

Parke Bank
601 Delsea Drive, PO Box 40, Sewell, NJ 08080-0040
APPLICATION FOR A MEDICAL/DENTAL BUSINESS LINE OF CREDIT ONLY
FOR REQUESTS UP TO \$100,000

Loan Amount (\$10,000 Minimum):

Proceeds of Credit Will Be Used For (Business Purpose):

SECTION A – Type of Ownership

- | | | | |
|--|------------------------------|--|--|
| <input type="checkbox"/> Sole Proprietor | <input type="checkbox"/> LLP | <input type="checkbox"/> General Partnership | <input type="checkbox"/> C Corporation |
| <input type="checkbox"/> S Corporation | <input type="checkbox"/> LLC | <input type="checkbox"/> Non-Profit | |

SECTION B – Information Regarding Applicant

Full Name	First	MI	Last	Jr/Sr, etc.
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Present Street Address	Years There
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City	State	Zip	Phone
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Social Security Number	Driver's License Number	Date of Birth
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(If you have been at your current address for less than 5 years, fill in previous address here.)

City	State	Zip	Years There
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SECTION C – Business Information

Legal Name (under which tax returns are filed):

Doing Business As:

Business Street Address:	City:	State:	Zip:
Mailing Address:	City:	State:	Zip:
State and Country of Organization:	Business Phone Number:	Business email address (optional)*:	Year Established:

(*By completing the e-mail field, you agree to receive any required federal or state disclosures or other information regarding this loan application electronically, and you authorize us to communicate with you using electronic mail.)

Fax Number:	Company Revenue (as stated on Most Recent Tax Return):	Number of Employees:	Business Tax ID/SSN:
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NAICS Code (Industry):	State of Organization:	Nature of Business:
Financial Institution #1-Name:	Checking/Savings Balance:	Loan Balance:
Financial Institution #2-Name:	Checking/Savings Balance:	Loan Balance:

SECTION D – Income Information

Applicant Income	Amount	Per	Indicate Wk/Mo/Yr
Employment		Per	
Other Income-State Source		Per	
Other Income-State Source		Per	
Other Income-State Source		Per	
Total Income		Per	

SECTION E – Asset and Debt Information**Assets Owned**

Description of Asset	Value(s)	Subject to Debt?	
Cash & Deposit Account(s)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Retirement Account(s)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Real Estate Owned - Address		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vehicles – Give Year, Make & Model		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other - Describe		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other - Describe		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Debts Outstanding – List All Debts – Use Additional Page If Necessary

Creditor	Type of Debt or Account Number	Present Balance	Monthly Payment
1) Mortgage / Rent			
2)			
3)			
4)			
5)			
Other obligations – List any liability to pay alimony, child support or separation maintenance. Use separate sheet if necessary.			
6)			

Are you a co-maker, endorser, or guarantor on any loan or contract? Yes No
 If "yes" for whom? _____ To What Creditor? _____

Are there any unsatisfied judgments against you? Yes No
 If "yes" to whom? _____ Amount of the judgment(s) _____

Have you been declared bankrupt in the last 14 years? Yes No If "Yes", date & type _____

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

To help the government fight the funding or terrorism and money laundering activities, federal law requires all financial institutions to obtain and verify any 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.

NOTICE TO APPLICANTS:

I / WE AUTHORIZE the lender to make whatever credit inquiries it deems necessary in connection with this credit application or in the course of review or collection of any credit extended in reliance on the application. I / We authorize and instruct any person or consumer reporting agency to compile and furnish to the lender any information it may have or obtain in responses to such credit inquiries and agree that same shall remain your property whether or not credit is extended. All information set forth in this application is declared to be a true representation of facts for the purpose of obtaining the credit requested and willful misrepresentation on this application could result in criminal action.

PLEASE SIGN BELOW

Applicant Sign Here

Date

Section F - Internal Use

Average FICO Score: _____ Business Credit Score: _____ Total Score: _____

Medical License in Good Standing? Yes No Years in Profession: _____

DDA Account Opened? Yes No Online Banking Account Created? Yes No