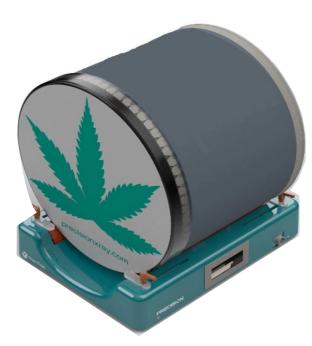


Why Finance Your SteriRad?

- Convenience
- Improve cash flow
- Preserve credit lines and capital
- P&L enhancement
- Lease payments may be tax deductible
- Easy qualification





Administered by: Blue Star Commercial Financing 866-989-4344 info@bluestarcommercialfinancing.com

How It Works

- 3/4/5 years terms
- No early pay-off penalties
- \$1 Purchase options at EOL

What We Need

- Completed application
- 3 months bank statements (summary page only)





FINANCE APPLICATION

	A	PPLICANT	DETAILS		
Legal Name of Business a	nd DBA:	Tax ID#:	Tax ID#:		
Address:			Phone:		
City:	State:	Zip:	Fax:	Date Est:	
Owner 1 Name:			Position:	Ownership %:	
Home Phone:	ne: Cell Phone:		Email:	Email:	
Address:			SSN #:	SSN #:	
City:	State:	Zip:	Birth Da	Birth Date:	
Owner 2 Name:			Position	: Ownership %:	
Home Phone:	Phone: Cell Phone:		Email:	Email:	
Address:			SSN #:		
City:	State:	Zip:	Birth Da	Birth Date:	
TRANSACTION SUN	/MARY:				
Finance Amount: Equipment Purchase Working Capital Other					
Please describe the use of capital requests, please b	f funds and how th e as detailed as po	is financing will result ssible.	in added benefit to	o your business. For working	
Please list any available o Statement, or Real Es		lso provide further de	tails in a Facilities L	ist, Personal Financial.	
BANK INFORMATIO	N:				
Banker Name:		Banker Phone:		Banker Email:	
EQUI PMENT/VEHI CI	_E VENDOR I NI	=O:			
Equipment/Vehicle to be financed:				Price:	
Equipment/Vehicle to be financed:				Price:	
Vendor/Seller:		Contact	:	Phone:	
Address:	City:				
Website:		State:		Zip:	
Application and all financial information I/we pr	ovide is true, correct and complet	e as of the date it is being submitted to	SLIM or its designee. I/We underst	er the penalty of perjury that all information contained in the tand that Creditor is relying upon this document and upon the the information or values stated herein 1/100 authorize SU	

or its designee (and any assignee or potential assignee thereof), to verify any of the information from whatever source it deems appropriate, which authorization shall extend to obtaining and review of my/our personal credit profile from a national credit bureau in considering this Application and subsequently for the purpose of update, renewal or extension of such credit or additional credit and for reviewing or collecting the resulting account. If this Application for business credit is denied, you have the right to a written statement of the specific reasons for denial. To obtain the statement, contact SLIM within 60 days from the date you are notified of our decision. we will send you a written statement of the reasons for the denial within 30 days of receiving your request for the statement. NOTICE: The Federal Equal Opportunity Act prohibits creditors from discriminating against applicants on the basis of race, color, religion, national origin, sex, marital status, or age (provided the applicant has the capacity to enter into a binding contract); or because all or a part of the applicant's income derives from any public assistance program or because the applicant 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 the Federal Trade Commission, Equal Credit Opportunity, Washington, D.C. 20580. A Copy or Facsimile of this Agreement with Signature shall be Considered to be an Original.

Signature