

Loan Application for **Healthcare Professionals**

Date _____

Personal Information

Name _____			Date of Birth _____
Home Address _____			Social Security # _____
City _____	State _____	Zip _____	Phone _____
E-mail _____	Cell _____		Fax _____

Business Information

Owner's Name _____		Phone _____
Business Name _____		Fax _____
Tax ID # _____	No. of Years in Operation _____	
Business Local (Street Address) _____		
Type of Ownership	<input type="checkbox"/> Sole Proprietorship/dba _____	Ownership Percentage _____
	<input type="checkbox"/> LLC / PLLC _____	Business Partner / Proposed Guarantor _____
	<input type="checkbox"/> PC / PS _____	

Loan Request

Amount: \$ _____

I am applying for this loan
 Individually Jointly with the following named co-borrower: _____

Use of Loan Proceeds Practice Acquisition Amount Requested \$ _____

Seller's Name _____	Address _____
<input type="checkbox"/> Equipment Amount Requested \$ _____	
<input type="checkbox"/> Working Capital Amount Requested \$ _____	
<input type="checkbox"/> Refinance Existing Debt* Amount Requested \$ _____	

Lender: _____

Other: _____ Amount Requested \$ _____

*If more than one existing debt, please attach list of debts to be refinanced

Strategic Advisors

Bookkeeper / Accountant _____	Phone _____
Attorney _____	Phone _____
Business Property Insurance Company / Agent _____	Phone _____
Life Insurance Company / Agent _____	Phone _____
Disability / Business Office Overhead Company / Agent _____	Phone _____
Malpractice Insurance Company / Agent _____	Phone _____

Practice Information

Current office space (sq. ft) _____	Date of Business Fiscal Year End _____
Are all of your business taxes current? (Including payroll taxes) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you own your practice's building? <input type="checkbox"/> Yes <input type="checkbox"/> No	How many employees do you have? _____
How many physician owners in the practice? _____	Which practice management software do you use? _____
Have you converted to EMR? <input type="checkbox"/> Yes <input type="checkbox"/> No	

continued >

Personal Financial Information

Assets		Amount	Liabilities		Amount	Monthly Payment Amount
Cash	Cash	\$	Loans (other than Real Estate)	Student Loan(s)	\$	\$
				Auto Loan(s)	\$	\$
Stocks & Bonds	Marketable Securities	\$	Revolving Debt	Credit Card(s)	\$	\$
	IRA / Pension	\$		Personal Line(s) of Credit	\$	\$
	Other	\$		Residence	\$	\$
Auto		\$	Real Estate Loans	Home Equity Line(s) of Credit	\$	\$
Notes Receivable – Personal		\$		Unimproved Land	\$	\$
		\$		Income Property Type _____	\$	\$
Real Estate	Residence(s)	\$		Income Property Type _____	\$	\$
	Unimproved Land	\$		Income Property Type _____	\$	\$
	Income Property Type _____	\$		Other Liabilities	Loans on Insurance Policy	\$
	Income Property Type _____	\$	Other: _____		\$	\$
	Income Property Type _____	\$	Other: _____		\$	\$
Other Assets	Other Assets & Personal Property	\$	Total Liabilities		\$	\$
			Net Worth		\$	
Total Assets		\$				

Financial Information To help us expedite your loan request, it would be helpful to have some additional information. Please provide us with the following checked items. (Additional information may be required at a later time.)

- Applicant's last three years' individual tax returns
- Last three years' practice financial statements
- Last three years' practice tax returns
- Accounts receivable aging
- Current interim balance sheet and profit / loss statement if more than three months past year end
- Two years' profit and loss projections
- Other _____

I hereby authorize Columbia Bank to make any investigation of my personal and / or business credit and / or employment status either directly or through any agency employed by the bank for that purpose. I further authorize Columbia Bank to provide information concerning applicant's credit relationship to credit reporting agencies or other creditors. The statements made herein are true and represent a total disclosure of all information requested on this date.

Name of Applicant	Title
Signature	Date
Name of Co-signer	Title
Signature	Date

Revised 04/01/10

