



3 Year Trial Program

vatech

PROPOSAL

Date: _____ Customer: _____ Vendor: _____

Address: _____

City: _____

Equipment Description: _____ State: _____ Zip: _____

FREEDOM PROGRAM

**#1 CUSTOMER
PREFERRED**

- **Get Vatech's Newest Technology Every 3 Years**
- **After 3 years (you choose)**
 - Upgrade with new Imaging Solution
 - Buy Out or Finance the existing device
 - Or simply return the device to Vatech
- **36 month Freedom Program**

Payment Includes estimated tax

We will collect 1 advance payments and \$150 documentation fee upon contract signing.

Type of Business (check one)	Corporation	S Corporation	Partnership	Proprietorship	LLC	
Legal Practice Name	_____		Yrs in Business	_____	Federal ID	_____
dba Name	_____		Business Phone	_____	Mobile #	_____
Equipment Location	_____		Email Address	_____		
City	_____		State	_____	Zip	_____
Principal Owner 1			Principal Owner 2			
Principal/Owner	_____		Principal/Owner	_____		
% Owned	_____		% Owned	_____		
Social Security #	_____		Social Security #	_____		
Address	_____		Address	_____		
Phone #	_____		Phone #	_____		
Signature	_____		Signature	_____		
	Date			Date		
	_____			_____		

This is only a quote and final payments are subject to credit and documentation approval. This quote is valid for 90 Days.

Thank you for your business credit application. We will review it carefully and get back to you promptly. If your application for business credit is denied, you have the right to a written statement of the specific reasons for that denial. To obtain that statement, please contact us within 60 days from the date that you were notified of our decision. We will send you a written statement of the reasons for that denial within 30 days of 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 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, Consumer Response Center, 600 Pennsylvania Avenue NW, Washington, DC 20580.

The undersigned individual acknowledges that the above noted Principals have been made aware of this business purpose application for credit to Assurance Capital or its designee (and any assignee or potential assignee thereof) authorizing review of his/her personal credit profile from a national credit bureau. Such authorization shall extend to obtaining bank & trade information for considering this application and subsequently for the purposes of update, renewal or extension of such credit or additional credit and for reviewing or collecting the resulting account. A copy of this authorization shall be valid as the original. I understand that by providing our company's phone, fax or email information, I consent to receive all phone, fax or email communications sent by or on behalf of Assurance Capital. By signature below, I affirm the identity of the respective individual/s identified in the above application and acknowledge they have received authorization and notices of the application.

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