



R&D Finance, Inc.
 9730 County Lane 192
 Carthage, MO 64836
www.RDFinanceinc.com
 Phone: 417-423-8292
 Fax: 417-423-7815

MEDICAL WORKING CAPITAL CREDIT APPLICATION

DATE	AMOUNT REQUESTED \$	TERM REQUESTED CIRCLE 60 Mos. 72 Mos. 84 Mos.	EMAIL ADDRESS		Business Structure <input type="checkbox"/> Sole Proprietorship <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)			CONTACT-BEST TIME/DAY TIME: DAY: CELL PHONE #:		
PRIMARY BUSINESS ADDRESS					
STREET:			CITY/STATE/ZIP:		
BUSINESS PHONE NUMBER:			BUSINESS FAX NUMBER:		
BUSINESS WEBSITE:					
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 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		
SPOUSE-IF ACTIVE IN PRACTICE	SOCIAL SECURITY#	% PRACTICE SPOUSE OWNS	SIGNOR AT PRACTICE BANK		
			Yes <input type="checkbox"/> NO <input type="checkbox"/>		
PRACTICE SPACE OWN <input type="checkbox"/> RENT <input type="checkbox"/>	TIME IN OFFICE SPACE YEARS: MONTHS:	MONTHLY PAYMENT AMOUNT \$	FEDERAL TAX ID #:		
PRACTICE BANK ACCOUNT	ACCOUNT #	TELEPHONE #	OFFICER TO CONTACT		
BANK NAME					

AUTHORIZATION TO OBTAIN CREDIT INFORMATION

Applicant warrants all credit and financial information submitted to LPI HEALTHCARE FINANCIAL SERVICES, INC. (hereafter referred to as LPIH) and/or its assignees to be true and 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 LPIH 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.

Signature	Print Name	Date
Signature	Print Name	Date