



MEDICAL WORKING CAPITAL APPLICATION

DATE	AMOUNT REQUESTED \$	MONTHS REQUESTED 60 mos. <input type="checkbox"/> 72 mos. <input type="checkbox"/>	FIRST 3 MOS. @ \$100 Yes <input type="checkbox"/> NO <input type="checkbox"/>	Business Structure
Purpose/use of funds:			Date funds needed:	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> PLLC <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> Other State of Inc. _____ Date of Inc. _____
EXACT LEGAL NAME			CONTACT NAME	
DOING BUSINESS AS: (TRADE NAME)			Best time /day to contact: TIME: DAY:	
PRIMARY LOCATION MAILING/ BUSINESS ADDRESS				
STREET: _____ CITY/ STATE/ ZIP: _____				
BUSINESS PHONE NUMBER: _____		BUSINESS FAX NUMBER: _____		
SECOND LOCATION MAILING/ BUSINESS ADDRESS				
STREET: _____ CITY/ STATE/ ZIP: _____				
BUSINESS PHONE NUMBER: _____		BUSINESS FAX NUMBER: _____		
Type of Medical Practice	Time in business (TIB)	Date License Issued	License Number	State Licensed In
PRINCIPAL / OFFICER / PARTNER		SOCIAL SECURITY #	TITLE AND %	HOME ADDRESS
US CITIZEN Yes <input type="checkbox"/> NO <input type="checkbox"/>	OWN HOME Yes <input type="checkbox"/> NO <input type="checkbox"/>	# YEARS AT CURRENT ADDRESS:		HOME TELEPHONE NUMBER
USE SECOND PAGE IF MORE THAN ONE DOCTOR IN PRACTICE				
SPOUSE-IF ACTIVE IN PRACTICE		SOCIAL SECURITY #	% PRACTICE SPOUSE OWNS	SIGNOR AT PRACTICE BANK Yes <input type="checkbox"/> NO <input type="checkbox"/>
PRACTICE SPACE OWN <input type="checkbox"/> RENT <input type="checkbox"/>	TIME IN CURRENT SPACE YEARS: MONTHS:	MONTHLY PAYMENT AMOUNT \$	PROPERTY INSURANCE COMPANY	
PRACTICE BANK ACCOUNT		ACCOUNT #	TELEPHONE #	OFFICER TO CONTACT
BANK NAME				

AUTHORIZATION TO OBTAIN CREDIT INFORMATION

Applicant warrants all credit and financial information submitted to Funding District, it's agents and/or its assignees to be true and accurate and hereby authorizes all banking institutions, income tax reporting agencies and credit reporting agencies to release necessary information via telephone, mail, Internet or facsimile as requested for purposes of making a credit decision. The undersigned individuals specifically authorizes LPI and/or it assigns to obtain personal credit bureau reports and/or personal and business income tax transcripts for the making, extension, or renewal of this credit decision or collection of the resulting account. A fax or photocopy of this authorization shall be valid as the original.

Signature	Print Name	Date
Signature	Print Name	Date