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**DeVA-1® Finance Program**

APPLICANT NAME (Practice)				TELEPHONE	
ADDRESS		CITY		CONTACT PERSON/TITLE	
STATE		ZIP		FEDERAL TAX ID NUMBER	
LOCATION OF EQUIPMENT OR SAME AS ABOVE				TIME IN BUSINESS	
BILLING ADDRESS				LLC CORP PARTNERSHIP SOLE PROP (CIRCLE ONE)	
EMAIL ADDRESS				LICENSE NUMBER	
<b>OFFICERS OR OWNERS</b>					
NAME	%	TITLE	HOME ADDRESS	HOME PHONE	SOCIAL SECURITY NO.
<b>BANK REFERENCES</b>					
BANK NAME	BRANCH	CHECKING ACCOUNT NUMBER	CONTACT	PHONE	
EQUIPMENT (description): <b>DeVA-1</b>					
VENDOR: <b>OraVu</b>				EQUIPMENT COST \$ _____	
<b>APPLICANT'S SIGNATURE – ALL OWNERS</b>					
X				DATE	
X				DATE	

The undersigned individual recognizes that his or her individual credit history may be a factor in the evaluation of the applicant, hereby consents to and authorizes the above named business credit provider and any assignee, lender, or funding service that be utilized to obtain and use a consumer credit report on the undersigned, now and from time to time, as may be needed in the credit evaluation and review process and waives any right or claim that they would otherwise have under Fair Credit Reporting Act in the absence of this continuing consent.