

MEDICAL PRACTICE WORKING CAPITAL

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"/> Receivables and Payables Aging and Concentration, for Current 30, 60, 90+ days
<input checked="" type="checkbox"/>	<input type="checkbox"/> History of the Practice
<input checked="" type="checkbox"/>	<input type="checkbox"/> Most Current Business Interim Financial Statement
<input checked="" type="checkbox"/>	<input type="checkbox"/> Corporate Financial Statements or Corporate Tax Returns, for the last 3 years
<input checked="" type="checkbox"/>	<input type="checkbox"/> Personal Financial Statement(s) of Principal(s)
<input checked="" type="checkbox"/>	<input type="checkbox"/> Personal Tax Returns, 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
<input checked="" type="checkbox"/>	<input type="checkbox"/> How much do you need to finance & what repayment terms are desirable?

*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.*