



Aesthetic Medical Lasers, LLC
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Submitted By:
Sales Submission Date & Time:

EXPRESS APPLICATION

Lessee Name		Phone		Fax	
Lessee Address			City		State
					Zip Code
Description of Business			Age of Business		Occupation
Principal's Name		Home Phone			Email Address
Principal's Home Address				State	Zip Code
Principal's Social Security #		Years in Practice	Are You Licensed? Yes <input type="checkbox"/> No <input type="checkbox"/>		Year
					State Licensed
By signing below, the principal authorizes the leasing company to obtain personal credit information.					
Signature: _____			Date: _____		
Equipment Location					
Equipment Description			Equipment Cost		
Payment/mo \$	Term	Purchase Option	Other		
Vendor/Supplier/Manufacturer		Sales Rep Name		Sales Rep Phone Number	

UPON COMPLETION, PLEASE FAX TO: 303-972-0101