



Critical Care Assessment[®]

Easy Terms, Low Rates

ZERO Down

ZERO Payments for 3 Months.

Business Information				
Business Name		Address		City/State/Zip
Corp	Partner	Sole Proprietor	Telephone	Fax # ()
Personal Information				
Guarantor		Social Security #		License #
Representative		Equipment Amount \$		Term Requested (circle one) 36 mon. 48 mon. 60 mon.
AUTHORIZATION: By submitting or signing the above information, you certify that the information provided in this credit application is accurate and complete. You authorize Highland Capital, its successors and/or assigns obtain information from the references listed and obtain a consumer credit report that will be ongoing. The individual(s) signing or submitting this application further waive any right to claim which such individual would otherwise have under Fair Credit Reporting Act in the absence of this continuing consent.				
Signature _____			Date _____	

CCA is a fast accurate test, that may be used to identify autonomic, arterial and vascular disorders to assist you in obtaining objective and quantifiable data so that you can provide better and improved patient outcomes.

