



Medical Professional Legal Name:	Medical License #:
Practice Address:	Date First Licensed:
City: State: Zip Code:	Requested Funding Amount:
Home Address:	Proposed Use of Funds:
City: State: Zip Code:	
Legal Name of Business/Practice:	Personal Social Security #: Date of Birth: / /
Time in Business:	Annual Gross Sales (Practice): Annual Personal Income: \$ \$
Work Phone: Home Phone: () ()	Federal Tax ID #: Personal Net Worth: \$
Work Fax: Cellular: () ()	Does your practice accept Visa or Mastercard?
Business Structure: Corporation Sole Proprietor Partnership LLC Other:	If yes, what is the monthly amount? \$
Medical Specialty:	Email Address:

By signing below, each of the above listed business and business owner/officer (individually and collectively, "you") authorize Reliable Funding Inc ("the Company") and each of its representatives, successors, assigns and designees ("Recipients") that may be involved with or acquire commercial or personal loans, including without limitation the application therefor (collectively, "Transactions") to obtain consumer or personal, business and investigative reports and other information about you, including credit card processor statements and bank statements, from one or more consumer reporting agencies, such as TransUnion, Experian and Equifax, and from other credit bureaus, banks, creditors and other third parties. You also authorize the Company to transmit this application form, along with any foregoing information obtained in connection with this application, to any or all of the Recipients for the foregoing purposes. You also consent to the release, by any creditor or financial institution, of any information relating to any of you, to the Company and to each of the Recipients, on its own behalf.

Notice Regarding Pre-Approved / Pre-Screened Offer / Fair Credit Reporting: This offer is based on a security agreement structure. The loan may not be extended if, after you respond, we find that you do not meet the criteria used in selecting you for this offer or any applicable criteria bearing on creditworthiness. If credit is extended, the exact account type and credit line may be based on a review and verification of income and current credit report. You have the right to prohibit use of information in your file with any credit reporting agency in connection with any transaction that you do not initiate. To assert this right with respect to your file, you may write to: Trans Union, Name Removal Option, P.O. Box 97328, Jackson, MS 39288-7328; Equifax Options, P.O. Box 740123, Atlanta, GA30374-0123; or Experian, Consumer "OPT-OUT", 901 West Bond, Lincoln, NE 68521; or you may notify all agencies by calling 1-888-567-8688.

Withdrawal and Details of the Offer: Pre-approval is not an official guarantee of approval. This offer is based on a security agreement. The Company may withdraw this offer entirely if the current information we receive from a credit bureau regarding the information in your application indicating that you do not meet the criteria established for this offer. The Company may also withdraw this offer if you move outside the Company's marketing area. In addition, the Company may withdraw this offer if the following conditions are not met: You do not have sufficient income to repay the new obligation in addition to current debts. The Company may request additional information but not limited to financials. The Company reserves the right to modify this offer structure in its entirety.

X _____
Business Principal No. 1 Signature Title Date

X _____
Business Principal No. 2 Signature Title Date

4 EASY WAYS TO GET STARTED

- 1. Fax completed form to
- 2. Call me direct at

- 3. Apply online at
- 4. Email me at

ID#: _____