



PO Box 8512, Bangor, ME 04402
1-866-626-5436
Email: info@medprofinancing.com

WHO WE ARE: We are **MedProFinancing.com** and we have many years of financial experience for medical professionals like yourself. Please visit: MedProFinancing.com to see what/how we can help your practice. We do not do just financing, but also have partnerships with payroll and merchant processing to help save your practice money.

WHAT IT COSTS: We do not charge any up front fees to find you financing.
NO FEES UP FRONT!

WHAT WE DO: We realize that being a business owner that you are busy running your business and do not have time to find the financing it needs to grow and prosper. We FIND the financing you NEED.

ANY AMOUNT - ANY REASON

HOW YOU BENEFIT: More time to focus on your business!

Frequently Asked Questions (FAQ's)

How Does It Work?

After we receive a completed application from you, we contact our network of lenders in search of financing for you

How Much Does It Cost?

We charge NO MONEY up front.

What If I Don't Like The Financing?

Financing is subject to YOUR approval. You will be informed by a written proposal from the lender and given the opportunity to accept or not accept.

What is the Percentage Rate?

We do not quote percentage rates for the interest for the financing. This is done on a case by case basis and is different for each special scenario. It is specific to your business and to the purpose of the financing desired.

How Do I Get Started?

Simply fill out the online application and click submit. This will get the process started. You can also print off the application and fax it to 1-866-626-5436 or return it by United States Mail to: MedProFinancing.com, PO Box 8512, Bangor, ME 04412

Note: Additional documents may be required to find financing



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Itemized Checklist Needed for Financing

Applicant Name: _____

Required Items:

- Signed Credit Application
- Personal Financial Statement
- Credit Check Authorization: Must be signed/dated by each borrower.
- 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
- Detailed Use of Funds
- Most Recent 6 Months Business Bank Statements

Additional Item(s) included for consideration: (Examples: Pictures, Equipment Invoices)

- _____
- _____
- _____

Note: All items may not be needed, but having all these items ready will help make the loan process much smoother and quicker.



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APPLICATION SUMMARY

Total Amount Capital Requested \$		Type Of Medical Specialty		
Purpose Of Funds				
PRACTICE INFORMATION				
Practice Name		2017 Annual Gross Sales \$		2016 Annual Gross Sales \$
Street Address		City		State Zip
Telephone Number () -		Fax Number () -		Contact Person
Legal Status <input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> OTHER _____				
Tax I.D. Number		Year Established		Year Licensed Medical License Number #
OWNER INFORMATION				
1	Name (First, MI, Last)		Title	% Of Ownership %
Street Address		Home Number () -		Other Number () -
City		State	Zip	Social Security Number - -
Email Address		2015 Annual Personal Income \$		2014 Annual Personal Income \$
2	Name (First, MI, Last)		Title	% Of Ownership %
Street Address		Home Number () -		Other Number () -
City		State	Zip	Social Security Number - -
Email Address		2015 Annual Personal Income \$		2014 Annual Personal Income \$
BANK INFORMATION				
Bank Name		Bank Location		Phone Number () -
Contact Person		Average Balance Checking \$		Average Balance Savings \$
REQUIRED SIGNATURES				
<i>For the purpose of securing financing, I authorize all bank deposit, credit, trade references and borrowing information to be released by telephone or facsimile to MedProFinancing.com and/or assigns.</i>				
Applicant Signature		Title		Date



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CREDIT CHECK AUTHORIZATION

I/We the undersigned hereby authorize MedProFinancing.com, and/or its assigns, to make any credit inquiries that may be necessary in connection with our application for a business loan. This authorization also applies to inquiries regarding employment history, bank accounts, and follow-up credit inquiries/checks that may deem necessary in the future, in connection with the servicing of our loan.

Print Name	Date
Signed	Date
Print Name	Date
Signed	Date
Print Name	Date
Signed	Date



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PERSONAL FINANCIAL STATEMENT

Section 1. Assets and Liabilities				
Applicant Name:		SS #:	Date Of Birth:	
Spouse Name:		SS #:	Date Of Birth:	
Address, City, State Zip:				
Home Phone Number:		Business Phone Number:		
Have you ever filed for Bankruptcy (with in the last 10 years)?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have any Tax Liens?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
ASSETS	Value	LIABILITIES	Balance	Monthly Pmt
Checking & Savings (Personal):	\$	Credit Cards, Charge Accounts & Lines of Credit:	\$	\$
Checking & Savings (Business):	\$	Unpaid Taxes:	\$	\$
Stocks / Bonds / IRA / 401k:	\$	Bank Loans (Personal):	\$	\$
Value Of Business (w/Equipment & Accounts receivable):	\$	Business Loans:	\$	\$
Real Estate (Primary Residence):	\$	Mortgage (Primary Residence):	\$	\$
Real Estate (Other than primary residence):	\$	Mortgage(s) (Other than primary residence):	\$	\$
Other Assets: _____	\$	Other Loans: _____	\$	\$
TOTAL ASSETS	\$	TOTAL LIABILITIES	\$	
TOTAL NET WORTH = (Total Assets (-) Total Liabilities)			\$	
<p>I authorize MedProFinancing.com and/or its assigns to make inquiries as necessary to verify the accuracy of the statements made and to determine my credit worthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). These are made for the purpose of either obtaining a loan or guaranteeing a loan. I understand FALSE statements may result in forfeiture of benefits and possible prosecution by U.S. Attorney General (Reference 18 U.S.C. 1001.)</p>				
X				
Signature				Date

MEDPROFINANCING - BUSINESS DEBT SCHEDULE

Include the following information on all installment debts, notes, contracts, and mortgages. ***Current balance must match the current balance sheet.*** Include all capital leases shown on the balance sheet (if any). *Do not include accounts receivable and accounts payable.*

Business Name _____ **As of** _____, 20__

Name of Creditor	Original Amount	Original Date	Current Balance	Interest Rate	Maturity Date	Monthly Payment	Collateral	Current or Delinquent
		Total Current Balance			Total Monthly Payment			

Signature: _____ Title: _____ Date: _____