

Southern California Leasing

A FULL SERVICE EQUIPMENT LESSOR

For

Health Management Systems

Please complete the following information and return fax to Tim Kiler @ (714) 573-9806

I can also be reached @ (714) 573-9804 or (800) 291-8777 E-mail: tim@socalleasing.com

Company Information

- Name: _____ Yrs. In Business: _____ Type Of Business _____
- Address: _____ City & State: _____ Zip: _____
- Contact: _____ Ph. #: _____
- E-mail: _____ Fax #: _____

Company Structure

- C-Corp: _____ S-Corp: _____ Partnership: _____ Sole: _____ LLC: _____

Banking Information

- Bank Name: _____ Phone # _____
- Business Acct. #: _____ Type Of Account _____ Contact _____

Trade Information

- Company: _____ Company: _____
- Contact: _____ Contact: _____
- Phone #: _____ Phone #: _____

Ownership Information

- Name: _____ Ownership %: _____ SSN# _____
- Home Address: _____ City & State _____ Zip: _____
- Name: _____ Ownership %: _____ SSN# _____
- Home Address: _____ City & State _____ Zip: _____
- **Required Equipment:** - _____ Cost: _____
- **Vendor** Health Management Systems, Corp. Term: _____ months

At Southern California Leasing we offer fast credit approvals, and custom-tailored solutions to address almost any financial need that mid-sized businesses face.

I hereby authorize Southern California Leasing, Inc. or it Agents to obtain other credit information including D&B reports and Credit Bureau Reports. All credit information submitted herewith is true and correct.

Signature: _____ Title: _____ Date: _____

Signature: _____ Title: _____ Date: _____