



**WWBIC**  
"Putting Dreams to Work"  
Since 1987

**WWBIC**  
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Milwaukee, WI 53212  
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## WWBIC Referral Document

Hello,

My customer is interested in ways that your organization can help their business. Please find their contact information below for your outreach. Kindly confirm receipt of this referral by replying to this email. Please email this referral form to: [michael.hetzel@wwbic.com](mailto:michael.hetzel@wwbic.com).

### Referral Information

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Owner Name: \_\_\_\_\_

Business Owner Email: \_\_\_\_\_

Business Owner Phone: \_\_\_\_\_

What offerings/services is the business owner interested in? Please add any other notes or comments about your referral:

### Referrer Information

Banker Name: \_\_\_\_\_

Banker Title: \_\_\_\_\_

Banker Business Address: \_\_\_\_\_

Banker Email: \_\_\_\_\_

Banker Phone: \_\_\_\_\_

**Thank you!** The WWBIC Lending Team

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