



Two-Minute Credit Application

FAX APPLICATION TO:
800-526-0259

Brian Cody

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Vendor:

Laser Therapeutic Technology, Inc.

Sales Person:

Thomas Sanford

Name

Specialty

Social Security Number

Business Name

Business Street Address

City/State/Zip

Business Telephone

Business Fax

E-Mail Address

Home Street Address

City/State/Zip

Please check one:

Rent Own

Home Telephone Number

Years In Practice

License Number

Amount Needed For Financing

Bank Name & Address

Bank Phone Number

Bank Contact Name

Bank Account Number

Release: This will be HPSC's authority and my request for HPSC to obtain any information requested concerning personal or company credit standing

Date Submitted:

Applicant's Signature

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