445 State Road 13 N
Suite 308-26
Jacksonville, FL 32259
Tel: 904-551-6090
Fax: 904-513-9229

CREDIT APPLICATION

DATE	AMOUNT REQUESTED	TERM REQUESTED CIRCLE	EMAIL ADDRESS	Business Structure
	$	60 Mos. 72 Mos. 84 Mos.		☐ Sole Proprietorship ☐ Partnership ☐ PLLC ☐ LLC ☐ Corporation ☐ Other
PURPOSE/USE OF FUNDS:			DATE FUNDS NEEDED	
EXACT LEGAL NAME			CONTACT NAME:	
			CONTACT-BEST TIME/DAY TIME: DAY:	State of Inc. ____ Date of Inc. ____
DOING BUSINESS AS: (TRADE NAME)			CELL PHONE #:	

PRIMARY BUSINESS ADDRESS

STREET: CITY/STATE/ZIP:

BUSINESS PHONE NUMBER: BUSINESS FAX NUMBER:

Please copy this Application and complete appropriate sections if there is more than one doctor in the practice or if there is more than one location.

TYPE OF MEDICAL PRACTICE	TIME OWNING THIS PRACTICE (TIB)	DATE LICENSE ISSUED	LICENSE NUMBER	STATE LICENSED

PRINCIPAL / OFFICER / PARTNER	SOCIAL SECURITY #	TITLE / % OWNED	HOME ADDRESS

US CITIZEN	OWN HOME	# YEARS AT CURRENT ADDRESS:	HOME TELEPHONE NUMBER
Yes ☐ NO ☐	Yes ☐ NO ☐		

SPOUSE-IF ACTIVE IN PRACTICE	SOCIAL SECURITY#	% PRACTICE SPOUSE OWNS	SIGNOR AT PRACTICE BANK
			Yes ☐ NO ☐

PRACTICE SPACE	TIME IN OFFICE SPACE	MONTHLY PAYMENT	FEDERAL TAX ID #:
OWN ☐ RENT ☐	YEARS: MONTHS:	AMOUNT $	

PRACTICE BANK ACCOUNT	ACCOUNT #	TELEPHONE #	OFFICER TO CONTACT
BANK NAME			

AUTHORIZATION TO OBTAIN CREDIT INFORMATION

Applicant warrants all credit and financial information submitted to BRT Financial, Inc. (hereafter referred to as BRT) and/or its assignees to be true, 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 authorize BRT and/or its 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.

Applicant agrees that for a period of 30 days applicant will not apply to another Unsecured Signature Loan Program.

Signature Print Name Date

Signature Print Name Date

Loan Addendum to Credit Application

In addition to the information provided in the attached Credit Application, the following explanation is required. No application will be considered without this information.

What office equipment, medical equipment or software will these funds be used to purchase for the business during the next six months?

Owner/PG Signature: _____

Print Name: _____

Business Name: _____

Date: _____