



Request for Ijara Commercial Structuring Services

Applicant Information

Company Name: _____ Date: _____

Applicant Name: _____
Last First M.I.

Applicant Mailing Address: _____

Phone: _____ Fax: _____

Email: _____

Loan Information

Purpose of Loan: _____

Check all that apply below

- | | | | |
|------------------------------------|---------------------------------------|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Purchase | <input type="checkbox"/> SBA | <input type="checkbox"/> Profit | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Refinance | <input type="checkbox"/> Conventional | <input type="checkbox"/> Non-Profit | <input type="checkbox"/> WC / LOC |

Amount Requested: _____ Cash Equity Injection: _____

Term Requested: _____

Applicant Signature

Date

Bank Contact Info

Bank Name: _____

Bank Contact Name: _____ Title: _____

Phone: _____ Fax: _____

Email: _____

END OF APPLICATION

www.ijaracdc.com

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Toll Free: 1-87-786-IJARA or 1-877-864-5272