ascentium Capital LLC or its designee to investigate their organizational and personal credit histories. This includes obtaining information from all sources including using their consumer credit reports in the credit evaluation and collection processes, and to update any such information periodically.

