

# General Finance Application

\*Only page 1 is required on most Working Capital request

Corporate Office: 14742 Newport Avenue #209 Tustin, CA 92780  
New York Office: 45 Oriole Way Dix Hills, NY 11746  
P: 888-277-6633 F: 888-577-6633  
[www.promed-financial.com](http://www.promed-financial.com)



## Personal Information

Name \_\_\_\_\_

Social # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Email \_\_\_\_\_

Own Residence Yes No US Citizen Yes No

Marital Status Single Married Divorced Widowed

Can Spouse co-sign? Yes No \*if yes, please provide:

Spouse's name \_\_\_\_\_

Spouse Social # \_\_\_\_\_

## Current Practice Information

(if you own a practice complete this section)

Practice Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Website \_\_\_\_\_ %Owned \_\_\_\_\_

Practice Rent Own Square Foot: \_\_\_\_\_

Monthly Payment \_\_\_\_\_ #Ops/Exams \_\_\_\_\_

Ownership LLC Corp Partner PLLC

Date Started \_\_\_\_\_ Date Inc \_\_\_\_\_

Is your Spouse part owner? Yes No %Owned \_\_\_\_\_

## Purchasing Practice

(if purchasing a practice complete this section)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Square Foot \_\_\_\_\_

Practice Rent Own #Ops/Exams \_\_\_\_\_

Applicant warrants all credit and financial information submitted to ProMed Financial Inc. and/or its assignees to be true and accurate and hereby authorizes all banking institutions and credit reporting agencies to release necessary information via telephone, email, internet or facsimile required for purpose of making a credit decision. The undersigned individual(s) specifically authorizes ProMed and/or its assigns to obtain personal credit bureau reports for the making, extension, or renewal of this credit decision or collections of the resulting account.

Applicant's Signature \_\_\_\_\_

(please do not sign with Adobe Reader)

Co Applicant/Spouse Signature \_\_\_\_\_

(please do not sign with Adobe Reader)

## Loan Type

## Amount(s)

Acquisition \_\_\_\_\_

Equipment \_\_\_\_\_

Real Estate \_\_\_\_\_

Consolidation \_\_\_\_\_

Construction \_\_\_\_\_

Start Up \_\_\_\_\_

Working Capital \_\_\_\_\_

**Total** \_\_\_\_\_

## Education

Specialty \_\_\_\_\_ License # \_\_\_\_\_

Date Issued \_\_\_\_\_ State Licensed \_\_\_\_\_

Association Membership(s) \_\_\_\_\_

## Other Information

Any Existing liens on practice/equipt. leases? Yes No

Are you currently liable for delinquent taxes? Yes No

Have you ever filed for bankruptcy? Yes No

Are you an endorser/guarantor for others? Yes No

If there are any additional Practice(s) you own or have ownership in please provide Practice Name below.

Is Applicant involved in any litigation? Yes No

If yes, explain on an attached page.

**PERSONAL FINANCIAL STATEMENT**

As of \_\_\_\_\_

Complete this form for: (1) each proprietor, or (2) each limited partner who owns 20% or more interest and each general partner, or (3) each stockholder owning 20% or more of voting stock, or (4) any Person or entity providing a guaranty on the loan.

Name \_\_\_\_\_ Business Phone \_\_\_\_\_  
 Residence Address \_\_\_\_\_ Residence Phone \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Business Name of Applicant/Borrower \_\_\_\_\_

<b>ASSETS</b> (Omit Cents)	<b>LIABILITIES</b> (Omit Cents)
Cash on hands & in Banks \$ _____	Accounts Payable \$ _____
Savings Accounts \$ _____	Notes Payable to Banks and Others \$ _____
IRA or Other Retirement Account \$ _____	(Describe in Section 2)
Accounts & Notes Receivable \$ _____	Installment Account (Auto) \$ _____
Life Insurance-Cash Surrender Value Only \$ _____	Mo. _____
(Complete Section 8)	Payments \$ _____
Stocks and Bonds \$ _____	Installment Account (Other) \$ _____
(Describe in Section 3)	Mo. _____
Real Estate \$ _____	Payments \$ _____
(Describe in Section 4)	Loan on Life Insurance \$ _____
Automobile-Present Value \$ _____	Mortgages on Real Estate _____
Other Personal Property \$ _____	(Describe in Section 4)
(Describe in Section 5)	Unpaid Taxes \$ _____
Other Assets \$ _____	(Describe in Section 6)
(Describe in Section 5)	Other Liabilities \$ _____
	(Describe in Section 7)
<b>Total Assets</b> \$ _____	<b>Total Liabilities</b> \$ _____
	<b>Net Worth</b> \$ _____

<b>Section 1. Source of Income</b>	<b>Contingent Liabilities</b>
Salary \$ _____	As Endorser or Co-Maker \$ _____
Net Investment Income \$ _____	Legal Claims & Judgments \$ _____
Real Estate Income \$ _____	Provision for Federal Incom \$ _____
Other Income (Describe below)* \$ _____	Other Special Debt \$ _____

**Description of Other Income in Section 1.**      \*Alimony or child support payments need not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income.

**Section 2. Notes Payable to Bank and Others** (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

Name and Address of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	How Secured or Endorsed Type of Collateral

**Section 3.**

(Use attachments if necessary. Each attachment must be identified as a part of this statement and signed)

Number of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value

**Section 4. Real Estate Owned**

(List each parcel separately. Use attachment if necessary. Each attachment must be identified as a part of this statement and signed.)

Type of Property	Property A	Property B	Property C
Address			
Date Purchased			
Original Cost			
Present Market Value			
Name & Address of Mortgage Holder			
Mortgage Account Number			
Mortgage Balance			
Amount of Payment per Month/Year			
Status of Mortgage			

**Section 5. Other Personal Property and Other Assets**

(Describe, and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment and if delinquent, describe delinquency)

**Section 6. Unpaid Taxes.**

(Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches.)

**Section 7. Other Liabilities.**

(Describe in detail.)

**Section 8. Life Insurance Held.**

(Give face amount and cash surrender value of policies - name of insurance company and beneficiaries)

I authorize Lender to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of either obtaining a loan or guaranteeing a loan. I understand FALSE statements may result in forfeiture of benefits and possible prosecution by the U.S. Attorney General (Reference 18 U.S.C. 1001).

Signature: \_\_\_\_\_  
please do not use Adobe Reader to sign

Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Signature: \_\_\_\_\_  
please do not use Adobe Reader to sign

Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

# Business Debt Schedule

\* Applies to Purchasing, Secondary Locations and/or Debt Refinances

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Borrower \_\_\_\_\_

BUSINESS DEBTS TO BE PAID							
Payable to Whom	Purpose	Original Date	Original Amount	Current Balance	Payment	Term	Int. Rate
Totals							

ALL OTHER BUSINESS DEBTS							
Payable to Whom	Purpose	Original Date	Original Amount	Current Balance	Payment	Term	Int. Rate
Totals							

DATE \_\_\_\_\_