



THE PRIVATE
BANKING DIVISION
FOR MEDICAL
PROFESSIONALS

1250 Highway 35 South
Middletown, NJ 07748
732.706.5013

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 _____