

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

- | | | | |
|------------------------------------|---------------------------------------|-------------------------------------|---------------------------------------|
| ☐ Purchase | ☐ SBA | ☐ Profit | ☐ Construction |
| ☐ Refinance | ☐ Conventional | ☐ Non-Profit | ☐ 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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