



LEASE CREDIT APPLICATION ONLY

Lumenis Inc
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 Santa Clara, CA 95054
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APPLICANT INFORMATION

Customer Legal Name:	
Physical Address (No P.O. Box):	
Telephone #	Facsimile #:
Contact Person:	Title:
Email Address:	Tax ID No.:
Type of Business: Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/>	
Years in Business (Current Owner)	Specialty/Type of Business:
Equipment Location:	
Billing Location (if different):	
Equipment Description:	Sales Representative:
Estimated Equipment Cost (*): \$	Estimated Delivery Date (**):

_____ (*) Your initials & signature below is your agreement and understanding that applicable sales tax will be charged and is the responsibility of the buyer unless an acceptable Tax Exemption Certificate or other acceptable tax waiver is received prior to acceptance of your order.

_____ (**) Your initials and signature below is your agreement and understanding that delivery dates are best estimates. Buyer agrees and understands that proper electrical supply at final delivery location is the responsibility of the Buyer and not basis for non-acceptance of delivery or non-payment of invoice.

PERSONAL INFORMATION ON OFFICERS, PARTNERS, PRINCIPALS

Name:	Partner Name:
Title:	Title:
Home Address:	Home Address:
Social Security #:	Social Security #:

Home Phone #:		Home Phone #:	
Medical License #:		Medical License #:	
BANK INFORMATION			
Name:		Name:	
Address:		Address:	
Contact:		Contact:	
Phone #:		Phone #:	
Account #:		Account #:	
DEBT / TRADE REFERENCES			
Name:	Location:	Phone No.:	Account No.:
1.			
2.			
3.			
<u>Note:</u>			
LEASE REQUESTED			
Lease Term: _____ 24 mths _____ 36 mths _____ 48 mths _____ 60 mths			
Lease Type: _____ \$1.00 Buyout _____ Fair Market Value			

Notice: 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, age (with certain exceptions); 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 creditor is Office of Thrift Supervision, Regional Director, Midwest Region, P.O. Box 619027, Dallas/Fort Worth, TX 75261-8027

To Lumenis Inc.:

Everything I have stated in this application is correct to the best of my knowledge. Furthermore, the undersigned individual(s) in the capacity of the principal, sole proprietor, or personal guarantor of the credit applicant, recognizing that his or her individual credit history may be a factor in the evaluation of the creditworthiness of the applicant or in the evaluation of their personal guaranty, if applicable, hereby authorizes Lumenis Inc. [and/or its assigns](#) to check my credit and answer questions about its credit experience with me. I understand that the final credit terms and conditions will be the result of credit review in accordance Lumenis Inc.'s [and/or its assigns](#) corporate credit policy.

Applicant's Signature

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