



General Information

Full Legal Name of Business Entity _____ TIN/EIN _____

Type of Ownership

Sole Proprietorship
 Partnership
 Limited Liability Company
 Corporation
 Corporation/LLC to be Formed
 Other

Applicant's Name _____ Social Security # _____

Home Address _____ City _____ State _____ Zip _____

(_____) _____ (_____) _____ (_____) _____
 Home Phone # Contact Phone # Fax # Email Address

Are you a U.S. citizen? Yes No If no, do you have a permanent resident card? Yes No

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

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

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

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: \$ _____

Office Square Footage: _____

Will you assume existing lease renewal options? Yes No

If yes, please write the remaining term: _____

If no, please fill out the new lease terms below.

New Lease Terms

Monthly Office Rent \$ _____

Lease Term _____

Option Years _____

Loan Financing Summary

Practice Price: \$ _____

Working Capital: \$ _____

New Equipment Price: \$ _____

New Office Improvements: \$ _____

Owner Financing: \$ _____

Down Payment: \$ _____

Practice Refinance: \$ _____

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 Licensed	Years in Practice
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Are you qualified as a specialist? If so, what speciality?

\$ _____ Monthly personal production	_____ Current pay structure (percent of collections, per diem, etc.)
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Other Information

Are you currently liable for delinquent taxes? Yes No

Are you an endorser/guarantor for others? Yes No

Have you ever filed for bankruptcy? Yes No

Do you own another practice? Yes No

Are you currently under an employment contract or a restrictive covenant? Yes No

If yes, please detail how you plan to manage multiple locations or merger plans.

If "yes" to any of the above, please explain in an attachment. _____

Personal Budget Statement

Name	Date
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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	\$ _____

Personal Financial Statement

Name _____ Date _____

Assets		Liabilities	
Cash Checking, Savings, CDs	\$ _____	Credit Card Balance	\$ _____
Vehicles	\$ _____	Vehicle Loan Balance	\$ _____
Retirement Assets	\$ _____	Student Loan Balance	\$ _____
Other Marketable Securities	\$ _____	Taxes Payable	\$ _____
Accounts and Notes Receivable	\$ _____	Notes Payable	\$ _____
Life Insurance (cash value only)	\$ _____		
Personal Residence	\$ _____	Residence Mortgage and HELOC	\$ _____
Other Real Estate Total (Itemize in Chart B on next page)	\$ _____	Other Real Estate Debts (Itemize in Chart B on next page)	\$ _____
Total Business Assets (Itemize in Chart C on next page)	\$ _____	Total Business Debts (Itemize in Chart C on next page)	\$ _____
Total Other Assets (Itemize in Chart A below)	\$ _____	Total Other Liabilities (Itemize in Chart A below)	\$ _____
Total Assets	\$ _____	Total Liabilities	\$ _____
		Net Worth (assets minus liabilities)	\$ _____

CHART A: Other Assets & Liabilities (if no associated asset, please just complete debt sections)

Asset or Liability	Value	Debt	Monthly Payment	Maturity Date	Lender
Total					

Professional Practice Lending Application

CHART B: Real Estate–Business & Personal

Description (e.g., rental, home, business)	Address	Present Value	Monthly Income	Title in Name of	Lender	Related Indebtedness	
						Total Debt	Monthly Payment
Total							

CHART C: Total Business Market Value and Debts Schedule

Business Name	Type of Business	Ownership Percentage	Value	Debt	Monthly Payment	Maturity Date	Lender	Date Acquired/Opened
Total								

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, 1100 Walnut St, Box #11, Kansas City, MO 64106.

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

Applicant

Date