

# PSC Group Two-Minute Credit Application



Please fill out the form below and fax it to 407-982-7053 or email to [info@psc-sales.com](mailto:info@psc-sales.com)

Name: \_\_\_\_\_

Specialty: \_\_\_\_\_ SSN: \_\_\_\_\_

Home Address (City, State & Zip): \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone & Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

Years in Practice: \_\_\_\_\_ License Number: \_\_\_\_\_

Amount to be financed: \_\_\_\_\_

U.S. Citizen? Yes \_\_\_\_\_ No \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_