

BUSINESS INFORMATION

Business Legal Name *

Michael Laliberte DPM PA

Business DBA *

West Orange Podiatry

Business FEIN *

82-2202974

Business Start Date *

05-01-1998

Business Type *

Sole Proprietor

Nature of Business/Industry Type *

Healthcare

Business Phone Number *

4075239993

Street Address *

1554 Boren Dr.

Address Line 2 *

400

City *

Ocoee

State *

FL

Zip Code *

34761

FINANCIAL INFORMATION

Annual Business Revenue *

335,000.00

Average Business Bank Account Balance *

8,000

Do you have an existing business loan or merchant cash advance? *

☐ Yes ☒ No

balance on existing loan *

name of lender? *

OWNER INFORMATION

First Name *

Michael

Last Name *

Michael

Social Security Number *

271609748

Date of Birth *

08-02-1949

Email Address *

Cell Phone Number *

4075385104

Home Phone Number *

4075385104

Business Ownership % *

100

Street Address *

3205 Citrus Ln

City *

Zellwood

State *

FL

Zip Code *

32798

FUNDING REQUESTED

Desired Financing Amount *

100,000.00

Purpose of Financing *

New Location

How Did You Hear About Us? *

Email

Name of Rep You Are or Have Previously Worked With (if Any)

Tom Leonard

By signing & faxing or emailing us your application, you certify that

- you are authorized to apply on behalf of the company whose full legal name appears above under the Company Information portion of the Loan Application for a business loan from us and
- all information you provide within the Loan Application and other supporting documents is true and complete and that you will notify us of material changes to such information.

You understand & agree that we and our agents and assignees are authorized to contact 3rd parties to make inquiries in evaluating your Loan Application (including requesting business & personal credit bureau reports from credit reporting agencies and other sources) or for any update, renewal, extension of

credit bureau name and address.

You understand and agree that we may provide credit & other information from the Loan Application and on the signing individual(s) & the company with 3rd parties who may use the information any lawful purpose, including for the purpose of offering credit and/or other products & services to the signing individual(s) and/or the company.

To help the government fight the funding of terrorism and money laundering activities, Federal law requires us to obtain, verify, and record information that identifies each person who cashes checks, wire funds or engages in other financial services with PWC.

We will ask for your name, address and other information that will allow us to identify you. We may also ask to see your driver's license. Certain transactions in California may fall under CA Lender/Broker License requirements. Please check with your representative for eligibility.

☒ Agree



Date

06-24-2025