



Atlantic Commercial Credit Corporation
 2121 Ebenezer Rd., Suite 104
 Rock Hill, SC 29732
 Ph: 800-669-8008 Fax 877-669-8008

Practice Acquisition Application

Borrower's Information		Monthly Expenses		
Buyer's Name		Rent / Mortgage Payment	\$	
Address		Food		
		Utilities		
City		Clothing		
State		Medical		
Zip Code		Insurance		
Social Security #		Installment Payments		
Home Phone		Automobile(s)		
Facsimile		Student Loans		
E-mail		Other		
Mobile		Credit Card Payments		
Pager		Total Monthly Expense		
Specialty				
Date Licensed		Borrower's Monthly Income		
State(s) Licensed			This Year (Anticipated)	Last Year
License Number(s)		Buyer's Income	\$	\$
Is Buyer trained for any specialties? If yes, please list:		Other Income	\$	\$
		Total Monthly Income	\$	\$
Employer Information		Insurance Information		
Employer		Do you have an Insurance Agent??		Yes No
Employer Address		If yes, please provide the following information:		
City		Life:	Agent	
State			Phone	
Zip Code				
Telephone		Disability	Agent	
Your Position / Title			Phone	
Your Annual Income				
May We Contact you Here ?	Yes No	Property	Agent	
			Phone	
Bank Information				
Name of Bank				
Contact Person				
Telephone				
Account Number				

Information Required

Buyer

Personal Tax Returns – Last 2 Years (Federal only)
 W 2's, 1099 or Business Taxes -- Last 2 Years
 Recent Pay Stub w/ YTD Earnings or Production Report
 Resume or Curriculum Vitae or Professional Summary

Seller

Business Tax Returns – Last 3 Years (Federal only)
 Recent Profit & Loss Statement on all locations
 W-2's or Payroll report of terminating employees

Practice Profile (may be completed by buyer or seller)

Practice Acquisition Application

Borrower's Information (continued) Personal Financial Statement

ASSETS	LIABILITIES	Monthly Pmt	Balance
Cash on Hand (Schedule A – below)	Notes Payable to Banks – Secured		
Marketable Securities (Schedule B – below)	Notes Payable to Banks – Unsecured		
Non-Marketable Securities (Schedule C – below)	Notes Payable to Individuals & Others		
Securities Held by Broker in Margin Accounts	Other Notes Payable		
Restricted or Control Stocks	Taxes & Interest Due		
Real Estate Owned (Schedule D – below)	Real Estate Mortgage (Schedule D)		
Accounts, Loans & Other Notes Owned	Accounts & Bills Due		
Automobile(s) & Other Vehicles	Credit Cards		
Other Personal Property	Other Debts (Schedule F – below)		
Household Goods	Other Debt(s) – Itemize		
Cash Surrender Value of Life Insurance			
Book Value of Business Ventures			
Collectables / Antiques			
Jewelry			
Other Asset(s) – Itemize			
	Total Liabilities	\$	\$
Total Assets			
\$	NET WORTH (Assets – Liabilities)		\$

Other Credit Related Information

Have you ever filed for bankruptcy?	Yes	No	If yes, when?	Explain Circumstances:
Do you have any outstanding tax liens?	Yes	No	If yes, explain:	
Do you have any legal actions or judgments against you?	Yes	No	If yes, explain:	
Do you have any contingent liabilities? (ie. Are you a guarantor for an outside business venture or on a third party debt?)	Yes	No	If yes, explain:	
Are you a partner or officer in any other business or ventures?	Yes	No	If yes, describe:	

The undersigned individual as principal of and/or guarantor for the applicant, authorizes lender, its designee, assigns or potential assigns, to review his/her personal credit profile provided by national credit bureaus in considering this application and for the purpose of the update, renewal, or extension of credit to the applicant or the collection of any resultant accounts. A fax or photocopy of this authorization shall be valid as the original.

I warrant there are no judgments against me, nor any liens unsatisfied upon my property except as shown, nor prior suit pending against me in any court, that no assets are pledged in any manner not shown herein, and that this statement is true and complete and is offered for the purpose of obtaining and maintaining credit.

Name: _____

Social Sec.# _____

X _____
AUTHORIZED SIGNATURE

Practice Acquisition Application

Borrower'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 – Marketable Securities

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

Schedule C – Non-Marketable Securities

Number of Shares	Description	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

Name: _____

Social Sec.# _____

X _____
AUTHORIZED SIGNATURE

Practice Acquisition Application

Seller's Information				Borrower's Financing Request			
Seller's Name				Practice Price		\$	
Practice Name				Working Capital			
Address				Improvements			
City				Equipment			
State	Zip Code			Total Loan Request			
Phone	Fax						
E-Mail				Down Payment (not required)			
Reason for Sale				Seller Financing (not required)			
Practice Information				Practice Overview			
How long has seller been at this location?		Years		YTD		One YR Ago	Two YRS Ago
Will seller remain in practice after the sale?		Yes No		Gross Collections		\$	\$
If Yes, how long and compensation?				Total Expenses		\$	\$
Does seller own any other practices?		Yes No		Net Income		\$	\$
If Yes, is this the primary practice?		Yes No		Seller's Salary		\$	\$
Does the Buyer own any other practices?		Yes No		Number of Active Patients			
If Yes, is the equipment owned clear of liens?		Yes No		Patient Visits per Month			
Is this a consolidation of an existing practice?		Yes No		Number of New Patients per Month			
If Yes, what office will house the equipment?		Yes No		Revenue Sources:			
Will Buyer assume Seller's current lease?		Yes No		Office Payment / Cash		%	
If No, will Buyer negotiate a new lease?		Yes No		Medicaid		%	
If No, will Buyer relocate the practice?		Yes No		Capitation		%	
Will any office renovations be necessary?		Yes No		Insurance		%	
If Yes, please explain including estimated cost:				Average Age of Patients:			
				20 and less		%	
Are accounts receivable part of the purchase?		Yes No		21 – 60		%	
Approximate Total Amount		\$		61 Plus		%	
Current \$	30 days \$	60 days \$	90+ \$	Office hours:			
Is Real Estate part of this transaction?		Yes No		Number of Treatment Rooms		Total:	Equipped:
Office Information				Borrower's Information – Miscellaneous			
Square Footage		Sq. ft.		Will buyer work outside of this practice after the sale?		Yes	No
Monthly Rent		\$		If Yes, provide schedule and amount of compensation:			
Landlord Name							
Remaining Term				Will buyer expand the hours of the practice?		Yes	No
# of Renewal Options				If Yes, provide schedule listing days and/or additional hours:			
Terms of each Renewal Option							
Phone				Will buyer make changes to the current staff?		Yes	No
Contact				If Yes, provide list of reductions or additions including name, salary and position(s):			
May we contact?		Yes No					
				Is buyer trained for any specialties or have any plans to offer additional services/treatments? If Yes, provide list of changes and how it would affect production.		Yes	No

Please send completed file to: Atlantic Commercial Credit Corp. Ph: 800-669-8008 or 803-366-8201
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