



Customer:		Equip	ment Cost:						
Vendor:				Check One Payment Option:					
Salesperson:	\$0 Down, \$0 Purchase Option								
Email:				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
Phone:			36 Months	60 Months	72 N	l onths			
Fax:				\$0 Down, 6 months deferred					
F				\$0 Down, 6 month	is deterred	l			
Equipment Description:									
			36 Months	60 Months	72 N	/lonths			
	l		Ma	arch 2021- Rates sub	iect to Char	nge			
■ 84 Months Available (Su	ıbiect to Credit Review)				,	.3-			
	Qualify for No Personal G	uarar	ntees						
■ \$99 contact payments fo									
No Prepayment Penalty	in Many Cases (Dependir	ng on	Credit Appro	val)					
	riew - Applicable Tax to be added -	Pricin	g Excludes Start-L	Ip Chiropractors - Rates	based on C	redit (+/-)			
Legal Business Name (check one)						Years in Business			
Address (Street, City, State, Zip)						Federal Tax ID#			
Dustiness Funcil						ontact			
Business Email Business Phone Business Phone				Busiliess Co	Business Contact				
Equipment Location (If Different)									
Owner 1 Full Name (check one) DVM Corp. C						corp. Only - TITLE			
Home Address (Street, City, State, Zip)									
Social Security # Email			C		Cell Phone	Cell Phone			
Owner 2 Full Name (check one)	DVM								
	DVIVI								
Home Address (Street, City, State, Zip)									
Trome Address (Greet, Grey, Grate, 219)									
Social Security #	Email				Cell Phone	ell Phone			
,									
I hereby authorize FINANCIALCORP, its affiliates, assignees or any lending source to whom this application is submitted to review or obtain my business and/or personal credit information from any source including credit bureau reporting agencies and my bank for the purpose of extending credit. Additionally, I hereby authorize FINANCIALCORP, its affiliates, assignees or any lending source to whom this application is submitted to request, obtain and review bank, financial or other information from past, present, or potential creditors. I hereby represent all information is true, correct and complete. A photo static and/or facsimile copy of this authorization shall be valid as the original.									
Signature			Date						

Questions? 800-770-8550 Fax: 952-854-4447 Email to: Consultant@FinancialcorpLeasing.com

Kevin Zylstra Ext.102 KevinZ@FinacialcorpLeasing.com





Write-Off Equipment Purchases in 2022! IRS Section 179 up to \$1,000,000

Business Equipment

Business owners who acquire Imaging equipment for their business usually prefer to deduct the whole cost in a single tax year, rather than a little bit at a time over several years. This deduction is known by its section in the ta code, as a Section 179 deduction.

Under Section 179, businesses may write-off 100% of their equipment purchases this year! (companies cannot write off more than their taxable income-net profit)

Must purchase the equipment before the end of the year
It doesn't matter how businesses pay for this equipment; whether paying cash, loan, a Capital Lease (with a \$1.00 Buyout) or an Equipment Finance Agreement (EFA), however the tax savings could be significant. In addition, business may depreciate any excess (over \$1,000,000) on their depreciation schedule for the equipment purchased this year.

Example: Equipment Cost Tax Savings Assuming Rate of 30%:

Net Cost after Tax Savings:

(\$100,000 - \$30,000 = \$70,000)

(\$100,000 x .30 = \$30,000)

note:

For complete details, or changes to the tax incentives, please visit www.section179.org or contact the IRS helpline at: 800-829-4933

act now!

To take advantage of the incentives and the substantial tax savings, your business equipment should be installed by year-end. Please contact your tax advisor to learn about specific impact to your business.

Interested in learning more?

Return on Investment								
Equipment:	Equipment Cost:							
Standard Payment Options								
	36 payments:							
	60	payments:						
	72							
Procedure	е Туре	Procedures Per Month	Billing Per Procedure	Total Billings				

Potential Monthly Revenue:

60 Months 36 Months 72 Months

Net Cashflow per Month Net Cashflow per Year **Net Cashflow Over Loan Term**

