



445 State Road 13N
 Suite 308-26
 Jacksonville, FL 32259
Tel: 904-551-6090
Fax: 904-513-9229

Email: info@brtfinancial.com

DENTAL PRACTICE INFORMATION SHEET

Dentist Information

Type of Entity (check One)		<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Partnership
<input type="checkbox"/> Limited Liability Partnership		<input type="checkbox"/> Professional Limited Liability Company		State of Inc/Org: _____	Yearly Gross Sales \$: _____
ADVANCE AMOUNT REQUESTED: _____		Type of Practice: _____			
Business Legal Name			D/B/A		Tax ID (or SS# for Sole Prop)
Business Physical Address			City, State, Zip		
Business Mailing/Billing Address (if different than physical address)			City, State, Zip		
Days of Operation (circle) Monday Tuesday Wednesday Thursday Friday Saturday Sunday			Please list office locations		
Contact Name		Title		Number of Partners or Physicians in Practice	
Business Phone		Business Fax		Email Address	
Business Mailing/Billing Address (if different than physical address)			Date Business Started (mm/yy)		
Business Mailing/Billing Address (if different than physical address)			Total Annual Revenues (inc all payments cash, credit card, check, insurance, etc.)		
Malpractice Insurance in Good Standing?			Any known pending or existing litigation?		
Own/Lease Office Loc.	Lease Start Date	Lease Term	Monthly Rent/Mtg	Type of building	Sq. Ft (approx)
If owned, is your facility currently for sale?			If owned, do you intend to sell your facility within the next 12 months?		
Landlord/Mortgage Company		Contact Name	Phone Number	Fax	

Owner/Principal/Partner No. 1

Name		Percentage Ownership	Social Security Number	
Date of Birth	Title	Home Phone #	Cell Phone #	
Residence Address			City, State, Zip	

Owner/Principal No. 2

Name		Percentage Ownership	Social Security Number	
Date of Birth	Title	Home Phone #	Cell Phone #	
Residence Address			City, State, Zip	

Electronic Transaction Information

Total Monthly Credit Card Sales (Visa, MC, Discover, Amex, etc)	Average Ticket Size	Average # of Transactions per Day	# of Batches Per Week
Total Monthly Check Volume	Average Check Size	Average # of Checks per Month	# of Batches Per Week
Total Monthly Insurance or Third Party Receivable Receipts	Average Claim/Transaction Size	Average Transactions per Month	# of Batches Per Week
Aging of Accounts Receivables (closest approximations) 0-30 days _____% 31-60 days _____% 61-90 days _____% 91-120days _____% 121-150 days _____% 151-180 days _____% >180 days _____%			

Applicant, named above, attests that the information provided on this form is accurate and complete, that providing the information to BRT Financial, Inc. and/or its assignees, does not constitute an application for credit, and that submitting the information does not obligate BRT Financial, Inc. and/or its assignees to fund an advance. In addition, Applicant authorizes BRT Financial, Inc. and/or its assignees, or designee(s) to obtain an investigative report from credit bureaus or credit agencies, and also to investigate the vendor references and any other references or information given on this application or any other documents submitted by applicant for the purpose of obtaining funding.

Principal #1	Signature	Date:	% Ownership
Principal #2	Signature	Date:	% Ownership
Principal #3	Signature	Date:	% Ownership

BRT Financial, Inc.

Fax Information Sheet and 4 Months Bank Statements to (904-513-9229)