

Quick Application

“Our flexibility and willingness to listen to your specific needs, creates a win-win partnership for the growth of your business”

Professional Solutions Financial Services is dedicated to providing simple, easy access to capital to facilitate the acquisition of equipment and software necessary in a thriving healthcare practice. We offer a one-page document, credit approvals in 15 minutes or less, and the flexibility of an entrepreneurial partner. With competitive rates, unparalleled customer service, and a commitment to integrity, we can handle all your equipment financing needs.

It's very simple...
Our success is measured by Your success!

15 Minute Turn-Around

Fax this application to (877) 776-7244, or apply via our on-line platform at www.psf.com.

PRACTICE INFORMATION:

PERSONAL INFORMATION:

LEGAL NAME:	
ADDRESS:	
CITY/STATE/ZIP:	
PHONE:	FAX:
E-MAIL:	
YRS. IN PRACTICE:	SPECIALITY:
EQUIPMENT:	COST:

NAME:	
ADDRESS:	
CITY/STATE/ZIP:	
PHONE:	
SOCIAL SECURITY #:	PROFESSIONAL LICENSE #:
DO YOU HAVE A <input type="checkbox"/> CHECKING ACCT. <input type="checkbox"/> SAVINGS ACCT.?	
DO YOU <input type="checkbox"/> OWN <input type="checkbox"/> RENT YOUR HOME?	

Applicant hereby authorizes the release of business and/or personal credit information to Professional Solutions Financial Services, its affiliates and partners, (1) from any source including credit bureau reporting agencies and applicants bank for the purpose of extending credit, (2) to any credit reporting agency. I hereby represent all information is true, correct and complete. A photo static and/or facsimile copy of this authorization shall be valid as the original. If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact: Credit Operations, Professional Solutions Financial Services, 14001 University Ave., Des Moines, IA 50325 within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement.

APPLICANTS SIGNATURE: _____ DATE: _____