



445 State Road 13N  
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 Jacksonville, FL 32259  
**Tel: 904-551-6090**  
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Email: [info@brtfinancial.com](mailto:info@brtfinancial.com)

## MEDICAL PRACTICE INFORMATION SHEET

### Doctor Information

Type of Entity (check One)					<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Partnership
<input type="checkbox"/> Limited Liability Partnership		<input type="checkbox"/> Professional Limited Liability Company		State of Inc/Org: _____		Yearly Gross Sales \$: _____		
ADVANCE AMOUNT REQUESTED: _____				Type of Practice: _____				
Business Legal Name				D/B/A			Tax ID (or SS# for Sole Prop)	
Business Physical Address				City, State, Zip				
Business Mailing/Billing Address (if different than physical address)				City, State, Zip				
Days of Operation (circle) Monday Tuesday Wednesday Thursday Friday Saturday Sunday				Please list office locations				
Contact Name		Title		Number of Partners or Physicians in Practice				
Business Phone		Business Fax		Email Address			Date Business Started (mm/yy)	
Business Mailing/Billing Address (if different than physical address)				Total Annual Revenues (inc all payments cash, credit card, check, insurance, etc.)				
Malpractice Insurance in Good Standing?				Any known pending or existing litigation?				
Own/Lease Office Loc.	Lease Start Date	Lease Term	Monthly Rent/Mtg		Type of building		Sq. Ft (approx)	
If owned, is your facility currently for sale?				If owned, do you intend to sell your facility within the next 12 months?				
Landlord/Mortgage Company		Contact Name		Phone Number		Fax		

### Owner/Principal/Partner No. 1

Name		Percentage Ownership		Social Security Number	
Date of Birth	Title	Home Phone #		Cell Phone #	
Residence Address				City, State, Zip	

### Owner/Principal No. 2

Name		Percentage Ownership		Social Security Number	
Date of Birth	Title	Home Phone #		Cell Phone #	
Residence Address				City, State, Zip	

### Electronic Transaction Information

Total Monthly Credit Card Sales (Visa, MC, Discover, Amex, etc)	Average Ticket Size		Average # of Transactions per Day	# of Batches Per Week
Total Monthly Check Volume	Average Check Size		Average # of Checks per Month	# of Batches Per Week
Total Monthly Insurance or Third Party Receivable Receipts	Average Claim/Transaction Size		Average Transactions per Month	# of Batches Per Week
Aging of Accounts Receivables (closest approximations) 0-30 days _____%    31-60 days _____%    61-90 days _____%    91-120days _____%    121-150 days _____%    151-180 days _____%    >180 days _____%				

Applicant, named above, attests that the information provided on this form is accurate and complete, that providing the information to BRT Financial, Inc. and/or its assignees, does not constitute an application for credit, and that submitting the information does not obligate BRT Financial, Inc. and/or its assignees to fund an advance. In addition, Applicant authorizes BRT Financial, Inc. and/or its assignees, or designee(s) to obtain an investigative report from credit bureaus or credit agencies, and also to investigate the vendor references and any other references or information given on this application or any other documents submitted by applicant for the purpose of obtaining funding.

Principal #1	Signature		Date:	% Ownership
Principal #2	Signature		Date:	% Ownership
Principal #3	Signature		Date:	% Ownership

***BRT Financial, Inc.***

***Fax Information Sheet and 4 Months Bank Statements to (904-513-9229)***