

CUSTOMER NAME (Important to list exact legal name of entity)

Company		Parent	Federal ID #		
Legal/HQ/Principally Managed Address		City	County	State	Zip
Phone Number	Contact Person	Title		e-mail Address	
Years in Business:	License #:	Industry (service/product):	<u>Business Type:</u>	<input type="checkbox"/> Proprietorship <input type="checkbox"/> Private Practice <input type="checkbox"/> Limited Liability Corporation <input type="checkbox"/> Imaging Center <input type="checkbox"/> General Partnership <input type="checkbox"/> Hospital <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Non-Profit <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Government	
State of Organization:	Board Certified State of:	Prior Fiscal Year Gross Revenue:			
Date of Organization:	Dun & Bradstreet #:				

SUPPLIER, EQUIPMENT INFORMATION AND COST

Name	City	State	Equipment	\$
Sales Representative Name	Phone Number	FAX Number	Sales Tax	\$
Equipment Description (attach separate list for detail)			Installation	\$
			Total Cost	\$

Term in Months	Number of Payments	Payments are Due	Amount of each Payment (Plus applicable taxes)
		<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other:	\$

PERSONAL INFORMATION ON OFFICERS, PARTNERS OR GUARANTORS

Name	Title	Social Security # / Tax ID #	Ownership %
Address (Home if individual)		City	State Zip
Phone Number	Fax Number	e-mail Address	
Name	Title	Social Security # / Tax ID #	Ownership %
Address (Home if individual)		City	State Zip
Phone Number	Fax Number	e-mail Address	

BANK REFERENCES

Name	How Long	Account Number	Phone Number	Contact Name
Name	How Long	Account Number	Phone Number	Contact Name

LEASE AND TERM LOAN REFERENCES Current SFS Customer

Name	How Long	Account Number	Phone Number	Contact Name
Name	How Long	Account Number	Phone Number	Contact Name

By executing this profile in the space provided below, you hereby authorize and request the release of any information concerning your personal and/or business credit standing, including from the references above. In addition, you specifically authorize us to obtain, and authorize to be supplied to us, any commercial credit reports and/or consumer credit reports that may be requested by us from any commercial or consumer credit reporting agency. You agree that we may transfer any such information obtained to a potential assignee, participant or lessor. This profile may be executed manually or, where permitted by us, by electronic means and electronic signatures that may appear on this profile are the same as handwritten signatures for purposes of validity, enforceability and admissibility.

<u>X</u> _____ Signature	<u>X</u> _____ Signature	<u>X</u> _____ Signature
Printed Name	Date	Printed Name
	Date	Printed Name
	Date	Printed Name

YOUR CREDIT APPLICATION AND ANY FINANCING TRANSACTION ARE SUBJECT TO APPROVAL AND ACCEPTANCE BY SIEMENS FINANCIAL SERVICES, INC.

ECOA NOTICE: 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 our Credit Disclosure Administrator, 200 Wood Avenue South, Suite 200, Iselin, NJ 08830, (732) 590-6500, within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement. 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 (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 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 the Federal Trade Commission, Equal Credit Opportunity, Washington, DC 20580.

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