

MediCapital

Leasing and Financing

FINANCING PROFESSIONALS

**OUR
PROMISE**

*The best offers
in the market*

UNIQUE IN CANADA!

*Do you have
a financial project?*

MediCapital helps you to:

- start a practice,
- acquire a practice or an existing customer base,
- buy the equipment you need,
- expand or upgrade your practice.



**ONLY \$959/MONTH FOR \$50 000
ON A 5 YEAR FIXED TERM!**

THE BENEFITS OF LEASING

- **100% deductible monthly payments**
- **Quick and easy procedure**
- **Fixed rate financing**
- **Lower taxes**

- **Reduce financial constraints**
- **No additional fees**
- **No additional collateral requested**
- **100% financing**

Send us your credit application now →



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MONTREAL - TORONTO - CALGARY - VANCOUVER

ESTIMATED CREDIT REQUIREMENTS

Vendor name _____ Term requested _____
Equipment (\$) _____ Computers (\$) _____ Furniture (\$) _____ Cabinetry (\$) _____
Leaseholds (\$) _____ Other (\$) _____ TOTAL (\$) _____

BUSINESS INFORMATION

Legal business name _____ Practitioner's name _____
Professional address _____
City _____ Province _____ PC _____ Phone _____
Profession _____ Banking Institution _____ Email _____
 Own premises Remaining premises Gross monthly Monthly Year end
 Rent premises lease term billings expenses Date

PERSONAL INFORMATION

Date of birth _____ SIN# _____ Grad year and degree granting university _____ Years in Private practice _____
Home address _____ City _____ Province _____ PC _____
 Own Rent Years at home address _____ Market value _____
Banking Institution _____ Mortgage balance _____ Monthly payment _____
Have you ever declared bankruptcy or had a judgment rendered against you? Are you party to any lawsuits or claims? Do you have any tax arrears (income, GST, PST, property, business)?
 Yes No Yes No Yes No

- The undersigned certifies this above information to be true and correct.
- Note: Providing a SIN# is optional. Please note that it may assist in running a credit check.

Additional comments as applicable: _____

Consent respecting personal information:

By signing this Application, each of you, being the parties signing (including all lessees and all guarantors) authorize and entitle MediCapital Inc. and its assignee, lender, funding source, agent or nominee (collectively "us or "we") to collect, use, hold and disclose the personal information provided by, or that we collect about, you in connection with your application and the administration of your lease (" your Personal Information") to assess your ability to obtain and continue to be eligible for your lease and to evaluate your current and continuing ability to meet your financial obligations. This use includes disclosing and exchanging your Personal Information on an on-going basis with credit bureaus, credit reporting agencies and financial institutions or their agents, or to service providers for the purposes described above, to help prevent and protect you and us from fraud and to protect the integrity of the credit-granting system. This use, disclosure and exchange of your Personal Information will continue as long as your lease(s) is (are) outstanding.

SIGNATURE : _____ Date (DDMMYYYY) : _____