

# CREDIT APPLICATION

DATE	AMOUNT REQUESTED \$	MONTHS REQUESTED 60 mos. <input type="checkbox"/> 72 mos. <input type="checkbox"/>	FIRST 3 MOS. @ \$100 Yes <input type="checkbox"/> NO <input type="checkbox"/>	<b>Business Structure</b> <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> PLLC <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> Other  State of Inc. _____ Date of Inc. _____
Purpose/use of funds:			Date funds needed:	
EXACT LEGAL NAME			CONTACT NAME	
DOING BUSINESS AS: (TRADE NAME)			Best time /day to contact: TIME: DAY:	
PRIMARY LOCATION MAILING/ BUSINESS ADDRESS				
STREET:		CITY/ STATE/ ZIP:		
BUSINESS PHONE NUMBER:		BUSINESS FAX NUMBER:		
SECOND LOCATION MAILING/ BUSINESS ADDRESS				
STREET:		CITY/ STATE/ ZIP:		
BUSINESS PHONE NUMBER:		BUSINESS FAX NUMBER:		
Type of Medical Practice	Time in business (TIB)	Date License Issued	License Number	State Licensed
Describe your professional experience for the past four (4) years: (What field practiced in, where and for how long?)				
Describe your capital resources and amounts you personally invested if this practice is new or acquired within the past one (1) year.				
PRINCIPAL / OFFICER / PARTNER		SOCIAL SECURITY #	TITLE AND %	HOME ADDRESS
US CITIZEN Yes <input type="checkbox"/> NO <input type="checkbox"/>	OWN HOME Yes <input type="checkbox"/> NO <input type="checkbox"/>	# YEARS AT CURRENT ADDRESS:		HOME TELEPHONE NUMBER
<b>USE SECOND PAGE IF MORE THAN ONE DOCTOR IN PRACTICE</b>				
FULL SPOUSE NAME (REQUIRED)		SOCIAL SECURITY	% PRACTICE SPOUSE OWNED	SIGNER AT PRACTICE BANK Yes <input type="checkbox"/> NO <input type="checkbox"/>
PRACTICE SPACE OWN <input type="checkbox"/> RENT <input type="checkbox"/>	TIME IN SPACE YEARS: MONTHS:	MONTHLY PAYMENT AMOUNT \$	PROPERTY INSURANCE COMPANY	
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. (here after referred to as BRT) 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 BRT and/or it assigns to obtain personal credit bureau reports 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.

Signature	Print Name	Date
Signature	Print Name	Date