

- ✓ \$5K Minimum Order Required
- ✓ 12 - 36 Month Financing Available

Finance Application

Please use a blue or black ink pen when completing the application.

SECTION A - CUSTOMER

Name of company: _____ DBA name: _____ Date established: _____

Billing address: _____ City: _____ State: _____ Zip: _____

Equipment location address: _____ City: _____ State: _____ Zip: _____

Business phone number: _____ Contact person: _____ Title: _____

Cell phone number: _____ Email address: _____ Website: _____

Nature of business: _____ Federal ID number: _____ UBI number: _____

Type of business: Corporation LLC Partnership Proprietorship Non-profit Other

Past/current Columbia Bank customer? yes no

SECTION B - REQUIRED FOR ALL CORPORATIONS, LLC'S, LLP'S, LIMITED PARTNERSHIPS AND NON-PROFITS

State of organization: _____ Organization/charter number: _____

SECTION C - INSURANCE COMPANY

Insurance company: _____ Agent: _____ Phone number: _____

SECTION D - OWNERS, PARTNERS, GUARANTORS

Name (Print): _____ Title: _____ Percentage of ownership: _____

Full address: _____ Phone number: _____ S.S. number: _____

Signature: _____ Date: _____

Name (Print): _____ Title: _____ Percentage of ownership: _____

Full address: _____ Phone number: _____ S.S. number: _____

Signature: _____ Date: _____

SECTION E - EQUIPMENT DESIRED

Description: _____ Total cost: _____

of units: _____ Model #: _____ Condition: _____ Year manufactured: _____ Manufacturer: _____

Vendor/supplier: **SUPREME MEDICAL** Contact: **Colton Mason** Phone number: **800-461-1370**

The undersigned individual who is either a principal, a personal guarantor or a sole proprietor of the credit applicant, recognizing that his or her individual credit history may be a factor in the evaluation of the credit history of the applicant, hereby consents and authorizes Financial Pacific Leasing, Inc., or its designee the use of a consumer credit report on the undersigned, from time to time as may be needed.
 (For CA Residents only) Please review our CA Privacy Notice at Collection at (www.columbiabank.com/privacy/ca-privacy-notice-at-collection) describing how we use the personal information we collect from you and how you can exercise your rights to privacy according to CA law.

Signature: _____ Title: _____ Date: _____

Financial Pacific Leasing, Inc., doing business as Columbia Bank Vendor Finance, is a subsidiary of Columbia Bank. Products offered by Financial Pacific Leasing, Inc., are not FDIC insured.
 To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

EMAIL COMPLETED FINANCE APPLICATION TO: ORDERS@SUPREMEMEDICAL.COM