

LOAN REQUEST INFORMATION*Amount \$ _____ Proposed Use of Proceeds _____
Vendor/Originator _____**BUSINESS INFORMATION DATA 20 _____ : APPLICANT INFORMATION**Business Legal Name _____ (Applicant) Tax ID # _____
Owner/Name(s) _____ % of Ownership _____
_____ % of Ownership _____
_____ % of Ownership _____*Please Note - All Owners need to provide Personal Information of Applicant below.**Federal law requires all financial institutions to obtain, verify, and record information that identifies each customer. When a client opens an account, we will ask for the client's legal name, address, tax identification number and other identifying information. For individuals, including sole proprietors, we may additionally request date of birth. We may ask you to provide us with other identification documents or information.*Business Address (No P.O. Boxes) _____
City _____ State _____ Zip _____ Bus. # (_____) _____
Country of Citizenship _____ E-mail Address _____
How long have you owned the practice? _____
Collections/Gross Revenue \$ _____ Net Profit \$ _____ Officer's Compensation (Applicant's Salary) \$ _____
of Employees _____ Avg. Business Checking Balance \$ _____**PERSONAL INFORMATION OF APPLICANT**Applicant's Full Name _____ Specialty _____
Prof. Lic. # _____ Year Lic. _____ Date of Birth _____
Home Address (No P.O. Boxes) _____
City _____ State _____ Zip _____ Home. # (_____) _____
Cell # (_____) _____ Fax # (_____) _____ S.S. # _____
Total Household Income* \$ _____ Total Personal Cash/Savings \$ _____ Total Personal Retirement \$ _____**Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.*Do you ☐ Own ☐ Rent your home? Monthly Mtg./Rent Pmt. \$ _____ Years at Address _____
The Information you provide on this application enables us to verify your identity as required by Federal law. If the address you provided was not a street address, we are required to obtain a street address.

By signing below, I accept on behalf of the Applicant the terms and conditions that appear below. I understand that I will also, in my individual capacity, guaranty repayment of the loan extended to Applicant, and that I accept, in my individual capacity, the terms of the guaranty contained in the Express Loan Agreement.

Applicant Signature _____ Title _____
Print Name _____ Date _____

By signing above, I certify that I am authorized to submit this application as Applicant or on behalf of the Applicant and that all of the information, statements and documents provided herein connection with this application are true, accurate and complete as of the stated date(s). I authorize Bank of America, NA to obtain and verify consumer reports, business reports and other information from, and to report such information to, others about me and Applicant for purposes of reviewing this application and servicing an approved loan made based on this application. These statements are made for the purpose of either obtaining a loan or guaranteeing a loan and that the loan will be used only for business purposes.

By signing above, I give Bank of America, NA permission to leave voicemail messages, text messages or email messages to provide updates on my loan on the phone number or email address that I provided verbally and/or on this application regardless if it is a cell, home or work number.

NOTICE: The Ohio laws against discrimination require that all creditors make credit equally available to all creditworthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Service Commission administers compliance with this law.

*All programs are subject to credit approval and loan amounts are subject to creditworthiness. Some restrictions may apply.

Please PRINT and FAX this application

- NO application or administration fee
- NO prepayment penalty
- NO advance payment

Associate Name: _____ Associate Phone Number: _____
Associate Fax: _____
Practice Solutions Group Fax: 877.246.4478