Stacy's Creative Financing

20 Towne Drive, Suite #293 - Bluffton, SC 29910

MEDSUPPLIER.COM
Credit Application

Date Received	Date Submitted	Agent Name	Origination Source	Loan Amount
		Vicki Stacy	MedSupplier.com	

Principal's Name: _____

Full Legal Business Name: _____

Business Structure: (please circle the appropriate business structure)

Proprietorship	Partnership	S-Corporation	C-Corporation	L.L.C.	Other

Co-Applicants, or Guarantors Should Each Complete & Sign a Separate Application:

Home Address: _____
Street City State Zip

Home Phone #: _____ Home Fax #: _____

Business Address: _____
Street City State Zip

Business Phone #: _____ Business Fax #: _____

Cell Phone #: _____ Email Address: _____

Social Security #: _____ Company TIN/EIN #: _____

How Long In Business / Practice: (Years) _____ Have You Ever Filed Bankruptcy? Yes ☐ No ☐

Do You Have Any Tax Liens? Yes ☐ No ☐ If yes, what tax years? _____ How Much? _____

*If this application is connected to another application,
please indicate the name of the other applicant here: _____

Category	Amount Requested	Vendor Name	Phone Number
Equipment		MedSupplier.com	866-672-2878
Supplies		MedSupplier.com	866-672-2878
Other		MedSupplier.com	866-672-2878

Please sign below, which gives us permission to run a credit report.
Then fax it back to 843-815-6972

X _____ Date: _____
Signature