

# Medical Professional Advantage Credit Application

Amount Requested: \$ \_\_\_\_\_ Purpose: \_\_\_\_\_ Primary Contact Name: \_\_\_\_\_

## Business Information (Applicant/Borrower)

Business Name: \_\_\_\_\_

Names of Partner(s) & % Share:

(1) \_\_\_\_\_ % (2) \_\_\_\_\_ %

(3) \_\_\_\_\_ % (4) \_\_\_\_\_ %

Business Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Business Tel # \_\_\_\_\_ Cell Ph. # \_\_\_\_\_ Email: \_\_\_\_\_

Borrower Type: LLC  S Corp.  C Corp.  Other:  \_\_\_\_\_

Licensing Year: \_\_\_\_\_ State: \_\_\_\_\_ Speciality: \_\_\_\_\_

Business TIN: \_\_\_\_\_ Business Est. Year: \_\_\_\_\_ Date Established: \_\_\_\_\_

## Document checklist

- Application completed & signed by all partners.
- Personal Financial statements of all partners completed & signed.
- Copies of all documents needed from all partners
- 3 Years of personal Tax returns
- Practicing license
- 3 Years of business Tax returns
- Business formation documents

## Declarations

- Yes  No Are there any obligations not listed on the financial statements for which you or your business is an endorser, guarantor, or co maker?
- Yes  No Is your business a party to any claim or lawsuit?
- Yes  No Have you or any of the principals or the business ever owned or operated a business which declared bankruptcy? Year of discharge if applicable
- Yes  No Have you or any of the principals or the business ever been a subject of disciplinary proceedings?
- Yes  No Have you or any of the principals or the business ever had a License revocation?
- Yes  No Does your business owe taxes for years prior to the current year?

If you answered 'Yes' to any of the above questions, please provide the details as an attachment to the application

## Authorization

The undersigned certify that I/We have full authorization to sign this application, affirming I/We intent to apply for credit and that all of the information contained herein is true and correct in all respects. I/We agree(s) that Indus American Bank may obtain or share credit information and background checks regarding the business, its owners, principals or guarantors, in considering this request or extending credit because of the request. I/We grant(s) permission to Indus American Bank to supply any or all of the information and financial data given by us to any potential, present or future institutional loan participant in connection with this application. I/We agree to notify you immediately in writing of any changes affecting the information herein.

## Name(s) of Applicant(s) or Guarantor(s) or Authorized Signer(s):

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_ SSN: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_ SSN: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_ SSN: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_ SSN: \_\_\_\_\_

# Disclosures

## Right to request specific reason for denial

We will give your credit request careful consideration. In the event your request is denied, you may request a written statement detailing the specific reasons for the denial. You may obtain the statement by contacting the Commercial Loan Department within 60 days from the date you were notified of our decision. We will send you a written statement within 30 days of receiving your request. The address and phone number of the Commercial Lending Department is: Indus American Bank, 1536 Oak Tree Rd., Iselin, NJ 08830, Telephone (732) 603-8200.

## ECOA Notice

The federal Equal Credit Opportunity Act prohibits creditors from discriminating against applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract), because all or part of applicant's income derives from any public assistance program, or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning the bank is: Federal Deposit Insurance Corporation, FDIC Consumer Response Center, 2345 Grand Boulevard, Suite 100, Kansas City, Missouri 64108.

## Notice of Incompleteness

The requested information must be received within 30 days from the date of Bank's request for additional information. If we do not receive all the items by then, we will be unable to give further consideration to your loan request. Please contact us if there are any questions.

## Important Information About Procedures For Opening a New Account

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. This application will be the Bank's property whether or not credit is granted and no information or financial data submitted will be returned to the applicant.

### For Bank Use

Branch: \_\_\_\_\_ Employee Name: \_\_\_\_\_

Date Received: \_\_\_\_\_ Mode: Fax/Mail/In Person/Email

\*Please retain a copy of this disclosure for your record.

