

## BUSINESS INFORMATION

Business Legal Name \*

Mt Washington Family

Dentistry Nlta S ISgrigg dmd

Business DBA \*

Mt Washington Family

Dentistry

Business FEIN \*

61-1329376

Business Start Date \*

Octomer 1998

Business Type \*

Corporation

Nature of Business/Industry Type \*

Dentistry

Business Phone Number \*

5025383434

Street Address \*

110 Village lane

Address Line 2 \*

City \*

Mount Washington

State \*

KY

Zip Code \*

40047

## FINANCIAL INFORMATION

Annual Business Revenue \*

780,000

Average Business Bank Account Balance \*

3000

Do you have an existing business loan or merchant cash advance? \*

Yes

No

balance on existing loan \*

22,000

name of lender? \*

Liberatas

## OWNER INFORMATION

First Name \*

Nita

Last Name \*

Nita

Social Security Number \*

312723258

Date of Birth \*

03-07-1971

Email Address \*

grisgrigg@aol.com

Cell Phone Number \*

5022966482

Home Phone Number \*

5022966482

Business Ownership % \*

100

Street Address \*

952 Barbara Sue LAne

City \*

Mount Washington

State \*

Kentucky

Zip Code \*

40047

## FUNDING REQUESTED

Desired Financing Amount \*

60,000

Purpose of Financing \*

Facilities Improvement

How Did You Hear About Us? \*

Email

Name of Rep You Are or Have Previously Worked With (if Any)

By signing & faxing or emailing us your application, you certify that

- you are authorized to apply on behalf of the company whose full legal name appears above under the Company Information portion of the Loan Application for a business loan from us and
- all information you provide within the Loan Application and other supporting documents is true and complete and that you will notify us of material changes to such information.

You understand & agree that we and our agents and assignees are authorized to contact 3rd parties to make inquires in evaluating your Loan Application (including requesting business & personal credit bureau reports from credit reporting agencies and other sources) or for any update, renewal, extension of

credit bureau name and address.

You understand and agree that we may provide credit & other information from the Loan Application and on the signing individual(s) & the company with 3rd parties who may use the information any lawful purpose, including for the purpose of offering credit and/or other products & services to the signing individual(s) and/or the company.

To help the government fight the funding of terrorism and money laundering activities, Federal law requires us to obtain, verify, and record information that identifies each person who cashes checks, wire funds or engages in other financial services with PWC.

We will ask for your name, address and other information that will allow us to identify you. We may also ask to see your driver's license. Certain transactions in California may fall under CA Lender/Broker License requirements. Please check with your representative for eligibility.

Agree

A handwritten signature in blue ink, enclosed in a dashed rectangular box. The signature is stylized and appears to be a cursive name.

Date

02/28/2022