

Goldleaf LendingNetwork™ Referral

Instructions: Fax to **615-565-3444**

Date: _____

Business Contact

Business name: _____

Contact name: _____

Title: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Mobile phone: _____ E-mail: _____

Business Information

Industry:

- | | |
|--|--|
| <input type="checkbox"/> Agriculture, Forestry and Fishing | <input type="checkbox"/> Public Administration |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Finance, Insurance and Real Estate Services | <input type="checkbox"/> Retail Trade |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Wholesale Trade |
| <input type="checkbox"/> Mining | <input type="checkbox"/> Non-classified Establishments |

Filed for bankruptcy? Yes No

Current year revenue? Profit Loss

Net worth? Positive Negative

Bank Information

Current bank: _____

Bank contact name: _____

Phone: _____ Email: _____

Briefly describe current financing: _____

Briefly describe financing need: _____
