



DENTAL EQUIPMENT LOAN APPLICATION

Date of Application: _____

BORROWER(S) / CO-BORROWER(S) INFORMATION

Name of Borrower: _____

Email: _____

Phone: _____

LOAN REQUEST INFORMATION

Loan Amount Request: \$ _____

Equipment Being Purchased: _____

Term Length: Five (5) Years Seven (7) Years Ten (10) Years

BORROWER AUTHORIZATION

An investigation may be made as to the credit standing of all individuals seeking credit. I/We authorize the Lender to order a consumer credit report and verify other credit information. I/We provide consent for my/our accountant to release financial statements and tax returns to the Lender for any existing loan or prospective loan request.

I/We fully understand that it is a Federal crime punishable by fine or imprisonment, or both, to knowingly make any false statements when applying for this loan, as applicable under the provisions of Title 18, United States Code, Section 1014.

I/We acknowledge that I/we received a copy of this application.

Signature(s):

FOR BANK USE ONLY

Date Application Received: _____

Lender: _____

Face to Face Telephone Mail/Fax Email/Internet

Verified joint intent on _____



INFORMATION DISCLOSURE AUTHORIZATION

CREDITOR: Peoples Savings Bank

To Whom It May Concern:

- 1) I/We have applied for credit with the above creditor. The creditor and any potential investor or insurer of this loan may verify the information contained in my/our credit application and in other documents required in connection with this loan either before the loan is closed or after closing as part of its quality control program.
- 2) I/We authorize you to provide to the creditor and to any potential investor or insurer of this loan, any and all information and documentation requested. Such information may include but is not limited to: employment and income history; bank, money market and similar account balances; credit history; and copies of income tax returns. The source of the information may come from, but is not limited to: credit bureaus; banks and other depository institutions; current and former employers; federal or state records including State Employment Security Agency records; or other sources as required.
- 3) This authorization is for this transaction only, and continues in effect for one (1) year unless limited by state law, in which case the authorization continues in effect for the maximum period allowed by law, not to exceed one (1) year.
- 4) A copy of this authorization, (including a copy of the signature(s) of the undersigned) may be deemed to be and accepted as an original, and may be used as a duplicate original.
- 5) All parties signing this authorization are affirming their intent to apply for joint credit. A single signature implies intent for individual credit.

Name

Name

Signature

Date

Signature

Date



CONTACT INFORMATION

Ownership

Name of Owner: _____ % owned: _____

Email: _____ Phone: _____

Name of Owner: _____ % owned: _____

Email: _____ Phone: _____

Name of Owner: _____ % owned: _____

Email: _____ Phone: _____

Name of Owner: _____ % owned: _____

Email: _____ Phone: _____

Accounting:

Name of Accountant: _____

Email: _____ Phone: _____