

**Susquehanna
Commercial Finance, Inc.**



Paul Lee
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OR CALL
856 756 3582 Ext. 63582
Cell 856 287 5213

CREDIT APPLICATION

B U S I N E S S	BUSINESS NAME/LESSEE		TRADE NAME (DBA)		CONTACT	
	PHYSICAL ADDRESS (STREET)		(CITY)	(STATE)	(COUNTY)	(ZIP CODE)
	TYPE OF BUSINESS		TELEPHONE	EXT	FAX NUMBER	
	LOCATION OF EQUIPMENT (STREET)		(CITY)	(STATE)	(COUNTY)	(ZIP CODE)
	OWNERSHIP: <input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> C CORP <input type="checkbox"/> SUB 'S' CORP <input type="checkbox"/> L.L.C.					FED. TAX NO.
	NUMBER OF EMPLOYEES	STATE OF INCORPORATION	DATE BUSINESS STARTED		DATE OF PRESENT OWNERSHIP	

O W N E R S H I P	PRINCIPAL'S NAME		TITLE	% OWNERSHIP	SOC. SEC. NO.		
	HOME ADDRESS (STREET)		(CITY)	(STATE)	(ZIP CODE)	<input type="checkbox"/> OWN <input type="checkbox"/> RENT	HOME PHONE NO.
	PRINCIPAL'S NAME		TITLE	% OWNERSHIP	SOC. SEC. NO.		
	HOME ADDRESS (STREET)		(CITY)	(STATE)	(ZIP CODE)	<input type="checkbox"/> OWN <input type="checkbox"/> RENT	HOME PHONE NO.
	PRINCIPAL'S NAME		TITLE	% OWNERSHIP	SOC. SEC. NO.		
	HOME ADDRESS (STREET)		(CITY)	(STATE)	(ZIP CODE)	<input type="checkbox"/> OWN <input type="checkbox"/> RENT	HOME PHONE NO.

B A N K S	BANK	CONTACT	TELEPHONE	FAX
	ACCOUNT UNDER NAME OF	CHECKING ACCT. NO.	SAVINGS ACCOUNT #	BORROWING <input type="checkbox"/> YES <input type="checkbox"/> NO
	BANK	CONTACT	TELEPHONE	FAX
	ACCOUNT UNDER NAME OF	CHECKING ACCT. NO.	SAVINGS ACCOUNT #	BORROWING <input type="checkbox"/> YES <input type="checkbox"/> NO

T R A D E	COMPANY NAME	TELEPHONE NO.	CONTACT PERSON	ACCOUNT NO.

L E A S E	VENDOR A Walsh Imaging, Inc			SALES PERSON Phone #	
	Payment \$	TAX AMOUNT \$	=	TOTAL \$	DEPOSIT RECEIVED \$
	Equipment				
	LEASE TERM REQUESTED	PURCHAS OPTION	EQUIPMENT COST		

I/We hereby authorize the release of any and all credit information to Susquehanna Commercial Finance, Inc. and its assigns or agents from the above listed references, and certify that all is true and correct to the best of my knowledge. The undersigned individual(s), recognizing that his/her/their individual credit histories may be a factor in the evaluation of the credit application, hereby consents to and authorizes the above named business credit provider to obtain and use a consumer credit report on the undersigned, now and from time to time, as may be needed in the credit evaluation and review process and waives any right or claim they would otherwise have under the Fair Credit Reporting Act in the absence of this continuing consent.

X _____ X _____
Applicant's Signature Title Date Applicant's Signature Title Date

Fax back to 800.786.0023 or email Paul.Lee@susquehanna.net

Dealer Information
A Walsh Imaging, Inc.
55 Cannonball Road
Pompton Lakes, NJ 07442
Phone 1-866-429-9729
Web www.awalshimaging.com