

**Applicant Information** (Please fill out this application completely; blanks will delay the processing of your application)

FULL LEGAL NAME of Business Entity \_\_\_\_\_

Company TIN/EIN \_\_\_\_\_ Practice Revenue Last Year \$ \_\_\_\_\_

Year business established: \_\_\_\_\_ Year-to-Date Revenues: \$ \_\_\_\_\_ through \_\_\_\_/\_\_\_\_/\_\_\_\_

Type of Ownership:  
 Sole Proprietorship  Partnership  Limited Liability Company  Corporation  Corporation/LLC to be formed  Other \_\_\_\_\_

Business Address – Practice Location \_\_\_\_\_  
STREET CITY STATE ZIP

Business Telephone Number \_\_\_\_\_ Business Fax Number \_\_\_\_\_

To help the government fight the funding of terrorism and money laundering activities, U.S. Federal law requires financial institutions to obtain, verify, and record information that identifies each person (individuals and businesses) who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

Principal's Name \_\_\_\_\_

Home Address \_\_\_\_\_  
STREET CITY STATE ZIP

Home Telephone Number \_\_\_\_\_ Home Fax Number \_\_\_\_\_

Mobile Telephone Number \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Birth date (mm/dd/yy) \_\_\_\_\_ Degree \_\_\_\_\_ Received From \_\_\_\_\_

Social Security Number \_\_\_\_\_ License Number \_\_\_\_\_

How long have you owned this practice (years)? \_\_\_\_\_ How long have you been practicing (years)? \_\_\_\_\_

ADA/ME/AAHA Member # \_\_\_\_\_ Are you subject to non-compete or similar contract?  YES  NO

If Associating, where are you employed? \_\_\_\_\_

Are you a U.S. Citizen?  YES  NO If "NO," are you a U.S. Permanent Resident?  YES  NO

Who referred you to Group Financial Services? \_\_\_\_\_

Have you ever applied for credit under another name?  YES  NO If yes, what name? \_\_\_\_\_

**Financing Request**

Equipment	\$ _____	Leasehold Improvements	\$ _____
Working Capital	\$ _____	Business Loan Refinance	\$ _____
Practice Equity Loan	\$ _____	Practice Acquisition	\$ _____

**TOTAL FINANCING REQUEST \$ \_\_\_\_\_**

If this application is connected to another application, the name on that application is \_\_\_\_\_ and I am applying as a:  Guarantor  Co-Applicant (I understand I will be an additional Applicant.)

**Application Information** Please answer the following questions (Please attach details for each item marked Yes):

	Yes	No
Are you currently on the Board of Directors or an executive officer of any Bank, Thrift or S&L?	<input type="checkbox"/>	<input type="checkbox"/>
Has you ever been convicted of a felony?	<input type="checkbox"/>	<input type="checkbox"/>
Have you or any firm in which you are/were a principal or guarantor ever declared bankruptcy or had a judgment against you?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever voluntarily surrendered or had a vehicle, appliance or any other item repossessed?	<input type="checkbox"/>	<input type="checkbox"/>
Are any of your tax returns currently being audited or contested?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever used or done business under any other name?	<input type="checkbox"/>	<input type="checkbox"/>
Do you own any other businesses that have debt obligations?	<input type="checkbox"/>	<input type="checkbox"/>
Are you a guarantor, co-maker or endorser on debt of any person or entity?	<input type="checkbox"/>	<input type="checkbox"/>
Are any assets pledged or debts secured?	<input type="checkbox"/>	<input type="checkbox"/>
Are any assets held in Trust?	<input type="checkbox"/>	<input type="checkbox"/>
Are any significant changes in income or expenses expected in the next 12 months?	<input type="checkbox"/>	<input type="checkbox"/>

Mail or fax all pages of this application to Group Financial Services

**Certification and Authorization of Individual(s) to Release Information:**

The undersigned person, individually and on behalf of the above Applicant (collectively the "Signer"), hereby represents to Group Financial Services, its subsidiaries and affiliates (collectively "GFS") that (a) all information provided to GFS in connection with this credit application, including, without limitation, tax returns, financial statements, accountants' statements and the information set forth above, is true and correct and (b) this credit application is made solely in connection with a commercial (and not a personal, family or household) transaction. Signer hereby authorizes GFS and any of its affiliates and potential or actual assignees to obtain any business and/or personal financial information, from time to time, including, without limitation, information from any consumer reporting agency, credit bureau or other reporting source regarding Signer's and/or Applicant's credit history, for purposes of (i) evaluating this application, (ii) monitoring any and all leases, loans and other financial transactions entered into as a result of this application, (iii) extending, renewing or amending any such lease, loan or other contract, and/or (iv) evaluating any request by Signer or Applicant for additional credit in the future. Signer hereby authorizes and instructs any consumer reporting agency, financial institution and other persons or entities possessing information about Signer and/or Applicant to furnish GFS with all such information in response to an inquiry from GFS and any of its affiliates and potential or actual assignees both now and at any time in the future. **You understand that you may apply for credit in your name alone, regardless of your marital status.**

ADA, AMA and AAHA will have no involvement in either the credit approval process or the terms of any lease, loan or other contract.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Title \_\_\_\_\_

**Co-Applicants or Guarantors should each complete and sign a separate application.**

**FOR INTERNAL USE ONLY**

Application made:     By facsimile     In person /mail     By phone     Via the Internet    Date Application Received \_\_\_\_\_

Signature – GFS Representative \_\_\_\_\_ Date \_\_\_\_\_

**Mail or fax all pages of this application to Group Financial Services**