

MEDICAL PRACTICE REFINANCING

DOCUMENTS REQUIRED:

Required	Received	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Commercial Application- Please complete all information requested
<input checked="" type="checkbox"/>	<input type="checkbox"/>	How much do you need to finance & what repayment terms are desirable?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Detailed breakdown of existing financing, including lender information, present loan balance and assets financed
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Interim Financial Information (If it has been ninety (90) days since the last financial statement or tax returns)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Corporate Financial Statement or Corporate Tax Returns, for the last 3 years
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Personal Financial Statement of Principal(s)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Personal Tax Return of Principal(s), for the last 3 years- If the practice is a Sole Proprietorship
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Copy of the Medical License for the Physician

*The required documentation may vary due to the amount and circumstances of the transactions. If you have any immediate questions please don't hesitate to call our toll free number **888-654-6819** or visit our web site at www.corpcapfund.com.*