



Panoramic Corporation

4321 goshen road, fort wayne, in 46818
800.654.2027 260.489.2291 fax 260.489.5683
www.pancorp.com

Credit Application

(Please do not leave any questions unanswered.)

Branch: Panoramic

Name Social Security No.

Residence Address

Residence Phone No. () City State Zip Date of Birth

Driver's License Number Issue Date Expiration Date

Full Legal Practice Name

Machine Location Address

Practice Phone No.() Practice Fax No. () City State Zip County

Practice Billing Address (If Different):

Profession Specialty License No.

Number of years in practice at this location Number of years in practice at a previous location

Own present premise? Yes No

Annual Gross Revenue of Practice \$

DESCRIPTION OF EQUIPMENT TO BE PURCHASED (Only required if purchasing)

Table with 4 columns: QUANTITY, GENERAL EQUIPMENT DESCRIPTION AND MANUFACTURER, TERMS OF PURCHASE (IN MONTHS), \$ ESTIMATED COST

Reason for Equipment: Replacement Upgrade Expansion

Any legal action pending? No Yes, explain

Do you owe any taxes that are delinquent? No Yes, explain

Have you ever taken bankruptcy? No Yes, explain

The above information is for the purpose of obtaining credit and warranted to be true.

Dated Signature