

# Physician Finance Program

## For Aerolase Customers

Aerolase has joined forces with Marlin to offer convenient financing options for healthcare professionals. Marlin’s fast process allows you to get the products you need now, while preserving your credit lines.

- Application-only to \$250,000 for Physicians
- Start-up financing for customers licensed 2+ years
- Easy approval process
- Attractive terms available for experienced Physicians:
  - No Money Down
  - 12 at \$99, then 36-60 payments
  - 6 months at \$0, then 36-60 payments



### IRS Section 179 and Bonus Depreciation

**EXAMPLE:** Enter Cost of Equipment Below

#### Equipment Cost:

#### First Year Write-Off:

\$1,000,000 is the max. Section 179 write-off

#### 100% Bonus Depreciation:

On any remaining value above \$1,000,000

#### MACRS 1<sup>st</sup> Yr. Depreciation:

Depreciation 20% year 1 (assuming 5 year property HY convention)

#### Total 1<sup>st</sup> Yr. Depreciation:

#### Tax Savings

#### Assuming Rate of 21%:

Equipment Cost x 21%

#### 1<sup>st</sup> Yr. Net Cost

#### After Tax Savings:

Equipment Cost - Tax Savings

*\*Credit & equipment restrictions apply.*

*This program does not assume your company will qualify to take advantage of the IRS Section #179 depreciation schedule which allows rapid first year depreciation of certain assets acquired. The amount of previous depreciation your company may have used may affect your ability to utilize the elections. Please consult your tax advisor or accountant for additional information. Equipment must be purchased and placed in service by 1/1/2023.*

## FINANCE APPLICATION

May we contact lessee if additional information is needed? YES NO

Vendor: \_\_\_\_\_ Term: \_\_\_\_\_

Product Description: \_\_\_\_\_ Equip. Cost: \_\_\_\_\_

Full Legal Business Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_  
(if different from above)

Equipment Address: \_\_\_\_\_

Nature of Business: \_\_\_\_\_ Years of Ownership: \_\_\_\_\_

State of INC/Organization: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Business Type: CORP. LLC PARTNERSHIP PROPRIETORSHIP

The person(s) supplying the above information certifies to Marlin Business Bank and its affiliates that it is true and correct. The Owners/Partners/Guarantors recognize that their individual credit histories may be a factor in the evaluation of the lease applicant and, thus, authorize Marlin Business Bank and its affiliates or its designee to investigate their personal credit status. This includes obtaining and using their consumer credit reports from time in the credit evaluation and collection processes.

X \_\_\_\_\_  
Authorized Signature Date

Fax completed application to: Tami McIntyre at 888-479-1100

For financing information, please call:

Tami at 856.505.4138 or email [tmcintyre@marlincapitalsolutions.com](mailto:tmcintyre@marlincapitalsolutions.com)