



CREDIT APPLICATION

COMPANY INFO

(Check One) Proprietorship Partnership Corporation Other: _____

Company Legal Name _____ Date Established Under Current Ownership _____

Company Address _____ Office Contact Name _____

Company Phone _____ Fax _____ Company Website _____

Federal Tax ID Number _____ Email Address _____

Financial Information Required: _____
Annual Practice Gross Revenue _____ Annual Personal Net Income _____

PERSONAL INFO

(Provide additional principal information and signature on separate sheet)

Principal Name #1 _____ Cell Phone _____ Social Security Number _____

Home Address _____ Professional License # _____

Signature (s): _____ Date _____

Vendor: Veterinary Consulting Services Equipment: _____ Equipment Cost: _____

Finance Term: _____ Sales Rep: Owen Manor Email: _____

Send completed application to: **service@oneplacecapital.com** or fax to **888.394.0190**

Please contact
Peggy Nielsen
with all your questions.



Peggy Nielsen
BUSINESS DEVELOPMENT
MANAGER
OPCNielsen@oneplacecapital.com
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Experts in Healthcare Equipment Financing™

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Important Applicant Information: Federal law requires financial institutions to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and by federal law

Applicant hereby authorizes the release of business and/or personal credit information to One Place Capital and Bank Midwest, its affiliates and partners, (1) from any source including credit bureau reporting agencies and applicant's bank for the purpose of extending credit, (2) to any credit reporting agency. I hereby represent all information is true, correct and complete. A photo static and/or facsimile copy of this authorization shall be valid as the original. 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: Credit Operations, One Place Capital, 505 Market Street, Suite 110, West Des Moines, IA 50266 or call 888.394.0186 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.

NOTICE: The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applications on the basis of race, color, religion, national origin, sex, marital status, age (providing the applicant has the capacity to enter into a binding contract), because all of 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: Federal Reserve Consumer Help Center, PO Box 1200, Minneapolis, MN 55480