



## Healthcare Working Capital Application

### COMPANY CONTACT INFORMATION

Exact Legal Name: \_\_\_\_\_  
Trade Name / DBA: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
City / State/ Zip: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City / State/ Zip: \_\_\_\_\_  
Web Site: www. \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

### GENERAL COMPANY INFORMATION

Type of Medical Practice: \_\_\_\_\_  
Years Licensed: \_\_\_\_\_  
Years Owning this Practice: \_\_\_\_\_  
Own / Rent Practice Space: Own \_\_\_\_\_ Rent \_\_\_\_\_ Monthly Pmt: \$ \_\_\_\_\_

### PRINCIPAL INFORMATION

Principal / Officer / Partner 1 Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City / State/ Zip: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ Email: \_\_\_\_\_  
Title: \_\_\_\_\_ Social Sec. #: \_\_\_\_\_ % Owned: \_\_\_\_\_  
Principal / Officer / Partner 2 Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City / State/ Zip: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ Email: \_\_\_\_\_  
Title: \_\_\_\_\_ Social Sec. #: \_\_\_\_\_ % Owned: \_\_\_\_\_

### SPOUSE INFORMATION

Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City / State/ Zip: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ Email: \_\_\_\_\_  
Title: \_\_\_\_\_ Social Sec. #: \_\_\_\_\_ % Owned: \_\_\_\_\_

### BANKING INFORMATION

Bank / Money Market Acct. 1: \_\_\_\_\_  
Acct. # \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_  
Officer or Bank Contact: \_\_\_\_\_  
Bank / Money Market Acct. 2: \_\_\_\_\_  
Acct. # \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_  
Officer or Bank Contact: \_\_\_\_\_

Applicant warrants all credit and financial information submitted to OMNI FUNDING and /or its assignees to be true and accurate and hereby authorizes all banking institutions and credit reporting agencies to release necessary information via telephone, mail, internet or facsimile as requested for purposes of making a credit decision. The undersigned individuals specifically authorize OMNI FUNDING and / or its assigns to obtain personal credit bureau reports for the making, extension, or renewal of this credit decision or collection of the resulting account. A fax or photocopy of this authorization shall be valid as the original.

Print Name: \_\_\_\_\_  
Sign: \_\_\_\_\_  
Date: \_\_\_\_\_  
Principal / Officer / Partner 1

Print Name: \_\_\_\_\_  
Sign: \_\_\_\_\_  
Date: \_\_\_\_\_  
Principal / Officer / Partner 2