VESTIBULAR technologies

Quick Application

"Our flexibility and willingness to listen to your specific needs, creates a win-win partnership for the growth of your business"

Vestibular Technologies has partnered with NCMIC Finance Corporation to provide simple, easy access to capital to facilitate the acquisition of equipment and software necessary in a thriving healthcare practice. With competitive rates, unparalleled customer service, and a commitment to integrity, we can handle all your equipment financing needs.

We offer an easy to understand one-page document, credit approvals in 15 minutes or less, and the flexibility of an entrepreneurial partner. With competitive rates, unparalleled customer service, and a commitment to integrity, we can handle all your equipment financing needs.

It's very simple . . .
Our success is measured by your success!

(15 minute turn-around)

Fax this application to (877) 776-7244

PRACTICE INFORMATION:

LEGAL NAME:	
SOLE PRACTITIONER ☐	PC ☐ OTHER_____ ☐
ADDRESS:	
CITY/STATE/ZIP:	
PHONE:	FAX:
E-MAIL:	
EQUIPMENT:	COST:

PERSONAL INFORMATION:

NAME:	TITLE:
ADDRESS:	
CITY/STATE/ZIP:	
PHONE:	
SOCIAL SECURITY #:	PROFESSIONAL LICENSE #
YRS. IN PRACTICE:	SPECIALITY:
DO YOU ☐ OWN ☐ RENT YOUR HOME?	

Applicant hereby authorizes the release of business and/or personal credit to NCMIC Finance Corporation, its affiliates and partners, (1) from any source including credit bureau reporting agencies and applicant's bank for the purpose of extending credit, (2) to any credit reporting agency. I hereby represent all information is true, correct and complete. A photostatic and/or facsimile copy of this authorization shall be valid as the original. If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact: Credit Operations, NCMIC Finance Corporation, 14001 University Avenue, Clive, IA 50325 within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement.

APPLICANT'S SIGNATURE: _____ **DATE:** _____

NCMIC Finance Corporation
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pcartwright@ncmic.com
Attn: Pete Cartwright

NFC

NCMIC Finance Corporation