

Request for Ijara Commercial Structuring Services

Applicant Information				
Company Name:		Date:		
Applicant Name:				
	Last		First	M.I.
Applicant Mailing Ac	ddress:			
Phone:		Fax:		
Email:				
	Lo	an Information		
Purpose of Loan:				
Check all that apply	below:			
☐ Purchase	☐ SBA	☐ Profit	☐ Construct	ion
☐ Refinance	☐ Conventional	☐ Non-Profit	□ wc/loc	
Amount Requested:		Cash Equity Injection:		
Term Requested:				
Applicant Signature			Date	
	Ва	nk 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