

# **Burkhart Equipment Finance Offers**

Financing with a Trusted Name Easy Application Process No Prepayment Penalties after 12 Months No Documentation Fees Excellent Customer Service



## **\$0** Down & No Payments For **90** Days

**5.25%** Transactions under \$25,000 \$24-60 Months

**4.99%** Transactions \$25,000 - \$74,999 24-60 Months **4.75%** Transactions over \$75,000 24-60 Months

72 & 84 month rates available upon request

## **Apply Today**

| Legal Business Name Are you a current <b>U.S. Bank</b> customer |                           |                     |                     |  |                          |        | stomer? Yes No  |  |
|---|---------------------------|---------------------|---------------------|--|--------------------------|--------|-----------------|--|
|   | □ Proprietorship<br>dress |                     |                     |  | □ Other                  | State  | Zip             |  |
| Business Phone Number   |                           | Business Fax Number |                     |  | Transaction Amount \$    |        |                 |  |
| Federal Tax ID #  |                           | Years in Business   |                     |  | Client Email             |        |                 |  |
| Doctor Info   | rmation (1)               |                     |                     |  |                          |        |                 |  |
| Doctor's Nai  | me (1)                    |                     |                     |  | _ Social Security #(1) _ |        |                 |  |
| Doctor's Ho   | me Address (1)            | Dental License #(1) |                     |  |                          |        |                 |  |
| Home Phone (1)  |                           | Cell Phone (1)      |                     |  | Date of Birth (1)        | % Ow   | % Ownership (1) |  |
| Doctor Info   | rmation (2)               |                     |                     |  |                          |        |                 |  |
| Doctor's Nai  | me (2)                    |                     |                     |  | Social Security #(2)     |        |                 |  |
| Doctor's Ho   | me Address (2)            |                     | Dental License #(2) |  |                          |        |                 |  |
| Home Phone  | e (2)                     | Cell                | Phone (2)           |  | _ Date of Birth (2)      | % Owne | ership (2)      |  |
|   |                           |                     |                     |  |                          |        |                 |  |

The undersigned consents to and authorizes the use of his/her consumer credit report by ULS. Bank of a third party from time to time as may be needed in the credit and collection process and further authorizes banks, trade references and financial institutions to the right to release information to us. IMPORTANT CUSTOMER INFORMATION: To help the government fight the fundting of terrorism and money laundering activities. Federal law requires financial astitutions to obtain, verify and record identifying information on new customers. The personal data requested above will allow us to identify each person signing this application. We may also ask for copies of driver's licenses or other identifying documents. By providing us with a telephone number for a cellular phone or other wireless device, you are expressly consenting to receiving communications at that number — including but not limited to prerecorded or artificial voice messages calls, text messages, and calls made by an automatic telephone dialing system — from **U.S. Bank** and its affiliates and agents. This express consent applies to each such telephone number fund permits such calls regardless of their purpose.

#### Signature

\*If additional Personal Guarantors/Owners, please provide that information.

Date

# Grow and expand your practice toolay

Transactions greater than \$300,000 will be available through **U.S. Bank** with full financial disclosure.



### Apply via Fax 1.800.334.2510 Phone 1.866.852.5481 or Online at BurkhartDental.com

Terms: Applications are subject to credit approval. Rates are subject to change without notice. Some conditions and fees may apply. Applications must be received by 12/31/19 and funded by 3/31/20 to receive this special rate. Interest will accrue during any deferred payment period and will be amortized over the remaining balance and term. **U.S. Bank** is not responsible for and does not guarantee the products, service or performance of third parties.