



## 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