



IGNITING YOUR BUSINESS POTENTIAL

BUSINESS LOAN APPLICATION

Fill out with accurate and complete information on the spaces provided. Please print legibly.

2x2 PICTURE

LOAN DETAILS

Loan Purpose		Loan Amount		Term		Interest Rate	
Business Type	☐ Sole Proprietorship	☐ Partnership	☐ Corporation	☐ One Person Corporation			
Referral Information	☐ Direct	☐ Facebook Ads	☐ Walk-in	☐ Loan Consultant			

APPLICANT'S INFORMATION

TITLE	☐ Mr.	☐ Ms.	☐ Mrs.	GENDER	☐ Male	☐ Female	DATE OF BIRTH (MM/DD/YYYY)	
Surname	First Name		Middle Name		Suffix (Jr., Sr., II, III)			
Present Residential Address (Blk #, Lot#, Street, Subd., Brgy. City/Town, Province, ZIP CODE)				☐ OWNED	☐ RENTED	☐ MORTGAGED	☐ USED FREE	
Permanent Residential Address (Blk #, Lot#, Street, Subd., Brgy. City/Town, Province, ZIP CODE)				☐ OWNED	☐ RENTED	☐ MORTGAGED	☐ USED FREE	
Length of Stay	Mobile Number		Landline Number		Email Address			
Civil Status	Nationality		Number of Dependents		Facebook / Instagram Account			
Spouse's Last Name	First Name		Middle Name		Suffix(Jr., Sr., II, III)			

BUSINESS INFORMATION

BUSINESS NAME	Business Category (Retail, Manufacturing, Industrial/ Specific Product / Service)				
Present Business Address (Bldg #, Street, Subd., Brgy. City/Town, Province, ZIP CODE)		☐ OWNED	☐ RENTED	☐ MORTGAGED	☐ USED FREE
Years in Operation	Landline Number	Email Address	No. of Employees / Branches		
Average Monthly Gross Sales	Average Monthly Cost of Sales	Average Monthly Gross Income	Other Sources of funds		

APPLICANT CERTIFICATION

I/We hereby willingly, voluntarily and with full knowledge of my right under the law. Waive the right to confidentiality of information and authorize INPHOENIX LENDING SOLUTIONS INC. or any of its representative to disclose, divulge and reveal any such information relating to my/our account for the purpose of client evaluation bank/credit verification, inspection of borrower's residence, registered business address and its branches under the terms and conditions of this agreement. I hold INPHOENIX LENDING SOLUTIONS INC. free and harm less from any and all liabilities, claims and demands of whatever kind of nature in connection with or arising for the aforementioned disclosure. Any information given by me/us in this application are true and correct, false and inaccurate information stated in this application will automatically reject or cancel its approval. In case of disapproval, I/We understand that INPHOENIX LENDING SOLUTIONS INC. is under no obligation to disclose the reason/s for such disapproval.

SIGNATURE OF APPLICANT OVER PRINTED NAME

DATE

APPLICANT'S BANK INFORMATION

BANK NAME	BANK / BRANCH	ACCOUNT NAME	ACCOUNT NUMBER	DATE OPENED

CREDIT INFORMATION (LOANS / MORTGAGES / CREDIT CARDS)

CREDITOR'S / BANK NAME	LOAN / CREDIT CARD TYPE	AMORTIZATION	TERM	CONTACT PERSON

TRADE REFERENCES: SUPPLIERS INFORMATION

COMPANY NAME	CONTACT PERSON	CONTACT NUMBER	Years in Dealings	ADDRESS

TRADE REFERENCES: CLIENTS INFORMATION

COMPANY NAME	CONTACT PERSON	CONTACT NUMBER	Years in Dealings	ADDRESS

PERSONAL REFERENCES (not living with the APPLICANT)

NAME	CONTACT NUMBER	COMPLETE ADDRESS

AUTHORITY TO VERIFY BANK ACCOUNT DETAILS

I/We authorize INPHOENIX LENDING SOLUTIONS INC. or any of its authorized representatives to verify my/our account bank account details as follows

ACCOUNT NAME

ACCOUNT NUMBER

BANK / BRANCH

Please disclose to the authorized representative an information they would require regarding my / our bank account.

DATE OPENED

RETURN CHEQUES

ADB

BANK OFFICER / POSITION

CONTACT NUMBER

Sincerely,

SIGNATURE OF APPLICANT OVER PRINTED NAME

DATE

AUTHORITY TO VERIFY PREMISES

This is to formally authorize INPHOENIX LENDING SOLUTIONS INC., its authorized representatives, to verify the premises of my/our business as part of the requirements for the business loan application.

The purpose of this verification is to assess and confirm the authenticity and operational status of our business located at the following address:

Business Name:

Business Address:

Contact Person / Number:4

This authorization includes the right to conduct site inspections or make inquiries as deemed necessary to ensure compliance with the loan application process. The credit investigator is permitted to take photos or make necessary records in the course of his inspection. Please consider this letter as my/our consent for such verification activities, which will be conducted during reasonable hours and in compliance with applicable rules and regulations.

Sincerely,

SIGNATURE OF APPLICANT OVER PRINTED NAME

DATE



4F Unit 7 Saudades Bldg New Jubilation Strip Brgy. Zapote Biñan City Laguna, 4024

THIS APPLICATION FORM IS NOT FOR SALE.