



ALLOCATION OF FUNDS FORM

Description:	Approximate Dollar Amount Required:	Delivery Date or Date Funds Required	Vendor Name	Vendor Phone #
Equipment				
Supplies				
Construction				
Contractor / Cabinetry				
Med / Dent Supplier Cab (Mod)				
Furniture / Fixtures / Equipment				
Misc. Soft Costs				
Working Capital				
Computer Equipment				
Other: (Please Explain)				

Estimated Closing Date of Project: _____

Additional Information:

Call us if you have any questions.

Name: _____

Signature: _____

Date: _____

Please complete as quickly as possible, sign, date and return.

South Carolina Office:
Phone: 888-222-6890 Fax: 888-366-2398

New York Office:
Phone: 800-336-8562 Fax: 800-987-7713

Email Address: Info@finservices.com