

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 Doctor below.

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 (Dr's Salary) \$ _____

of Employees _____ Avg. Business Checking Balance \$ _____

*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.***PERSONAL INFORMATION OF DOCTOR**

Doctor'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 Banc of America Practice Solutions, Inc.TM and/or 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. I understand FALSE statements may result in forfeiture of benefits and possible prosecution.

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. Banc of America Practice Solutions, Inc. is a subsidiary of Bank of America Corporation. Bank of America is a registered trademark of Bank of America Corporation.**

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

Please PRINT and FAX this application

Phone: 800.428.2847

Fax: 877.246.4478