

## Application for Financing

Business Name:

Tax ID Number:

Business Structure:

Professional Corporation

S Corp LLC

Sole Proprietorship

Other, please provide details below

### Business Profile

Practice Specialty:

Years Licensed:

Years Owning the Practice:

Revenue:

Business Assets:

Total Liability:

Office Address:

Suite:

City:

State:

Zip:

Office Phone:

Office Fax:

Email Address:

Authorized Signer:

### Principal

Applicant Name:

SS#:

Home Address:

Suite/Apt:

City:

State:

Zip:

Home Phone:

Cell Phone:

Birthdate:

### Loan Information

Total Amount Requested:

Description of Use:

Equipment Name:

Serial Number:

*\* Bank requires PO/Invoice prior to closing*



### RELEASE AUTHORIZATION

I hereby authorize our banks, consumer agencies, trade references, and financial institutions to compile and furnish any information pertaining to our credit and financial responsibilities as requested by Genesee Regional Bank, its successors or assigns, and photo static or facsimile copies of this authorization may be submitted to obtain the release of this information.

Genesee Regional Bank, its successors and assigns, is/are authorized to make any investigation of Applicant's credit either directly or through any agency employed by Genesee Regional Bank for that purpose. Applicant understands that Genesee Regional Bank will retain this application whether or not credit is granted.

I \_\_\_\_\_ (name of natural person requesting the account) hereby certify, to the best of my knowledge, that the information here is complete and correct.

Signature:

Date:

### Please return to Genesee Regional Bank

Attn: David Cushman

Fax: 585.218.4289

Email: Scan and send securely to [GRBDentalLoan@grbbank.com](mailto:GRBDentalLoan@grbbank.com)

### Questions?

Contact David Cushman at 585.249.1529.