

Consumer Financing Lease Application



24 Month Programs
36 Month Programs
48 Month Programs
60 Month Programs



BROKER NAME	BROKER CODE
HEMOCARE PROVIDER SERVICES, LLC	06HVC
HEMOCARE PROVIDER SALES RECEIPT/INVOICE#	

* = denotes required fields

FAX APPLICATION
Fax: 888•330•8630

INITIAL FUNDING INFORMATION

* EQUIPMENT TYPE: _____

* Funding Amount Requested: \$ _____

Once Financing Application is Submitted All Available Programs Will Be Provided Based on Credit Score - 24/36/48/60 Months. Consumer can pick best Financing Program based on need.

Consumer Information (Equipment User)

* APPLICANT NAME _____
* SS # _____ DATE OF BIRTH _____
* HOME PHONE _____ WORK PHONE _____
EMPLOYER _____
TITLE _____
EMAIL ADDRESS _____

* STREET ADDRESS _____
* CITY _____ * STATE _____ * ZIP _____
OWNS RESIDENCE: YES NO
YEARS AT RESIDENCE: _____
PERCENT OWNER: _____% **100% Unless Co-Signer**

Consumer Co-Signer (if applicable)

* APPLICANT NAME _____
* SS # _____ DATE OF BIRTH _____
* HOME PHONE _____ WORK PHONE _____
EMPLOYER _____
TITLE _____
EMAIL ADDRESS _____

* STREET ADDRESS _____
* CITY _____ * STATE _____ * ZIP _____
OWNS RESIDENCE: YES NO
YEARS AT RESIDENCE: _____
PERCENT OWNER: _____%

DEALER INFORMATION (Equipment Provider)

* HEMOCARE PROVIDER: _____

* SALESPERSON: _____

The undersigned applies for the Lease indicated in this application. Everything stated in this application is correct. TimePayment Corp. may retain the application whether or not the Lease is approved. TimePayment Corp. and it's authorized Affiliates are authorized to check my credit for the purposes of determining my credit worthiness at the time of my application or thereafter in connection with the same transaction or extension of credit and for the further purpose of reviewing the account, taking collection activity on the account, and skip tracing. TimePayment Corp. and it's Authorized Broker are authorized to provide history information to others about my credit standing and your credit experience with me, including but not limited to credit bureaus, other companies, outside collection agencies and outside attorneys.

*APPLICANT (Consumer)
Authorized Signature _____
Print Name _____ Date _____
(Applicant Name)

APPLICANT (Co-Signer)
Authorized Signature _____
Print Name _____ Date _____
(Applicant Name)

TimePayment