TDJ EQUITY FUNDING

Professional Client Referral Form

Referral Partner Information

Thank you for trusting TDJ Equity Funding as a capital resource for your client.
Please complete this form with basic referral information. Do not include Social Security numbers, full tax ID numbers, bank account numbers, passwords, or other highly sensitive personal information.

1. REFERRING PROFESSIONAL

Full Name *

Professional Title

Company / Organization

Profession / Industry *

Select one

Email Address *

Phone Number *

Are you currently part of the TDJ Trusted Advisor Network?

- ○ Yes
- ○ No

2. CLIENT INFORMATION

Provide only the information needed for TDJ to make initial contact and evaluate the request.

Client Full Name *

Business Name

Client Email Address *

Client Phone Number *

City / State

Preferred Contact Method

Select one

Briefly describe how you know the client or your professional relationship.

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3. FUNDING REQUEST

Type of Financing Requested *

Select one

Approximate Amount Needed *

How soon is funding needed? *

Select one

Has the client applied elsewhere?

Select one

Briefly describe the funding need, transaction, or project. *

Anything else TDJ should know at this stage?

4. CLIENT AUTHORIZATION & REFERRAL ACKNOWLEDGMENT

By submitting this referral, I confirm that the client has authorized me to share the contact and business information provided above with TDJ Equity Funding for the purpose of discussing potential financing options. I understand that submission of this form does not guarantee approval, financing, or specific loan terms.

Has the client authorized you to provide this information to TDJ Equity Funding? *

- Yes
- No

Referring Professional Signature (type full name)

Date

HOW TO SUBMIT

Save the completed PDF and email it to team@tdjequityllc.net, or use the referral submission option on www.tdjequityllc.net. A TDJ team member will review the request and determine the appropriate next step.