



REBIRTH
FINANCIAL

Rebirth Financial Commercial Loan Application

Please fill this application out to the best of your ability. If you have them, please attach 5 months of merchant account information, two years of tax returns, and your most recent bank statements. You can either attach these documents to this form, email them directly to your Rebirth Financial Representative, or to:

Info@rebirthfinancial.com

Contact Information

Full Name: _____

Job Title: _____

SSN: _____ Telephone # _____ Email: _____

Business Information:

Legal Name: _____ Company Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Years In Operation: _____ Years of Ownership: _____ # Employees: _____

Industry: _____ Federal Tax ID: _____ State Tax ID: _____

Ownership Structure: (circle one)

Business Description:

Sole Proprietorship Partnership Corporation LLC

Non Profit Other

Company Asset Type and Amount: (circle one)

Real Estate Equipment Fixtures Certificate of Deposit Asset Amount \$ _____

Stocks/Bonds Accounts Receivable Other

Notes:

Owner Information:

Legal Name: _____ SSN: _____ % ownership: _____

Title: _____ Net Worth: \$ _____ Drivers License #: _____

Home Address: _____ City: _____ State _____ Zip: _____

Partner Information:

Legal Name: _____ SSN: _____ % ownership: _____

Title: _____ Net Worth: \$ _____ Drivers License #: _____

Home Address: _____ City: _____ State _____ Zip: _____

Loan Information:

Loan Amount: \$ _____ Desired Interest Rate: ____%

Desired Repayment Period: _____

Use of Proceeds: _____

Brief Loan Description:

Revenue, Expenses, Assets & Liabilities

Annual Revenue: \$ _____ Operating Expenses: \$ _____

Cash: \$ _____ Net A/R: \$ _____ Inventory: \$ _____

Short Term Debt: \$ _____ Long Term Debt: \$ _____

Property, Plant & Equipment: \$ _____ Debt Interest Rate: _____

Accounts Payable: \$ _____ Annual Depreciation: \$ _____

Business Property Information

Property Ownership: Lease Own Length of Ownership: ____years ____months

Business Landlord: _____ Contact Name: _____ Phone #: _____

Business Trade References

Business Name: _____ Contact Name/Account #: _____ Phone #: _____

Business Name: _____ Contact Name/Account #: _____ Phone #: _____

Business Name: _____ Contact Name/Account #: _____ Phone #: _____

Working Capitol Information

Monthly Visa/MC Volume (est.) _____ Number of Terminals: _____

Terminal Type: _____ Monthly Rent: \$ _____ Behind in Rent: Y/N

Owe taxes/have Liens: Y/N

Prior/Current Cash Advance Co. _____ Balance: _____ Source: _____

Asset Based Financing Information

Desired Advance: \$ _____ Current Advance Balance: Y N

If yes, held with: _____ Balance: \$ _____ Monthly Payments: \$ _____

Purpose of Advance:

Vendor References

Business Name: _____ Contact Name/Account #: _____ Phone #: _____

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Business Name: _____ Contact Name/Account #: _____ Phone #: _____

Applicant authorizes Rebirth Financial, Inc. and/or its assigns, agents, banks, or financial institutions to obtain an investigative and/or consumer report from a credit bureau or a credit agency, and to investigate the references given on any other statement or data obtained from applicant.

Applicant Signature _____