

Cold Laser Technologies, Inc.

LEASE PAYMENT PROPOSAL

10% Purchase Option

	24 Mos.	36 Mos.	48 Mos.	60 Mos.
Standard	\$495.95	\$335.95	\$270.95	\$229.95
90 Day Deferred	\$528.50	\$307.50	\$294.50	\$249.50

\$1.00 Purchase Option

	24 Mos.	36 Mos.	48 Mos.	60 Mos.
Standard	\$507.95	\$358.95	\$287.95	\$244.95
90 Day Deferred	\$564.50	\$393.50	\$305.50	\$260.50

Equipment: (1) ML830 LASER

Price \$9,995.00
Tax
Other Charges
Total

Kathy Hornak

Phone: 281-854-2164
Toll Free & Fax:
866-890-9983

Payments subject to credit approval. In most cases Leases require first payment in advance.

Minimal contact payments \$25.00 for each first 3 Mos. 90 day deferred payments 1,2,3, are deferred to lease end, lease becomes number of months plus 3.

Cold Laser Technologies, Inc.

LEASE PAYMENT PROPOSAL

10% Purchase Option

	24 Mos.	36 Mos.	48 Mos.	60 Mos.
Standard	\$248.10	\$168.05	\$135.55	\$115.00

\$1.00 Purchase Option

	24 Mos.	36 Mos.	48 Mos.	60 Mos.
Standard	\$254.40	\$179.55	\$144.00	\$122.55

Equipment: (1) ML830 LASER

Price \$4995.00
Tax
Other Charges
Total

Kathy Hornak

Phone: 281-854-2164
Toll Free & Fax:
866-890-9983

Payments subject to credit approval. In most cases Leases require first and last months payment in advance.

Cold Laser Technologies, Inc.

EQUIPMENT LEASE APPLICATION

COMPANY NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ FAX _____ YEARS IN BUSINESS _____

CORPORATION PARTNERSHIP PROPRIETORSHIP LLC FED.TAX ID# _____

PRINCIPALS

NAME _____ TITLE _____ SOCIAL SECURITY# _____

HOME ADDRESS _____ CITY _____ STATE _____ ZIP _____

NAME _____ TITLE _____ SOCIAL SECURITY# _____

HOME ADDRESS _____ CITY _____ STATE _____ ZIP _____

BUSINESS BANK REFERENCES

BANK NAME _____ ACCOUNT# _____

BANK CONTACT _____ BANK PHONE _____

BANK NAME _____ ACCOUNT# _____

BANK CONTACT _____ BANK PHONE _____

TRADE REFERENCES

TRADE NAME _____ ACCT.# _____ PHONE _____

TRADE NAME _____ ACCT.# _____ PHONE _____

EQUIPMENT

DESCRIPTION ML830 Laser

AMOUNT \$ _____ TERM OF LEASE 36 to 60 months

SUPPLIER

SUPPLIER Cold Laser Technologies Inc CONTACT Kathy Hornak PHONE 281-854-2164 FAX 866-890-9983

I hereby certify (i) the information provided above is true and correct, (ii) you are hereby authorized to investigate all bank and trade references, and said references are hereby authorized to release any requested information to you or your nominee, (iii) such authorization shall extend to obtaining personal credit profile in considering this application and subsequently for the purpose of update, renewal or extension of such credit or additional credit and for reviewing or collecting the resulting account, (iv) this information may be transmitted by us to you and by you to underwriter/s for the purpose of granting to me credit, either electronically or manually, and that by submitting this application, I take full responsibility for transmission thereof, (v) I am over 18 years of age, (vi) I acknowledge my rights under the Fair Credit Opportunity Act, and (vii) this request is for business and not consumer purposes.

DATE SIGNATURE TITLE

DATE SIGNATURE TITLE