



Phone (Toll Free): 1-800-485-5759 - Fax (Toll Free) 1-866-284-9318

APPLICANT BUSINESS INFORMATION:													
COMPANY LEGAL NAME & DBA If Applicable:													
COMPANY ADDRESS: STREET			CITY:		COUNTY:		STATE:		ZIP CODE:				
TELEPHONE:			FAX:			EMAIL ADDRESS:							
DATE OF INCORPORATION:				<input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> LLC <input type="checkbox"/> PLLC									
NATURE OF BUSINESS: Medical Spa						FEDERAL TAX I.D. #:							
BUSINESS BANK REFERENCES:													
BANK NAME		ACCOUNT #		PHONE		OFFICER		DATE OPENED		CK	SV	CD	LOANS
										<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
										<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
										<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LOAN AND TRADE REFERENCES:													
FIRM NAME		LOCAL TELEPHONE		OFFICER		CITY/STATE(PROV)		HOW LONG?		HIGH CREDIT			
PERSONAL INFORMATION ON OFFICERS, PARTNERS OR GUARANTORS:													
NAME:				TITLE:				SS#:					
ADDRESS:						HOME TELEPHONE #:							
PREVIOUS ADDRESS (IF LESS THAN TWO YEARS):													
NAME:				TITLE:				SS#:					
ADDRESS:						HOME TELEPHONE #:							
PREVIOUS ADDRESS (IF LESS THAN TWO YEARS):													
NAME:				TITLE:				SS#:					
ADDRESS:						HOME TELEPHONE #:							
PREVIOUS ADDRESS (IF LESS THAN TWO YEARS):													
NAME:				TITLE:				SS#:					
ADDRESS:						HOME TELEPHONE #:							
PREVIOUS ADDRESS (IF LESS THAN TWO YEARS):													

CONSENT TO PERSONAL INFORMATION SHARING. By signing below, the undersigned individual as principal of and/or guarantor for the applicant authorizes Oakridge Leasing, its designee, assigns or potential assigns, to review his/her personal credit profile provided by the credit bureaus and/or other financial institutions in considering this application and for the purpose of update, renewal, or extension of credit to the applicant or the collection of any resultants accounts. We may hold, use, exchange and disclose such information for the purposes identified above. The personal guarantors consent to the photocopying of their drivers license for verification purposes. A fax copy or photocopy of this authorization shall be valid as the original. Please fax to (toll free): 1-866-284-9318

X _____
Signature

X _____
Signature

X _____
Signature

X _____
Signature

Date

Date

Date

Date

(Personal):	\$	Charge Accounts:	\$	\$
Checking (Business):	\$	Individuals:	\$	\$
Savings (Personal):	\$	Student Loans:	\$	\$
Savings (Business):	\$	Bank Loans (list in Section 2):	\$	\$
Stocks & Bonds (attach recent statement):	\$	Contingent Liabilities (See Section 4.):	\$	\$
Value Of Practice/Business (w/Equipment):	\$	Practice/Business Loans:	\$	\$
Life Insurance (Cash Value Only! NO Term):	\$	Alimony/Child Support:	\$	\$
Other: _____	\$	Other:	\$	\$
Real Estate (Primary Residence, list Section 3):	\$	Mortgage (Primary Residence) (List Section 3) :	\$	\$
Real Estate (List in Section 3):	\$	Other Mortgage(s) (List in Section 3):	\$	\$
IRA/401K/SEP/KEOGH:	\$	Unpaid Taxes:	\$	\$
Automobiles:	\$	Leases (Auto or Others):	\$	\$
Account Receivable:	\$			
Personal Property:	\$	Total Monthly Payment's:		\$

TOTAL ASSETS	\$	TOTAL LIABILITIES	\$
---------------------	----	--------------------------	----

TOTAL NET WORTH = (Total Assets (-) Total Liabilities)	\$
---	----

Gross Income 2004 (1040 Line 36):	\$	Schedule "C" Income (Business Income):	\$
Schedule "E" Income (Real Estate Income):	\$	Additional Income:	\$

Section 2. Notes Payable To Banks And Others

Name and Address of Note Holder(s)	Original Balance	Current Balance	Payment Amount	Terms	Type Of Collateral
	\$	\$	\$		
	\$	\$	\$		
	\$	\$	\$		
	\$	\$	\$		

Section 3. Real Estate Owned

(List each property separately. Use attachment if necessary. Each attachment must be identified as part of this statement and signed)

	Property A	Property B	Property C	Property D
Type Of Property				
Address				
Date Purchased				
Original Cost	\$	\$	\$	\$
Present Market Value	\$	\$	\$	\$
Name Of Mortgage Holder				
Mortgage Balance	\$	\$	\$	\$
Monthly Payment Amount	\$	\$	\$	\$
Terms				

Section 4. Unpaid Taxes

(Describe in detail, as to type, to whom payable, when due and to what property, if any, a tax lien attaches)

I authorize Oakridge Leasing and/or its assigns to make inquiries as necessary to verify the accuracy of the statements made and to determine my credit worthiness, and I further authorize our banks, trades, references and financial institutions to release by telephone or fax all credit information requested to Oakridge Leasing. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). These are made for the purpose of either obtaining a loan or guaranteeing a loan. I understand FALSE statements may result in forfeiture of benefits and possible prosecution by U.S. Attorney General (Reference 18 U.S.C. 1001.)

X

Signature

Date

X

Signature

Date



MedSpa Financing Checklist

Step 1 - Initial Review phase

- Complete Credit Application
- Complete Personal Financial Statement
- Sources and Uses of Funds statement (summary of transaction)
- 2004 Personal (Federal) Tax Returns (including Schedule C)

Step 2 – Application phase

If pre-approved, you will receive a faxed Lease Proposal. You will need to return it by pre-paid courier, along with:

- Security deposit check (dependant on payment plan)
- Photocopy of driver's license
- Completed IRS Form 4506

Step 3 – Documentation phase

- Articles of Incorporation, LLC or other proof of business ownership
- Copy of the Secretary of State certificate in good standing
- Landlord/tenant Lease
- Supplier Quotations
- Startup financial statements (i.e. Balance Sheet, Income Statement, Cash Flows Statement)
- Business Plan
- Verification of funds that were indicated on the Personal Financial Statement (i.e. investment or banking statements)
- other information, as required

Step 4 – Submission phase

At this phase, your documents will be actually submitted to the credit department. Approvals are valid for 90 days, and can be renewed for another 90 day period.

Step 5 – Lease Contract signing phase

You will be sent, by FedEx, the actual lease contract, with a pre-paid return envelope. At this time, you need to review and sign and/or initial the lease/financing contract. This contract may also include other additional forms, which will need to be completed and sent to the appropriate people:

- You may need to include a check if the lease amount increased from the original amount, and for documentation costs (filing UCC, Credit reporting, admin, etc..)
- Landlord waiver (this can take the longest, you need to get your landlord to sign this, if required)
- Insurance Authorization – you will need to fax this to your business insurance company, they need to fax you back the certificate of insurance, so you can include it in the documentation.
- Life Insurance assignment – this is sometimes required

For more information on this program call: Jeff Russell @ 1-800-485-5759