



Progressive Therapy Systems  
 Animal Therapy Systems  
 P.O. Box 4  
 Palo Cedro, Ca 96073  
 800-544-8957



## Application

**COMPANY INFORMATION**

Attn: Scott Redfox

<b>Company Name</b>	<b>DBA</b>
<b>Company Address</b>	<b>Address of Equipment (If Different)</b>
<b>Contact Name</b>	<b>Phone</b>
<b>Date Business Started</b>	<b>Fax</b>
<b>Corp./LLC/Sole Prop./Partnership (Circle One)</b>	<b>Cell Phone</b>
<b>Tax ID # / EIN #</b>	<b>E-Mail Address</b>

**PERSONAL INFORMATION ON ALL OWNERS, OFFICER'S & PARTNERS**

<b>Name</b>	<b>Title</b>
<b>Home Address</b>	<b>SSN</b>
<b>City, State, ZIP</b>	<b>Ownership %:</b>

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<b>Home Address</b>	<b>SSN</b>
<b>City, State, ZIP</b>	<b>Ownership %:</b>

**BUSINESS CHECKING ACCOUNT**

<b>Current Business Bank</b>	<b>Account #</b>
<b>Bank Phone #</b>	<b>Bank Contact Person</b>
<b>Previous Bank (if less than 2 yrs)</b>	<b>Account #</b>
<b>Bank Phone #</b>	<b>Bank Contact Person</b>

By signing below, the undersigned individual, who is either a principal of the credit applicant or a personal guarantor of its obligations, provides written instruction to lessor 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 a credit profile in 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 Photostat or facsimile copy of this authorization shall be valid as the original. By signing below, I/we affirm my/our identity as the respective individual(s) identified in the above application. Any falsified information may lead to civil and/or criminal penalties in the state of lessor and/or loss of security deposit.

**Customer Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



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