

MEDRESOURCE, INC

Date: _____

Legal Business Name: _____ Fed. ID#: _____

Address: _____ City _____ State _____ Zip _____

County: _____ Phone (____) _____ Fax: (____) _____

PLEASE CHECK ONE:

Corporation L.L.C. Partnership Proprietorship Years in Business: _____

Type of Business: _____ Current Yrs Revenue: \$ _____ Net Income: \$ _____
(Thru _____ mos)

Last Year's Revenue: \$ _____ Net Income: \$ _____ # of Employees: _____

Principals:

1) Guarantor: _____ Title: _____ Social Security #: _____

Home Address: _____ City: _____ ST: _____ Zip: _____

Home Phone #: (____) _____ Date Of Birth: _____ Beacon Score: _____

Personal Net Worth: \$ _____ Annual Salary: \$ _____ % of Ownership: _____

2) Guarantor: _____ Title: _____ Social Security #: _____

Home Address: _____ City _____ ST _____ Zip _____

Home Phone #: (____) _____ Date of Birth: _____ Beacon Score: _____

Personal Net Worth: \$ _____ Annual Salary: \$ _____ % of Ownership: _____

Equipment Vendor: _____ Phone: _____

Contact: _____ Address: _____

Equipment Description: _____

New Used Term (Mos.): _____ Equipment Cost \$ _____

CREDIT LINE INFORMATION

YES, I AM INTERESTED IN AN ADDITIONAL LINE OF CREDIT OF: \$25,000 \$50,000 \$100,000 \$ _____

Bank: _____ Address: _____

Contact: _____ Phone: _____ Checking Acct #: _____

If bank is less than 2 years old above, please furnish previous bank reference or last 3 mos bank statements from previous bank

Previous Bank: _____ Phone: _____ Acct #: _____

References: Secured/Equipment Financing or Leasing, Landlord or Mortgagor.

Company Name: _____ Acct # _____

Contact: _____ Phone _____

Company Name: _____ Acct # _____

Contact: _____ Phone _____

Insurance Company/Agent _____ **Phone:** _____

For the purpose of obtaining credit, I certify that the information given in this application and any attached schedules is true and correct and the preceding statements, correctly reflect our financial condition as of the date indicated below and that there has been no material change since then. I hereby authorize MedResource, Inc. and its assigns to obtain business, as well as personal information regarding my credit history via banks, all trade references, credit reporting companies and any other extenders of credit in order to determine credit worthiness and, in addition, MedResource, Inc. has permission to call, mail, fax and email the above applicant. **EACH GUARANTOR MUST SIGN BELOW**

X _____ Title: _____ Date: _____