

ULTRA TABLES

Please Fax Completed Application to 877-776-7244

BUSINESS NAME: _____

YOUR NAME: _____

ADDRESS: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

CITY/STATE/ZIP: _____

PHONE (_____) _____ FAX (_____) _____

HOME OR CELL: (_____) _____

EMAIL: _____

SOCIAL SECURITY: _____

ANNUAL GROSS REVENUE: \$ _____

LICENSE OR SPECIALTY: _____

ANNUAL INCOME AFTER EXPENSES: \$ _____

YEARS IN PRACTICE / LICENSED: _____

EQUIPMENT COST \$ _____ TERM CHOICE? 12 MO ___ 24 MO ___ 36 MO ___ 48 MO ___ 60 MO ___

INTERESTED IN 90 DAYS NO PAYMENTS? _____

I hereby authorize the release of business and/or personal credit information to NCMIC Finance Corporation, its affiliates, partners or assignees, (1) from any source including credit bureau reporting agencies and applicant's bank for the purpose of extending credit, (2) to any credit reporting agency. I request NCMIC Finance Corporation submit this application to include all information obtained for credit approval, without notice, to any other potential Lessor for consideration of approval of credit. I hereby represent all information is true, correct and complete. A photo static and/or facsimile copy of this authorization shall be valid as the original. The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applications on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract), because all or part of the applicant's income derives from any public assistance programs, 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 is the Federal Trade Commission, Equal Credit Opportunity, Washington, DC 20580. 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: Credit Operations, NCMIC Finance Corporation, 14001 University Avenue, Clive, Iowa 50325-8258 within 60 days from the date you are notified of our decision. We will send you a written statement of the reasons for the denial within 30 days of receiving your request for the statement. To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. We may also ask to see your drivers license or other identifying documents.

Applicant Signature _____ Date: _____