



Your financing specialist

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Funding Application Form

BUSINESS INFORMATION

Business Name: _____ Healthcare Practice

Trade Name (Operating As): _____

Website URL: _____

Date Established: D/ M/ Y Ownership: Corporation Partnership Sole Proprietorship

Type of Business: Restaurant Retail Healthcare Construction Other: _____

Required Funding Amount: \$ _____

Purpose of loan: Expansion Equipment Marketing and sales

Business Address: _____

City: _____ Province: _____ Postal Code: _____

Email: _____ Phone: () _____ Fax: () _____

Rent Own Monthly Rent: \$ _____ Lease Expiry: _____

Current Bank: TD RBC CIBC BNS BMO Other

Current loans: Line of credit \$ _____ Term loan \$ _____ No loans

Annual gross sales: \$ _____ Annual net income: \$ _____

PRINCIPAL

Principal 1. Name: _____ Date of Birth: D/ M/ Y _____

Title: _____ % of business: _____ SIN No.: - -

Home Street Address: _____ City: _____

Province: _____ Postal Code: _____ Phone: () _____ Cell: () _____

How long at current home address: _____ Own Rent Email: _____

Equifax Fico Score: _____ Unknown Healthcare Practitioner

Principal 2. Name: _____ Date of Birth: D/ M/ Y _____

Title: _____ % of business: _____ SIN No.: - -

Home Street Address: _____ City: _____

Province: _____ Postal Code: _____ Phone: () _____ Cell: () _____

How long at current home address: _____ Own Rent Email: _____

Equifax Fico Score: _____ Unknown Healthcare Practitioner