

Financing credit application

Lessee		Vendor	
Legal business name:		Name:	McKesson Medical-Surgical
Doing business as:		Address:	9954 Mayland Drive, Suite 4000
Business address 1:		City, state, zip:	Richmond, VA 23233
Business address 2:			
City, state, zip:		Customer's primary McKesson contact	
Contact name:		Account Manager name:	
Telephone:		Account Manager phone:	
Email:		Account Manager email:	
Fed ID #:			
Equipment location (if different than above):			

Business Information			
Type of business:		Years in business:	
CLIA license? (Y/N):		Type of medical license:	

Principals/Guarantors						
Name:		DOB		Social Security #		Specialty
EST FICO		% Ownership				
Address:						
City, state, zip:						
Business background, experience or education:						
Name:		DOB		Social Security #		Specialty
EST FICO		% Ownership				
Address:						
City, state, zip:						
Business background, experience or education:						

Equipment to be leased and estimated cost		Lease structure	
In the space below please provide a general description of the products to be financed:		Desired term (mos):	Use the space below for any lease structure comments
Estimated total		Lease type:	

Terms and Conditions
 The undersigned certifies that the information requested above is true, correct and complete. Each signer of this Application certifies that he or she is authorized to execute this authorization and release regarding credit and other information on behalf of the Applicant to all Lessors and Credit Reporting Entities (defined below).
 (1) All information provided pursuant to this application will be used by banks, leasing companies and other financing entities ("Lessors") for purposes of determining whether Lessee may or may not qualify for potential financing opportunities.
 (2) Each Lessor will perform its own credit qualification analysis and Lessor may or may not decide to extend credit to Lessee.
 (3) Execution of this application in no way implies, or is intended to imply, that a decision by Lessor has been made, or that credit will be granted by any or all Lessors.
 (4) Vendor has no involvement whatsoever in any of the analysis or credit decisions to be made by any or all of the Lessors, and Vendor has no obligation to provide Lessee with an explanation as to why any or all such Lessors have declined to extend credit to Lessee.
 (5) McKesson Capital may receive compensation from lenders on average from one to five percent for the fair value of the service provided.
 (6) If for any reason, your financing does not close and McKesson is not funded by the lender within 30 days of delivery of the equipment, you are fully responsible for payment in full to McKesson.

Lessee, its owners and/or principals, and all individuals whose names appear on the application expressly:
 (1) Authorize consumer reporting agencies, banks and all other persons ("Credit Reporting Entities") to furnish credit and other information to any or all Lessors, separately or jointly with other creditors or lessors, for use in connection with, or for the purpose of, extending credit.
 (2) Authorize Lessors, Credit Reporting Entities, and joint users of such credit and other information to receive and exchange such information and to update such information as appropriate during the term of any Agreement, if any, resulting from this Application.

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, because of all or part of the applicant's income derives from any public assistance program, or because eth applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law is the Federal Trade commission, Equal Credit Opportunity, Washington, DC 20580. You have the right to a written statement of the specific reasons for any denial of credit. The lender will either contact you by phone or send you a written statement of reasons for the denial within 30 days.

Email completed application to McKessonCapital@Mckesson.com			
Signature:		Printed name:	
Date:		Date:	
Signature:		Printed name:	
Date:		Date:	