



# Enterprise Commercial Financing

Your comprehensive commercial lending source

# Healthcare Loan Application

www.enterprisecommercialfinancing.com

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<b>LOAN REQUEST SUMMARY</b>			
Loan Amount Requested:	Loan Purpose:	Dated Funds Needed:	
<b>BUSINESS INFORMATION</b>			
Legal Corporate Name:	DBA (If Applicable):		
Street Address (no P.O. boxes)	City:	State:	Zip:
Business Phone #:	Business Fax #:	Federal Tax ID:	
Date Business Started:	Length of Ownership:	Website:	
Type of Entity (LLC, etc):	State of Incorporation:	Email Address:	
Type of Healthcare Business: (please be specific):			
Rent or Own Office Space:	Monthly Office Payment (Rent/Mortgage):	Landlord's or Bank's Name and Phone #:	
<b>BUSINESS FINANCIAL INFORMATION</b>			
Minimum Monthly Insurance Deposit:	Minimum Monthly Gross Deposits:	Tax Liens: ___ Yes ___ No	
Tax Lien Amount: \$	Personal Credit Scores:	Borrower #1	Borrower #2
Most Recent Year Gross Revenue?:	Avg. Monthly Bank Balance:	Average Monthly Credit Card Volume:	
<b>BORROWER/OWNER INFORMATION #1</b>			
Borrower/Owner Name:	Annual Income:	Ownership %:	
Home Address:	City:	State:	Zip:
SSN:	DOB:	Best Phone:	Email:
<b>BORROWER/OWNER INFORMATION #2</b>			
Borrower/Owner Name:	Annual Income:	Ownership %:	
Home Address:	City:	State:	Zip:
SSN:	DOB:	Best Phone:	Email:
<b>BUSINESS REFERENCES</b>			
Business Name:	Contact and/or Account #:	Phone #:	
Business Name:	Contact and/or Account #:	Phone #	
Business Name:	Contact and/or Account #:	Phone #	

Applicant authorizes Enterprise Commercial Financing, its assigns, investors, agents, banks or financial institutions to obtain an investigative or consumer report from a credit bureau or a credit agency and to investigate the references and information given on any other statement or data obtained from applicant.

Applicant: \_\_\_\_\_ Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant: \_\_\_\_\_ Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_