

2012 Hinman Dental Meeting Benco Finance Special



**Don't miss out on
2012 expanded
Tax Code 179 benefits!**

- Equipment Cost** \$ _____
- 10 months at 0%** \$ _____ **Payment**
• No advance payments (multiply equipment cost x.10000)
- 24 months at 1.99%** \$ _____ **Payment**
• No advance payments (multiply equipment cost x.04253)
- 36 months at 2.99%** \$ _____ **Payment**
• No advance payments (multiply equipment cost x.02907)
- 48 months at 3.99%** \$ _____ **Payment**
• No advance payments (multiply equipment cost x.02257)
- 60 months at 3.99%** \$ _____ **Payment**
• 3 month deferral (multiply equipment cost x.01853)
• 60 equal monthly payments
- 72 months at 3.99%** \$ _____ **Payment**
• 3 month deferral (multiply equipment cost x.01574)
• 72 equal monthly payments
- 84 months at 3.99%*** \$ _____ **Payment**
• 3 month deferral (multiply equipment cost x.01419)
• 81 equal monthly payments

*Available on finance amounts exceeding \$100,000.

SPECIAL FINANCING is available on all equipment ordered from Benco by March 30, 2012 and requires a \$5,000 minimum finance amount. Please contact your Benco representative for additional equipment qualifying for this offer. One time, \$129 origination fee applies to each transaction. \$35 UCC filing fee will be added on transactions which exceed \$25,000. Special finance rates are valid for all deals funded within 90 days of approval. Rates on deals funded after this date may be adjusted slightly. The finance agreement will be written under the legal business name of the dentist and requires his/her personal guarantee. Other finance options/terms available. Subject to credit approval. Other conditions and fees may apply.

APPLY TODAY

Legal Business Name		Corp. <input type="checkbox"/>	L.L.C. <input type="checkbox"/>	Partnership <input type="checkbox"/>	P.C. <input type="checkbox"/>	Proprietorship <input type="checkbox"/>	Other <input type="checkbox"/>
Address		City		State		Zip	
Business Phone #		Email Address					
Federal Tax ID #	Years in Business	Benco Contact					
Doctor's Name(1)			Social Security #(1)				
Doctor's Home Address(1)			Dental License #(1)				
Home Phone #(1)	Cell Phone #(1)	Date of Birth(1)			% Ownership(1)		
Doctor's Name(2)		Social Security #(2)					
Doctor's Home Address(2)		Dental License #(2)					
Home Phone #(2)	Cell Phone #(2)	Date of Birth(2)			% Ownership(2)		

The undersigned consents to and authorizes the use of his/her consumer credit report by Clarion Financial or a third party from time to time as may be needed in the credit and collection process and further authorizes banks, trade references and financial institutions the right to release information to Clarion Financial. IMPORTANT CUSTOMER INFORMATION: To help the government fight the funding of terrorism and money laundering activities, Federal law requires financial institutions to obtain, verify and record identifying information on new customers. The personal data requested above will allow us to identify each person signing this application. We may also ask for copies of driver's licenses or other identifying documents. By providing us with a telephone number for a cellular phone or other wireless device, you are expressly consenting to receiving communications at that number - including but not limited to prerecorded or artificial voice message calls, text messages, and calls made by an automatic telephone dialing system - from Clarion Financial and its affiliates and agents. This express consent applies to each such telephone number that you provide to us now or in the future and permits such calls regardless of their purpose.

Signature _____ Date _____

*If additional Personal Guarantors/Owners, please provide that information.

Please fax the completed form above to Todd Bowe at Clarion Financial at 877-252-7329 or call 800-228-2924 for more information.

