

Professional Practice Lending Application

General Information

Buyer's Name _____ Social Security # _____

Home Address _____

City _____ State _____ Zip _____

(_____) _____ (_____) _____
Home Phone # _____ Contact Phone # _____

(_____) _____
Fax # _____ E-mail Address _____

Will you be incorporating to purchase the practice? Yes No

Broker's Name _____ (_____) _____
Broker's Phone # _____

Legal Counsel's Name _____ (_____) _____
Legal Counsel's Phone # _____

Accountant's Name _____ (_____) _____
Accountant's Phone # _____

Loan Financing Summary

Practice Price: \$ _____

Working Capital: \$ _____

New Equipment Price: \$ _____

New Office Improvements: \$ _____

Owner Financing: \$ _____

Down Payment: \$ _____

Total Financing Request: \$ _____

Loan Term Requested:

60 72 84 120 180

Approximate Closing Date: _____

Is this a request to refinance? Yes No

If yes, please attach a list of debts to be refinanced and current monthly payment.

Professional Education & Clinical Skills

Professional Degrees/Dates _____

License # _____ Year License _____ Years in Practice _____

Are you qualified as a specialist? If so, what speciality? _____

Office Lease or Real Estate Purchase Information

Does practice owner own office space or building? Yes No

Are you purchasing the building? Yes No If yes, price: \$ _____

Will you assume existing renewal options? Yes No

If yes, please write the remaining term: _____. If no, please fill out the adjacent work box:

New Lease Terms

Monthly Office Rent \$ _____

Lease Term _____

Option Years _____

Office Sq Ft _____

Other Information

Are you currently liable for delinquent taxes? Yes No

Have you ever filed for bankruptcy? Yes No

Are you an endorser/guarantor for others? Yes No

Do you own another practice? Yes No Location: _____

If "yes" to any of the above, please explain on an attachment. If you are currently under an employment contract or a restrictive covenant, please explain if purchase of the Owner's practice violates any of the terms of that contract: Yes No

Personal Financial Statement

Assets

Cash Checking \$ _____

Cash Savings & CD \$ _____

Retirement Accounts \$ _____

Other Marketable Securities \$ _____

Accounts and Notes Receivable \$ _____

Vehicles \$ _____

Real Estate (personal residence, rental property and buildings - itemize)

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Market Value of Business Assets (Itemize)

_____ \$ _____

_____ \$ _____

Other Assets (Please List)

_____ \$ _____

_____ \$ _____

Total Assets \$ _____

Liabilities

Primary Mortgage Balance \$ _____

Vehicle Loan Balance \$ _____

Student Loan Balance \$ _____

Credit Card Balance \$ _____

Other Real Estate Debt (HELOC, rental mortgage, vacation mortgage - itemize)

_____ \$ _____

_____ \$ _____

_____ \$ _____

Taxes Payable \$ _____

Other Liabilities (Please List)

_____ \$ _____

_____ \$ _____

_____ \$ _____

Total Liabilities \$ _____

Net Worth \$ _____

Real Estate

Description	Location	Present Value	Monthly Income	Title in Name of	Related Indebtness	
					Lien Holder	Amount

Schedule of Debt (Excluding - Real Estate)

Lender	Original Amount/ Available Credit	Present Balance	Maturity	Monthly Payment	Interest Rate	Collateral
Totals:						

Personal Budget

Sources of Cash	Current Year Estimate	Uses Of Cash	Current Monthly Expenses
W-2/1099 Income	\$ _____	Home Mortgage and/or Rent Payment	\$ _____
Dividend/Interest Income	\$ _____	Vehicle Loan Payment	\$ _____
Rental Income	\$ _____	Student Loan Payment	\$ _____
Sales of Assets	\$ _____	Credit Card Payment	\$ _____
Business Income	\$ _____	Child Support/Alimony	\$ _____
Income Tax Refund	\$ _____	Other Debt _____	\$ _____
Distributions from Estate/Trust	\$ _____	Personal (Utilities, Household, etc.)	\$ _____
Royalties	\$ _____	Insurance	\$ _____
Total Cash Received	\$ _____	Total Cash Outflow	\$ _____

Are you a United States citizen? Yes No

If no, do you have a permanent resident card? Yes No

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract), because all or part of the applicant's income derives from any public assistance program, or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law is the FDIC Consumer Response Center 2345 Grand Boulevard, Suite 100, Kansas City, MO 64108.

If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact ywong@capitalsource.com, or call (617) 854-7434 within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement.

The undersigned, as the Applicant or on behalf of the Applicant, hereby affirms that the information provided to CapitalSource Bank in connection with this credit application is true and correct and that this credit application is made solely in connection with a commercial (and not a personal, family or household) transaction. I authorize CapitalSource Bank to obtain business or personal financial information regarding the undersigned or Applicant, including credit or employment status, either directly or through any agency employed by CapitalSource Bank, and to report that information to other for the purpose of evaluating this application or servicing a loan approved pursuant to this application.



Applicant

Date