



Support Office
 5706 Benjamin Center Drive
 Ste 103
 Tampa, FL 33634

Practice Finance Application

Buyer's Information as of:				Monthly Expenses			
Buyer's Name				Home Mortgage Payment			
Address				Rent / Home / Apartment			
City				Food			
State				Utilities			
Zip Code				Clothing			
Social Security #				Medical			
Home Phone				Insurance			
Home Fax				Installment Payments			
E-mail				Automobile(s)			
Mobile				Student Loans			
Pager / Other				Other (list)			
Specialty				Other (list)			
Date Licensed				All Credit Card Payments			
State(s) Licensed							
License Number(s)				Total Monthly Expense			
Is Buyer trained for any specialties? If yes, please check:							
Endo		Cosmetics		Oral Surgery			
Perio		Implants		Invisaline			
Professional History (Or Provide Resume)				Employer Name:			
Year Graduated		School		Address			
From		To		City		State Zip	
Work History				Telephone			
				May We Contact you Here ? Yes No			
				Insurance Information			
				Life:		Agent	
						Phone	
				Disability		Agent	
						Phone	

Information Required

PLEASE COMPLETE ALL PAGES

Buyer

All Pages of this document
 Recent Pay Stub w/ YTD Earnings
 Form 8821

If Buyer has a business – Please provide:

Business Tax Returns – Last 2 Years (Federal only)
 Recent Profit & Loss Statement on all locations

ASSETS		LIABILITIES	Monthly Pmt	Balance
Cash (Schedule A – below) **Provide Statement		Notes Payable to Banks – Secured		
Stocks -Securities (Schedule B) **Provide Statement		Notes Payable to Banks – Unsecured		
Non-Marketable Securities (Schedule C – below)		Notes Payable to Individuals & Others		
Securities Held by Broker in Margin Accounts		Other Loans You Owe		
Restricted or Control Stocks		Taxes & Interest Due		
Real Estate Owned (Schedule D – below)		Real Estate Mortgage (Schedule D)		
Loans YOU Made to Others		Accounts & Bills Due		
Automobile(s) & Other Vehicles		Total Auto Monthly Payment / Debt		
Other Personal Property		Credit Cards - Total		
Value Household Furnishings		IF ALL C. Cards Paid Off Monthly		
Current Cash Value of Life Insurance		Other Debts (Schedule F – below)		
Value of Business Ventures		Other Debt(s) – Itemize		
Collectables / Antiques		Student Loans		
Jewelry				
Other Asset(s) – Itemize				
		Total Liabilities	\$	\$
Total Assets	\$	NET WORTH (Assets – Liabilities)		\$

Other Credit Related Information

NO ___ YES ___ Have you ever filed for bankruptcy? If yes, when?

NO ___ YES ___ Do you have any outstanding tax liens? If yes, explain:

NO ___ YES ___ Do you have any legal actions or judgments against you? If yes, explain:

NO ___ YES ___ Do you have any contingent liabilities? (ie. Are you a guarantor for an outside business or on a third party debt?)

NO ___ YES ___ Are you a partner or officer in any other business or ventures? If yes, describe:

By signing below, each of the above listed business and business owner/officer (individually and collectively, “you”) authorize Atlantic Commercial Credit (“**The Company**”) and each of its representatives, successors, assigns and designees (“Recipients”) that may be involved with or acquire commercial or personal loans, including without limitation the application therefor (collectively, “Transactions”) to obtain consumer or personal, business and investigative reports and other information about you, including credit card processor statements and bank statements, from one or more consumer reporting agencies, such as TransUnion, Experian and Equifax, and from other credit bureaus, banks, creditors and other third parties. You also authorize The Company to transmit this application form, along with any foregoing information obtained in connection with this application, to any or all of the Recipients for the foregoing purposes. You also consent to the release, by any creditor or financial institution, of any information relating to any of you, to The Company and to each of the Recipients, on its own behalf.

Notice Regarding Pre-Approved / Pre-Screened Offer / Fair Credit Reporting: This offer is based on a security agreement structure. The loan may not be extended if, after you respond, we find that you do not meet the criteria used in selecting you for this offer or any applicable criteria bearing on creditworthiness. If credit is extended, the exact account type and credit line may be based on a review and verification of income and current credit report. You have the right to prohibit use of information in your file with any credit reporting agency in connection with any transaction that you do not initiate. To assert this right with respect to your file, you may write to: Trans Union, Name Removal Option, P.O. Box 97328, Jackson, MS 39288-7328; Equifax Options, P.O. Box 740123, Atlanta, GA30374-0123; or Experian, Consumer “OPT-OUT”, 901 West Bond, Lincoln, NE 68521; or you may notify all agencies by calling 1-888-567-8688.

Withdrawal and Details of the Offer: Pre-approval is not an official guarantee of approval. This offer is based on a security agreement. The Company may withdraw this offer entirely if the current information we receive from a credit bureau regarding the information in your application indicating that you do not meet the criteria established for this offer. The Company may also withdraw this offer if you move outside The Company’s marketing area. In addition, The Company may withdraw this offer if the following conditions are not met: You do not have sufficient income to repay the new obligation in addition to current debts. The Company may request additional information but not limited to financials. The Company reserves the right to modify this offer structure in its entirety.

Name: _____ Social Sec.# _____

X _____

AUTHORIZED SIGNATURE

DATE

Practice Acquisition Application

Buyer's Information (continued) Personal Financial Statement (continued)

Schedule A – Bank Accounts, Savings Accounts, Credit Unions and Other Cash on Deposit

Institution	Phone Number	Type of Account	Account Number	Approximate Balance

Schedule B – Stocks & Securities (Value of Publicly Traded Stocks)

Description	Number of Shares	Owner of Shares	Are Shares Pledged?	Market Value

Schedule C – Non-Marketable Securities (Value of Businesses and Private Investments)

Description	Number of Shares	Owner of Shares	Are Shares Pledged?	Market Value

Schedule D – Real Estate Owned

Address of Property	Cost	Market Value	Approximate Balance	Mortgage Company	Date of Loan

Schedule E – Life Insurance

Insurance Company	Policy Owner	Beneficiary	Face Value	Policy Loans	Cash Value

Schedule F – Banks and Other Creditors

Name of Lender	Address	Terms	Collateral	Date Opened	High Credit	Apx. Balance

Practice Acquisition Application

Buyer's Financing Request

Practice Sales Price \$
 Working Capital
 Improvements
 Equipment
 Down Payment (not required)
 Seller Financing (not required)

\$

TOTAL FINANCING REQUEST: \$

Seller's Information

Seller's Name
 Practice Name
 Address
 City
 State Zip
 Phone Fax
 Cell
 Additional Office Contact:

Buyers Expected Changes

Will buyer expand the hours of the practice? Yes No

NEW OFFICE HOURS

Days: M__ T__ W__ Th__ F__ Sat__ Sun__

Will buyer work outside of this practice after the sale? If so, list expected annual compensation from other positions: \$ _____ Yes No

CHECK Additional Procedures you Will offer & \$ Changes

(Check all that Apply) Revenue Chg:

Cosmetics	_____	\$
Minor Oral Surgery	_____	\$
Endodontics	_____	\$
Periodontics	_____	\$
Orthodontics	_____	\$
Dentures	_____	\$
Invisaline	_____	\$

How will you Market to New Patients:

Mail Newspaper Additional Signage

Other:

Buyer's Current Work Data

How Far do you live from the Practice? _____ Miles

What is your current work schedule? Total Hours: _____

Days: M__ T__ W__ Th__ F__ Sat__ Sun__

What is your current compensation plan: A or B?

A) Paid on _____ % of:
 (check one) _____ Production _____ Collections
 B) \$ _____ Per day

Of ALL Others - Why do you want to purchase this Practice?
 (check all that apply)

____ Appearance _____ Location _____ Growth Potential
 ____ Well Equipped _____ Profitability _____ Experienced Staff
 ____ Established Patient Base
 Other Reasons (Describe):

Practice Profile of Seller

Square Footage of Office: _____ Building Description: (Check all that apply)
 Office is located on: ___ 1 Floor ___ 2 Floor ___ 3rd Floor ___ High Rise

Building: ___ Free-Standing ___ Shopping Ctr. ___ Professional Ctr

Near other: ___ Other Healthcare & Professionals ___ Retail Shops

CURRENT OFFICE HOURS: Current Hours (Check) Total hours: _____
 Days: M__ T__ W__ Th__ F__ Sat__ Sun__

Operative / Hygiene: ___ # of Doctors ___ # Dr. Days ___ # Hygiene Days

Total Number of Operatories: _____ Total Equipped Operatories: _____

REVENUE DATA:	%	# Employed	To Stay?	\$ Change /YR
Payment by Cash	____%	Associates Dr.	Y N	\$
Medicaid	____%	Managers	Y N	\$
Capitation	____%	Hygienists	Y N	\$
Insurance	____%	Dental Assist.	Y N	\$
Other	____%	Reception	Y N	\$

PATIENT DATA: # of Active Patients: _____ # New Patients / Mo.: _____

Percentage of Dentistry:	Age - 20	21- 60	60 Plus	
Hygiene	____%	____%	____%	Oral Surgery _____%
Restorative	____%	____%	____%	Pedo _____%
Crown / Bridge	____%	____%	____%	Implants _____%
Denture	____%	____%	____%	Other _____%

Seller's Practice Information

How long has seller been at this location? _____ Years YES NO

Will seller remain in practice after the sale? If Yes, how long and Yes NO

Estimated ANNUAL compensation?

Does seller own any other practices? If so, how close? _____ Miles Yes No

Does the Buyer own any other practices? If so, how close? _____ Miles Yes No

Is this a consolidation of an existing practice? Yes No

If Yes, what office will house the equipment? Existing or NEW

Will Buyer assume Seller's current lease? Yes No

If No, will Buyer negotiate a new lease?

Will any office renovations be necessary? Yes No

(Describe):

Are accounts receivable part of this purchase? Yes No

Total Outstanding: \$ Cost: \$

Is Real Estate part of this transaction? Yes No

Sales Price: \$



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Please complete the application and forward it to Anthony Lacey,
Financial Planning and Analysis Manager at

Anthony.Lacey@coastdental.com for processing.

If you have questions, you may reach Mr. Lacey at (813) 504-0469.