



R&D Finance, Inc.
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www.RDFinanceinc.com
Phone: 417-423-8292, Fax: 417-423-7815

TO: **R&D Finance, Inc.**

FAX: **417-423-7815**

FROM: _____

DATE: _____

Phone number for follow-up: _____

Healthcare & Medical Working Capital Loan Program

Itemized Checklist for Submittal

Comments: The staff at R&D Finance, Inc. would like to take this opportunity to thank you for your recent inquiry regarding this exciting Medical Working Capital Loan Program. Attached you will find the information that you have requested concerning this program. As well here and described within is the information that R&D Finance, Inc. will need to process your request.

- Signed Credit Application
- Detailed Use of Funds
- Most Recent 6 Months Business Bank Statements
- Business Debt Schedule
- Most Recent 2 Years Complete Business Tax Returns
- Interim Business Profit/Loss Statement & Balance Sheet
- Most Recent 2 Years Complete Personal Tax Returns
- Personal Financial Statement

Additional Item(s) included for consideration:

- _____
- _____
- _____
- _____