

**Credit Application**

**PRACTICE INFORMATION**

Business Name \_\_\_\_\_ Federal tax ID# \_\_\_\_\_  
 Type of Practice (Medical, dental, etc.) \_\_\_\_\_ Specialty \_\_\_\_\_  
 License # \_\_\_\_\_ # of Partners \_\_\_\_\_ # of Associates \_\_\_\_\_  
 Primary office address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Best time to call? \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_  
 Year inc. \_\_\_\_\_ State inc. \_\_\_\_\_ Number of employees \_\_\_\_\_ Annual income \$ \_\_\_\_\_  
 Office manager name \_\_\_\_\_ Phone \_\_\_\_\_ E-mail \_\_\_\_\_  
 Landlord name \_\_\_\_\_ Phone \_\_\_\_\_ E-mail \_\_\_\_\_  
 Additional office address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**PRINCIPAL INFORMATION (#1)**

Name \_\_\_\_\_ Title \_\_\_\_\_  
 Social Security # \_\_\_\_\_ Years in practice \_\_\_\_\_ Years as owner \_\_\_\_\_ Your % ownership \_\_\_\_\_  
 Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_  Rent  Own home Number of years \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**PRINCIPAL INFORMATION (#2)**

Name \_\_\_\_\_ Title \_\_\_\_\_  
 Social Security # \_\_\_\_\_ Years in practice \_\_\_\_\_ Years as owner \_\_\_\_\_ Your % ownership \_\_\_\_\_  
 Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_  Rent  Own home Number of years \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**LEASE/LOAN REFERENCE (largest obligation)**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Contact \_\_\_\_\_  
 Account # \_\_\_\_\_ Original amount of lease/loan \$ \_\_\_\_\_

**EQUIPMENT & EQUIPMENT CREDIT LINE INFORMATION**

Equipment description \_\_\_\_\_ Equipment location \_\_\_\_\_  
 Equipment supplier \_\_\_\_\_  
 Approximate cost \$ \_\_\_\_\_ When do you need the equipment?  ASAP  Other \_\_\_\_\_  
 I am interested in an additional equipment credit line of  \$25,000  \$50,000  \$100,000  Other \$ \_\_\_\_\_

I have enclosed a copy of principal #1's driver's license with this application.

I hereby authorize my bank(s), creditors, and suppliers to release to Butler Capital all information requested for its credit investigation. I certify that all information supplied is current and correct. If my application for business credit is denied, I have the right to a written statement of the specific reasons for the denial.

Applicant signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant signature \_\_\_\_\_ Date \_\_\_\_\_

**LEGAL DISCLOSURES**

Above terms may/may not include sales/use tax. 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: Legal Dept., Butler Capital Corp., PO Box 677, Hunt Valley, MD 21030-0677, 410-771-9600, within 60 days from the date you are notified of our decision. Butler Capital will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement. 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, or age (provided the applicant has the capacity to enter into a binding contract); or 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 concerning this credit is the Federal Trade Commission, Equal Credit Opportunity, Washington, DC 20850.

**410-771-9606 • Fax 410-771-0898 • E-mail [mid-atlantic@butlercapital.com](mailto:mid-atlantic@butlercapital.com) • [www.ButlerCapital.com](http://www.ButlerCapital.com)**