

## Business loan application checklist

Please be sure all of the following documentation has been included in order for your application to be processed.

*For all loans, include:*

- Practice Credit Application
- Organizational papers (Articles of Incorporation, LLC Operating Agreement)
- Copy of professional license
- Copy of front and back of driver's license

*If you are applying for a loan that is \$50,000 or greater, also include the following items:*

- Practice federal tax returns for past three fiscal years
- Interim financial statements (if available)
- Personal federal tax returns for each principal owner for past three years, including K-1 schedules

## Section 1 / Application information

Loan purpose/use	Loan amount	Application date
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## Section 2 / Business information

Practice legal name		Tax ID		Business phone	
Business address	Street	City	State	ZIP code (+4)	
Year practice founded	Years at present location	Number of employees	Gross revenue \$	Net income \$	
Email address		<input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> S-Corp <input type="checkbox"/> LLC			

## Section 3 / Practice ownership *Guarantors: For incorporated borrowers, co-obligation or guarantees by owners(s) is required*

Name	% Annual comp	Social Security no.	US citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name	% Annual comp	Social Security no.	US citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name	% Annual comp	Social Security no.	US citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No

## Section 4 / Practice location

Name of lender/landlord		Monthly mortgage payment/rent \$	<input type="checkbox"/> Own <input type="checkbox"/> Lease	
Accountant		Phone		
Insurance agent	Phone	Attorney	Phone	

## Section 5 / Miscellaneous information

Is the practice an endorser, guarantor, or co-maker for any obligation not listed in the financial statements? <i>If yes, what is the amount of the contingent liability? _____</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the business or principal owner ever declared bankruptcy? <i>If yes, provide details on a separate sheet.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the business a defendant in any lawsuit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## Section 6 / Personal financial information of applicant/practice owner

Applicant's full name		Specialty	Professional license no.	Year licensed
Date of birth	Home phone		Cell phone	
Home address	Street	City	State	ZIP code (+4)
Total annual household income \$	Total cash/savings \$		Total investments \$	
Total retirement assets \$	Do you own or rent your home? <input type="checkbox"/> Own <input type="checkbox"/> Lease		Monthly mortgage/rent payment \$	

## Section 7 / Certification

I certify that I am authorized to submit this application as Applicant or on behalf of Applicant and that all information, statements and documents provided herein within this application are true, accurate and complete as of the date stated above. I authorize Dental Commerce Corporation "Lender" to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness, including but limited to, consumer credit reports, business reports and information from affiliates and other sources. I understand Lender is relying on this statement of my financial condition in making this loan. Lender may disclose to any interested party Lender's experience with this account. This loan will be used solely for business purposes. The undersigned agrees to notify Dental Commerce Corporation, "Lender," immediately of any material changes in this information. I understand that Lender will retain this application whether or not credit is granted.

Business name (print)	Applicant title
Signature of applicant X	Date
Guarantor(s) signature X	Date
Guarantor(s) signature X	Date

### Return Application to:

Mail to Dental Commerce Corporation, Attn: Greg Hansen, 601 S.W. Second Ave., Portland, OR 97204-3156 or fax to 503-952-5288.

Questions? Contact Greg Hansen at 503-412-4045, or email [greg.hansen@dentalcommercecorp.com](mailto:greg.hansen@dentalcommercecorp.com).

## Business debt schedule

Include the following information on all installment debts, notes, contracts, and mortgages. **Current balance must match the current balance sheet.**  
**Include all capital leases shown on the balance sheet (if any).** Do not include accounts receivable and accounts payable.

Business name	As of (date)
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Name of creditor	Original amount	Original date	Current balance	Interest rate	Maturity date	Monthly payment	Collateral	Current or delinquent
		Total current balance				Total monthly payment		

Signature X	Title	Date
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