

Medical Professional Loan Application

GENERAL BUSINESS INFORMATION

Practice Name \_\_\_\_\_ Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Property is:  Owned  Leased  
 Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_ E-mail \_\_\_\_\_  
 State License # \_\_\_\_\_  
 Insurance Broker \_\_\_\_\_ Telephone # \_\_\_\_\_  
 Investment Adviser \_\_\_\_\_ Telephone # \_\_\_\_\_  
 Medical Specialty \_\_\_\_\_ Tax I.D. # \_\_\_\_\_  
 Year Business Founded \_\_\_\_\_ Years with Current Ownership \_\_\_\_\_ Number of Employees \_\_\_\_\_  
 Type of Business  Corporation  Limited Liability Company  Partnership  Sole Proprietorship  Other \_\_\_\_\_  
 For the Fiscal Year Ending \_\_\_\_\_ Gross Sales \$ \_\_\_\_\_ A/R Total \$ \_\_\_\_\_  
 Net Income/Loss \$ \_\_\_\_\_ Collection Rate \_\_\_\_\_ %  
 Cash Balance \$ \_\_\_\_\_

If you require additional information, you may contact:  
 My Accountant \_\_\_\_\_ Telephone # \_\_\_\_\_  
 My Office Manager \_\_\_\_\_ Telephone # \_\_\_\_\_

CREDIT REQUEST

Type of Credit:  Medical Professional Line  Medical Professional Loan  
 Amount Requested \$ \_\_\_\_\_ For How Long? \_\_\_\_\_  
 Reason(s) for Request \_\_\_\_\_ Collateral Description \_\_\_\_\_

BUSINESS BANKING

Business Bank Name \_\_\_\_\_  
 Business Checking Balance \$ \_\_\_\_\_ Business Checking # \_\_\_\_\_  
 Bank Line of Credit \$ \_\_\_\_\_ Bank Loans \$ \_\_\_\_\_

BUSINESS OWNERSHIP

APPLICANT

Name \_\_\_\_\_  
 Title \_\_\_\_\_ % Owned \_\_\_\_\_  
 SS # \_\_\_\_\_ D.O.B. \_\_\_\_\_  
 Home Telephone # \_\_\_\_\_  
 Home Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Years at Address \_\_\_\_\_  Own  Rent  
 Monthly Rent or Mortgage Payment \$ \_\_\_\_\_  
 W-2 Income from Practice \$ \_\_\_\_\_  
 Total Annual Household Income\* \$ \_\_\_\_\_  
 Personal Net Worth (Excl. Business Assets) \$ \_\_\_\_\_  
 Personal Bank Name \_\_\_\_\_  
 Checking Bal. \$ \_\_\_\_\_ Savings Bal. \$ \_\_\_\_\_

CO-APPLICANT

Name \_\_\_\_\_  
 Title \_\_\_\_\_ % Owned \_\_\_\_\_  
 SS # \_\_\_\_\_ D.O.B. \_\_\_\_\_  
 Home Telephone # \_\_\_\_\_  
 Home Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Years at Address \_\_\_\_\_  Own  Rent  
 Monthly Rent or Mortgage Payment \$ \_\_\_\_\_  
 W-2 Income from Practice \$ \_\_\_\_\_  
 Total Annual Household Income\* \$ \_\_\_\_\_  
 Personal Net Worth (Excl. Business Assets) \$ \_\_\_\_\_  
 Personal Bank Name \_\_\_\_\_  
 Checking Bal. \$ \_\_\_\_\_ Savings Bal. \$ \_\_\_\_\_

\*Income from alimony, child support or separate maintenance need not be revealed if you do not wish to have it considered as a basis for credit approval.

I/We authorize and instruct any person or consumer/business reporting agency to compile and furnish to Two River Community Bank any information it may have or obtain in response to such credit inquiries and agree that same shall remain the property of Two River Community Bank, whether or not the credit is extended.

I/We authorize Two River Community Bank to solicit any information it deems necessary and relevant to my/our credit request.

I/We represent to the Bank that all information set forth in this application is a true representation of facts made for the purpose of obtaining the credit requested. I/We understand that any willful misrepresentation on this application could result in the denial or termination of the requested credit, or possibility of criminal action.

The Bank may request a consumer report(s) in connection with this application and subsequent consumer report(s) in connection with updating, renewing or extending of the existing credit or future extensions thereof. I/We understand and agree that all proceeds of this line or loan must be and will be used for business purposes only. Upon my/our written request, the Bank will provide the name and address of the consumer reporting agency furnishing reports to the Bank, if any.

If this is an application for joint credit, applicant and co-applicant **each** agree that we intend to apply for joint credit (sign below).

APPLICANT SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

CO-APPLICANT SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_