Allscripts

CUSTOMER INFORMATION FOR US BANK – LEASE APPLICATION

PRACTICE NAME | PRACTICE ADDRESS

CITY | STATE | ZIP | PHONE | FEDERAL TAX I.D. #

FAX | DOCTOR'S E-MAIL | TYPE OF BUSINESS | STATE OF INCORPORATION

☐ Corporation ☐ Proprietorship ☐ Partnership

OF YEARS IN BUSINESS UNDER CURRENT OWNERSHIP | CONTACT NAME

CONTACT DIRECT PHONE | CONTACT EMAIL | ALLSCRIPTS SALES REPRESENTATIVE

US BANK LEASE INFORMATION

ARE YOU A CURRENT U.S. BANK CUSTOMER? | AMOUNT WISHING TO FINANCE | LEASE TERM

☐ Yes ☐ No | 60 month

PERSONAL DATA

OWNER'S NAME | DATE OF BIRTH | % OF OWNERSHIP | OWNER'S HOME ADDRESS

CITY | STATE | ZIP | HOME PHONE | SOCIAL SECURITY #

PERSONAL DATA

OWNER'S NAME | DATE OF BIRTH | % OF OWNERSHIP | OWNER'S HOME ADDRESS

CITY | STATE | ZIP | HOME PHONE | SOCIAL SECURITY #

PERSONAL DATA

OWNER'S NAME | DATE OF BIRTH | % OF OWNERSHIP | OWNER'S HOME ADDRESS

CITY | STATE | ZIP | HOME PHONE | SOCIAL SECURITY #

By signing below: The undersigned consents to and authorizes U.S. Bank or any other lending source, the use of his/her consumer credit report to us from time to time as may be needed in the credit and collection process and further authorizes banks, trade references, and financial institutions the right to release information to us. IMPORTANT NEW CUSTOMER INFORMATION: To help the government fight the funding of terrorism and money laundering activities, Federal law requires financial institutions to obtain, verify and record identifying information on new customers. The personal data requested above will allow us to identify each person signing this application. We may also ask for copies of driver's licenses or other identifying documents. By providing us with a telephone number for a cellular phone or other wireless device, you are expressly consenting to receiving communications at that number – including but not limited to prerecorded or artificial voice message calls, text messages, and calls made by an automatic telephone dialing system – from U.S. Bank and its affiliates and agents. This express consent applies to each such telephone number that you provide to us now or in the future and permits such calls regardless of their purpose.

Printed Name | Order Date

OWNER SIGNATURE | SIGNER'S PRINTED NAME | DATE

Please fax completed application to 800-334-2510, Attn: Chris Jepson

VAR: Partner Company Sales Rep: Partner Sales Rep Telephone #: Partner Telephone Email: Partner Email