



CONFIDENTIAL
Personal Financial Statement
and
Dental Practice Loan Application

Individual Joint (Include information regarding other applicant)

As of (Date): _____

Individual Borrower Name: _____

Business or Occupation: _____

Social Security Number: _____

Home Phone: _____

Home Address: _____

Home Fax: _____

City, [County], State, Zip: _____

E-mail Address: _____

Borrower Business Name: _____

Business Type (S Corp., C Corp., Sole Prop, LLC, LLP, etc.): _____

Tax Identification Number: _____

Business Phone: _____

Business Address: _____

Business Fax: _____

City, [County], State, Zip: _____

E-Mail Address: _____

Joint Applicant's Name: _____

Joint Applicant's Business or Occupation: _____

Joint Applicant's Social Security Number: _____

Joint Applicant's Home Phone: _____

Joint Applicant's Address: _____

Joint Applicant's Work Phone: _____

City, [County], State, Zip: _____

Joint Applicant's Fax: _____

Loan Request Information

Check Desired Loan: Acquisition Loan Refinance Line of Credit Equipment Working Capital Loan
 Real Estate Loan SBA Loan Products

Requested Loan Amount: \$ _____ Requested Length of Repayment: _____

Loan Purpose: _____

Collateral and Estimated Value: _____

How did you hear about PPC? _____

Assets

(Please list amounts without cents.)

Cash, Savings and CD's (Itemize, Listing Financial Institution)		Cash Surrender Value of Life Insurance (See Schedule C)	\$ _____
_____	\$ _____	Vehicles	\$ _____
_____	\$ _____	Real Estate TOTALS ONLY (See Schedule D)	
_____	\$ _____	Homestead	\$ _____
_____	\$ _____	Other Residential or Commercial	\$ _____
_____	\$ _____	Business Assets (Sole Prop. Business)	
Stocks and Bonds (See Schedule A)		_____	\$ _____
US Gov't Securities/Bonds	\$ _____	Business Accounts Receivable	\$ _____
Marketable Stocks	\$ _____	Other Assets (Itemize/Describe - IRA, 401-K, Other Retirement Accounts)	
Non-Marketable Stocks	\$ _____	_____	\$ _____
Other Stocks	\$ _____	_____	\$ _____
Notes Receivable (See Schedule B)		_____	\$ _____
Secured	\$ _____	_____	\$ _____
Unsecured	\$ _____	TOTAL ASSETS	\$ _____

Liabilities and Net Worth

(Please list amounts without cents.)

Notes Payable Banks (See Schedule E)

Secured _____ \$ _____
 Unsecured _____ \$ _____

Other Notes Payable (See Schedule E)

Secured _____ \$ _____
 Unsecured _____ \$ _____

Student Loans _____ \$ _____

Credit Card Balances _____ \$ _____

Taxes Payable

Income Taxes _____ \$ _____

Other Taxes _____ \$ _____

Life Insurance Policy Loans (See Schedule C) _____ \$ _____

Real Estate Loans (See Schedule D)

Homestead _____ \$ _____

Other Residential or Commercial _____ \$ _____

_____ \$ _____

_____ \$ _____

Other Liabilities _____ \$ _____

_____ \$ _____

_____ \$ _____

TOTAL LIABILITIES \$ _____

NET WORTH (Assets less Liabilities) \$ _____

TOTAL LIABILITIES AND NET WORTH \$ _____

Stocks and Bonds -- Schedule A

NUMBER OF SHARES	NAME OF ISSUE AND TYPE OF SECURITY	WHERE TRADED	PAR VALUE	MARKET VALUE/SHARE	TOTAL VALUE	PLEGGED (YES OR NO)	REGISTERED IN NAME OF
	TOTALS						

Notes Receivable - Schedule B

MAKER	ORIGINAL AMOUNT	PRESENT BALANCE	MATURITY AND/OR PAYMENT SCHEDULE	PLEGGED (YES OR NO)	COLLATERAL, IF ANY
	TOTALS				

Life Insurance -- Schedule C

COMPANY	POLICY NUMBER	FACE AMOUNT	CASH SURRENDER OR LOAN VALUE	POLICY LOAN (IF ANY)	PLEGGED (YES OR NO)	BENEFICIARY
	TOTALS					

Real Estate -- Schedule D

DESCRIPTION AND LOCATION	PRESENT VALUE	MONTHLY INCOME	TITLE IN NAME OF	RELATED INDEBTEDNESS	
				LIEN HOLDER	AMOUNT
	TOTALS				

Notes Payable (Banks and Other) -- Schedule E

LENDER	ORIGINAL AMOUNT/ AVAILABLE CREDIT	PRESENT BALANCE	MATURITY AND/OR PAYMENT SCHEDULE	INTEREST RATE	COLLATERAL
TOTALS					

Contingent Liabilities

Do you have any contingent liabilities? Yes No If yes, indicate below and provide amount and description.

As Endorser, Co-maker or Guarantor: \$ _____

On Leases and Contracts: \$ _____

Legal Claims: \$ _____

Other Special Debt: \$ _____

Amount of Contested Tax Liens: \$ _____

Income and Cash Flow Statement

	PRIOR YEAR 20__	CURRENT YEAR ESTIMATE		PRIOR YEAR 20__	CURRENT YEAR ESTIMATE
SOURCES OF CASH			USES OF CASH		
Total Wages/Compensation (net)*	\$ _____	\$ _____	Personal (Utilities, Household, etc.)	\$ _____	\$ _____
Rents Received	_____	_____	Bank Loans -- Principal and Interest	_____	_____
Dividends, Interest Income	_____	_____	Other Loans -- Principal and Interest	_____	_____
Sale of Assets	_____	_____	Credit Card Payments	_____	_____
Royalties	_____	_____	Home Mortgage and/or Rent Payment	_____	_____
Distributions from Estates/Trusts	_____	_____	Insurance Payments	_____	_____
Cash Distributions from Businesses	_____	_____	Income Taxes Not Covered by Withholding	_____	_____
Income Tax Refund	_____	_____	Other Uses of Cash	_____	_____
Other Sources of Cash	_____	_____	TOTAL CASH OUTLAYS	\$ _____	\$ _____
TOTAL CASH RECEIVED	\$ _____	\$ _____	CASH FLOW SURPLUS (DEFICIT)	\$ _____	\$ _____

*Alimony, child support, and separate maintenance need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.

*Please answer the following questions about your financial record. If the answer to any question is **yes**, please provide details.*

Are you a partner or officer in any venture? Yes No Date of Birth _____

Do you have a will? Yes No Joint Applicant Date of Birth _____

Executor: _____ Number of Dependents _____

Do you have any tax liens or contested taxes? Yes No Are you a defendant in any suits or legal actions? Yes No

Are you: Single Married Separated Divorced

Have you ever been convicted of a felony? Yes No Have you ever filed for or taken bankruptcy, composition, settlement or assignment for benefit of creditors? Yes No

Are any applicant or proposed guarantor tax obligations, including payroll and sales taxes, past due? Yes No Has the applicant or any proposed guarantor ever obtained credit under another name? Yes No

The information contained in this statement is provided for the purposes of obtaining or maintaining credit on behalf of the undersigned or of the guarantee of debt by the undersigned. Each undersigned understands that Professional Practice Capital (PPC) is relying on the information provided herein (including the designation made as to ownership of property) in deciding to grant or continue credit. Each undersigned represents and warrants that information provided is true and complete and that PPC may consider this statement as continuing to be true and correct until a written notice of change is given to PPC by the undersigned. I/we authorize PPC and/or our funding sources to make all inquiries deemed necessary to verify the accuracy of the statements made herein, and to determine my/our creditworthiness, including, without limitation, obtaining consumer credit reports and investigative reports on me/us, and to answer questions and share or disclose to our funding sources, information and documents relating to my/our credit experience.

As an authorized representative of the Applicant, I certify that all information provided herein and any supporting documentation with this application are true and correct. PPC and its funding sources may check credit and trade references in reviewing this application, and disclose information about its credit experience with the Applicant. For the review of this application as well as for the servicing, collection, renewal or extension of the resulting financing, if any, PPC may also inquire as to and obtain credit reports on the undersigned owner(s), guarantor(s) and other principals. **Note: All guarantors must sign below.**

If your application for business credit is denied, you have the right to a written statement of the specific reasons for denial. To obtain the statement, please contact Professional Practice Capital, LLC, 25132 Oakhurst Drive, Suite 100, Spring, TX 77386, (281) 419-0400, within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement. To receive a copy of your credit report, please write Experian, P.O. Box 2002, Allen, Texas 75013, or call 1-888-397-3742.

NOTICE: The federal Equal Credit Opportunity prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act.

Authorized Signature _____ Title _____ Date _____

Authorized Signature _____ Title _____ Date _____

Authorized Signature _____ Title _____ Date _____

Note: If a partnership, all partners must sign or evidence of partnership authorization must be provided.

DOCUMENTS NEEDED FOR LOAN APPROVAL PROCESS:

(Note: If a real estate loan, see enclosed sheet for additional required documents)

- _____ Last three (3) years personal tax returns
- _____ Last three (3) years tax returns for business/practice
- _____ Year-end financial statements for business/practice if tax returns are not available
- _____ Current interim business financial statements for business/practice
- _____ Completed and signed PPC Personal Financial Statement and Dental Practice Loan Application
- _____ PPC Dental Practice Information Report or a copy of the practice appraisal
- _____ Current résumé for individual applicants
- _____ Current accounts receivable aging totals for the practice (i.e. last page of A/R Aging Report)
- _____ Transition plan (i.e. a brief description of the new owner's plan during his/her first 6-12 months in the practice)

ADDITIONAL DOCUMENTS NEEDED TO CLOSE THE LOAN:

- _____ Asset schedule for business/practice
- _____ Copy of medication (DEA) card/dental license for individual applicants
- _____ Proof of contents and malpractice insurance
- _____ Copy of business/practice office lease agreement
- _____ In the event of a business/practice acquisition—a bill of sale and purchase agreement
- _____ If life and disability insurance are required as collateral—original life policy and a copy of the disability policy

It is advisable that the applicant begin the approval process for life and disability insurance as soon as possible, as these policies typically serve as collateral for professional service business loans. Information regarding the amount and type of life and disability insurance required can be provided by PPC.
