



## REGIONAL BUSINESS ASSISTANCE CORPORATION GENERAL 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](mailto:eduardo@rbacloan.com)

### A) REFERRAL INFORMATION

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Position Title: \_\_\_\_\_ Name of Institution: \_\_\_\_\_

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 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_