



FINANCING

DESIGNED JUST FOR YOUR PRACTICE

PROFILE:

Name: _____

Cell Phone: _____

Permission to Text Yes No

Email: _____

Location (state): _____

SPECIALTY:

Please Mark

Subspecialty

Chiropractor

Dentist

Medical

Optometry

Podiatry

Veterinarian

Other _____

TYPE LOAN:

Please Mark

Amount Requested

Acquisition

\$ _____

Equipment

\$ _____

Real Estate

\$ _____

Consolidation

\$ _____

Start-Up

\$ _____

Working Capital

\$ _____

TOTAL \$ _____

EMAIL TO:

info@promed-financial.com

All information received is held in confidence

Testimony

"For more than twenty years, ProMed Financial has been my source for any capital needed. When I first started and no one would risk believing in me ProMed secured the funds for me to begin buying dental practices throughout the Mid-Atlantic region" -DDS, VA