



# DOCTORFUNDS .COM

## Application

101 E. Park Blvd. Suite 600 Plano, TX 75074

972-516-3891 ~ 972-516-3892 FAX

<b>Personal Information</b>		
Legal Name:		
Address:		
City:		
St:	Zip:	Phone:
Fax:	Pager:	
SSN#:	Email:	

<i>Please indicate your particular needs:</i>	
<input type="checkbox"/> Acquisition	<input type="checkbox"/> Expansion
<input type="checkbox"/> Debt Cons.	<input type="checkbox"/> Working Capital
<input type="checkbox"/> Equipment	<input type="checkbox"/> Selling Practice
<input type="checkbox"/> Eqpt/Sale Lsbck	<input type="checkbox"/> Buying Practice

<b>Marital Status Information</b>	<i>"required"</i>
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
Name:	SSN #:

<b>Total Loan Request: \$</b>
What will the requested funds be used for?
Explain Below...

<b>Educational</b>	
Specialty:	Subspecialty:
Years Licensed:	License #:

<b>Practice Ownership Status</b>		
Practice Name:		
Address:		
City:	State:	Zip:
Phone:	Fax:	
Type: <input type="checkbox"/> LLC <input type="checkbox"/> Corp <input type="checkbox"/> Prtnr <input type="checkbox"/> PLLC <input type="checkbox"/> Sole		
Percent owned _____%		Years owned _____ yrs

*Applicant warrants all credit and financial information submitted to DoctorFunds.com, 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, mail, internet, or facsimile as requested for purposes of making a credit decision. The undersigned individuals specifically authorize DoctorFunds.com and/or its assigns to obtain personal credit bureau reports for the making, extension, or renewal of this credit decision or collection of the resulting account.*

<b>Bank Information</b>	
Business:	Account #:
Phone:	Contact:
Personal:	Account#:
Phone:	Contact:

**X**

**\*Please fax back to 972-516-3892**