



**REGIONAL BUSINESS ASSISTANCE CORPORATION
BANK REFERRAL SHEET**

Please fill out the following form to refer a small business owner or entrepreneur to RBAC.

You may fax it: (609) 587-1313

E-Mail it: eduardo@rbacloan.com

A) REFERRAL PARTNER INFORMATION

Name: _____ Phone: _____

Position Title: _____ Name of Institution: _____

Branch Address: _____

e-mail: _____

B) INFORMATION REGARDING THE BUSINESS YOU ARE REFERRING

Name of Borrower: _____ Home Phone Number: _____

Name of Business: _____ Business Phone Number: _____

e-mail: _____

Total Project Cost: _____ Sum Requested: _____ Start up: YES NO

C) ADDITIONAL COMMENTS:

Signature: _____ Date ____ / ____ / ____