

# FINANCING MADE EASY!

Circle the payment that fits your budget:

**WOMEN OWNED**

**Insert Amount**

Contact Info

Name:

Vendor:

Equipment:

Early Commencement Required

**No Payment for 30 Days**

48 Months	
60 Months	
72 Months	
84 Months	

**No Payment for 180 Days**

48 Months	
60 Months	
72 Months	
78 Months	

**Step Program**  
(6 Mo Delay, then \$99 for 6 Mo)

36 Months	
48 Months	
60 Months	
72 Months	

**NO PENALTY FOR EARLY PAYOFF! ALL FUTURE FINANCE CHARGES WAIVED AFTER 12 PAYMENTS!**

For questions about payment options please email

[financing@regenmedicalfinance.com](mailto:financing@regenmedicalfinance.com). Final rates and payment confirmed on approval. \$149 closing fee due on first invoice. Applicable sales tax & shipping may be added.

1. Insert the amount & indicate your payment selection 2. Sign and complete the application below 3. Email to [financing@regenmedicalfinance.com](mailto:financing@regenmedicalfinance.com). Once approved, we email your documents for signing and fund in 24 hours.

## Practice Information

Legal Business Name:	Business Type:
Address:	Tax ID: Yrs in Business:
City, State, Zip:	Contact Name/Title:
Phone:	Email:

## Principal/Owner Information

Principal Name (1) / Title:	Social Security #:	Date of Birth:
Home Address:	Cell Phone:	% of Ownership:
Principal Name (2) / Title:	Social Security #:	Date of Birth:
Home Address:	Cell Phone:	% of Ownership:

By signing this Credit Application, you authorize ReGen Medical Finance and Beneficial Equipment Finance Corporation, and/or its assigns, to contact all bank and trade references, run credit and business reports and you authorize all references to release credit card information with respect to this Credit Application and from time to time in connection with the following up on any matters relating to this proposed Lease transaction. If your application for credit is denied, you have a right to a written statement of the specific reasons for denial. To obtain a statement, please contact the Beneficial Equipment Finance Credit department at 165 Pottstown Pike, Chester Springs, PA 19425 or call 877-880-9020 within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for 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 application 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: Bureau of Consumer Financial Protection, 1700 G Street NW., Washington DC 20006. IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT: To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_