



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

Practice Refinance Application

Borrower's Personal Information		Monthly Expenses		
Borrower's Name:		Rent / Mortgage Payment	\$	
Home 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)		Borrower's Income	\$	\$
Is Borrower trained for any specialties? If yes, please list:		Other Income	\$	\$
		Total Monthly Income	\$	\$
Practice Information		Insurance Information		
Legal Practice Name		Do you have an Insurance Agent?? Yes No		
Practice Address		If yes, please provide the following information:		
City		Life:	Agent	
State			Phone	
Zip Code				
Telephone		Disability	Agent	
Your Position / Title			Phone	
May We Contact you Here ?	Yes No	Property	Agent	
			Phone	
Practice Bank Information				
Name of Bank				
Contact Person				
Telephone				
Account Number				

Information Required

Borrower

Credit Application (attached)
 Personal Financial Statement (attached)
 Summary of Past, Resume or Curriculum Vitae
 Personal Tax Returns – Last 3 Years (complete)

Practice Tax Returns – Last 3 Years (complete)
 Recent Profit & Loss Statement (Income Statement)
 Recent Balance Sheet

Practice Refinance 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 Refinance 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 Refinance Application

Practice Information	Borrower's Financing Request			
How long has the Practice been at this location?	Practice Loan Refinance Amount			\$
Do you own any other practices at different locations?	Equipment Lease / Loans			
If YES, what is the other Practice address:	New Equipment Request:			
	Other:			
	Total Loan Request			
If YES, is this the primary practice?				
Is the equipment owned clear all liens?				
If NO, please list the debt owed, Monthly Pmt and to whom.	Practice Overview			
Is this a consolidation of an existing practice?	Gross Collections	YTD	One Yr Ago	Two YRS Ago
If YES, what office will house the equipment?	Net Income	\$	\$	\$
Monthly Rent	Salary	\$	\$	\$
Will any office renovations be necessary?				
If YES, please explain including estimated cost:	Total Treatment Rooms:		Total Equipped:	
Square Footage	Revenue Sources:			
	Cash %	Capitation %	Other %	
	Medicaid %	Insurance %		
	Number of Active Patients		New Patient Visits per Month	
Remaining Term of Building Lease?	Average Age of Patients			
# of Renewal Options?	20 and less %	21 – 60 %	60 Plus %	
Terms of each Renewal Option?				
	Percentage of Dentistry			
	Hygiene %	Oral Surgery %	Pedo %	
	Restorative %	Implants %	Other %	
	Crown / Bridge %	Endo %		
	Denture %	Perio %		

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