



**Grice, Pope and Associates**

Commercial and Healthcare Finance

2740 SW Martin Downs Blvd, Ste 262

Palm City, FL 34990

Phone: (877) 247-2776

Fax: (866) 892-1167

info@gp-assoc.com

**Business Information**

Business Name (Legal): \_\_\_\_\_

Business Tax ID: \_\_\_\_\_

Name of Primary Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Description of Practice/Services Provided: \_\_\_\_\_

Year Established: \_\_\_\_\_ Amount of Financing Requested: \_\_\_\_\_

**Personal Information for Owners**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Ownership %: \_\_\_\_\_ SS#: \_\_\_\_\_

Home Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Ownership %: \_\_\_\_\_ SS#: \_\_\_\_\_

Home Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Ownership %: \_\_\_\_\_ SS#: \_\_\_\_\_

Home Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_



**Further Information**

Does your company or any of the owners have any federal, state or local tax liabilities or liens outstanding or expected to be filed? **Yes No \$ Amt** \_\_\_\_\_

Does your company have any loans, factoring agreements, merchant cash advance or other debt outstanding? **Yes No \$ Amt** \_\_\_\_\_

Has your company or any of the owners filed for bankruptcy protection or similar proceeding? **Yes No**

Has your practice or any of the owners been subject to a Medicare or Medicaid or insurance company audit, now or in the past? Has your practice or any of the owners been investigated by any entity for billing practices or potential fraud at any time? **Yes No**

Is your practice or any of the owners involved in any current or potential litigation? **Yes No**

**Certification and Agreement**

Applicant certifies that the information contained in this application reflects a true and complete account of the financial status of the applicant. Permission is hereby granted to GPA Capital and/or assigns and its affiliated companies, successors, or agents, to examine data, records, obtain credit histories and any other information in connection with the credit review process. GPA Capital and/or assigns agrees to the confidentiality of this information unless disclosure is reasonably required in GPA Capital and/or assigns business activities or for regulatory purposes. This authorization, or a copy thereof, shall serve as permission by the undersigned to individuals, accountants, insurance, credit agencies and others for the release of all information required to GPA Capital and/or assigns and affiliated companies or agents. Applicant understands that GPA Capital and/or assigns is relying on this information to enter into a financing agreement with it. Applicant agrees to inform GPA Capital and/or assigns immediately of any matter which will cause a material change to the Applicant's financial condition or operations. Applicant understands that GPA Capital and/or assigns will retain this application.

Signature: \_\_\_\_\_

Name: \_\_\_\_\_ (print)

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**Please return completed application, along with six months of most recent bank statements, via e-mail at [info@gp-assoc.com](mailto:info@gp-assoc.com), or via fax at (866) 892-1167**