



HealthCare Dynamics, Inc.

MEDICAL EQUIPMENT FINANCING

Some **Flexible Payment Programs** we offer are:

- ✓ **\$99 for the first 6 months:** requires only \$199 to start
- ✓ **Application Only up to \$250,000.00**
- ✓ **90 Day Deferred Payments:** First 3 months payments of only \$25
- ✓ **Financing Terms to 72 Months**
- ✓ **New Start-Up** Respiratory & HME Companies
- ✓ **New and Used equipment**
- ✓ **Single point of contact**

Trusted. Reliable. Experienced

Southern California Leasing, a Nationwide Equipment Finance company specializing in Medical Equipment Financing.

Fax application to **714.573.9806** or call **Barbara 800.291.8777 x101**

| Company Information | | | | | |
|---|-------------------------|------------------------|-------------|-----------------------|---|
| Company Name | | Telephone | | | Federal Tax ID # _____ |
| Company Address | City | State | Zip | No. Years in Business | Type of business: Corporation _____ Sole Prop _____ LLC _____ |
| Trade Reference | City | State | Telephone | Contact | Request Amount: \$ _____ |
| Name of Bank / Branch | Checking Account Number | Bank Telephone | | Open Date | Equipment Description: _____ _____ _____ |
| Personal Information on Owners, Partners and Guarantors | | | | | |
| Name | Title | Social Security Number | % Ownership | | |
| Home Address | City | State | Zip | How Long? | Home Phone Number |
| Name | Title | Social Security Number | % Ownership | | |
| Home Address | City | State | Zip | How Long? | Home Phone Number |

The above information, together with any accompanying financial statements, schedules, or other materials, is submitted for the purpose of obtaining credit and is warranted to be true, correct and complete. **Southern California Leasing** is hereby authorized to investigate (directly or through an agent or nominee) our credit and financial responsibility. We understand that such investigation may include seeking information as to the background, credit and financial responsibility of our officers and principals (or any of them).

Applicant: _____ Signature: _____ Title: _____ Date: _____

Southern California Leasing
www.socalleasing.com