



PHARMACY FINANCING CHECKLIST

- **LOAN APPLICATION**
- **PERSONAL FINANCIAL STATEMENT**
- **RESUME TEMPLATE**
- **SBA 1919 FORM**
- **PHARMACY QUESTIONNAIRE**
- **PAST 3 YEARS OF PERSONAL TAX RETURNS**
- **PAST 3 YEARS OF BUSINESS TAX RETURNS**
- **LAST 3 YEAR ANNUAL SCRIPT COUNTS**

QUESTIONS? GIVE US A CALL! 870-866-6686
