

Burkhart Equipment Finance Offers

NO Money Down
Low Documentation Fee
Financing with a Trusted Name
Easy Application Process
No Prepayment Penalty
(after 12 Full Monthly
Payments)
Excellent Customer Service

Special Finance Offers

Equipment Cost Offer Expires 11/30/25

| Term | Rate | No Deferral Period | 3 Month Deferral (3 @ 0, + Term) | 6 Month Deferral (6 @ 0, + Term) |
|-----------|-------|-----------------------|-------------------------------------|-------------------------------------|
| 12 Months | 6.54% | | | |
| 24 Months | 6.54% | | | |
| 36 Months | 6.19% | | | |
| 48 Months | 6.19% | | | |
| 60 Months | 6.19% | | | |
| 72 Months | 6.19% | | | |
| 84 Months | 6.19% | | | |

Terms: "Certain exclusions apply. \$5,000 minimum. Applications are subject to credit approval. Rates are subject to change without notice. Some conditions and fees may apply. Applications must be received by 11/30/2025 This rate expires 90 days from credit application submittal date, and will be adjusted thereafter to then current rates. Interest will accrue during any deferred payment period and will be amortized over the remaining balance and term. One-time origination fee of \$199.00 applies to each transaction. Payments do not include tax.

| Legal Rusiness Name | Cor | p Proprietorship | LLC | P.C. | Partnership O | ther |
|---|---|--|--|--|--|---|
| | | | | | | |
| | | Number Transaction A | | | | |
| Federal Tax ID # | Years in Business | Client Email _ | | | | |
| Doctor Information (1) | | | | | | |
| Doctor's Name (1) | Social Security #(1) | | | | | |
| Doctor's Home Address | | | | | | |
| | | | 1) | | % Ownership (1) | |
| | Cell Phone (1)ional Personal Guarantors/Owners, please provide th | | <u> </u> | | | — |
| Doctor Information (2) **If addit Doctor's Name (2) | ional Personal Guarantors/Owners, please provide th | at information. | | | | |
| Doctor Information (2) **If addit Doctor's Name (2) Doctor's Home Address | ional Personal Guarantors/Owners, please provide th | at information. | _ Social Se | ecurity #(2 | 2) | |
| Doctor Information (2) **If addit Doctor's Name (2) Doctor's Home Address Dental License # (2) The undersigned consents to and authorizes U.S. Bank N of an application of credit, credit monitoring or collectior creditors, bureaus and persons who have or expect to ha complete and correct. The person signing below on beha our agents to obtain credit reports on them. IMPORTAN record identifying information on new customers. The pe a telephone number for a cellular phone or other wireles measage calls, text messages, and calls made by an auton and permits such calls for non-marketing purposes. Calls | ional Personal Guarantors/Owners, please provide th | Date of Birth (d parties to obtain and use credit report ind financial institutions the right to relea ind to share collection information with /o agree to the forgoing, and also has the ing of terrorism and money laundering ac ing this Application. We may also ask for to you are expressly consenting to receivin that number. This express consent applie b U.S. Bank Privacy page at: https://www. | Social Sec. 2) so on me from timese information to Applicant's other authority to act futivities, Federal la copies of driver's ng communication is to each such te | e to time as may us, potential as productions and the for Applicant's pra aw requires all fi licenses or other ns, including but | 2) % Ownership (2) vbe needed in connection with the exigins and agents, as well as Applicant' information in this Application is true rincipals and co-owners in instructing nancial institutions to obtain, verify are identifying documents. By providing not limited to prerecorded or artificial withat you provide to us now or in the | aluation s other c, us and nd us with I voice future |

Grow & expand your practice today!

Apply to U.S. Bank Equipment Finance via fax 1.800.334.2510 or call 612.600.5795 or download the form online at burkhart-go.info/Equipment_Financing

Thank you for your business credit application. We will review it carefully and get back to you promptly. If your application for business credit is denied, you have the right to a written statement of the specific reasons for denial. To obtain that statement, please contact U.S. Bank Equipment Finance (1310 Madrid Street, Marshall, MN 56258; 800-328-5371, Ext. 1513706) 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 applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all 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 the Bureau of Consumer Financial Protection, 1700 G Street NW, Washington, DC 20552.