

Credit Application



Applicant Information (Please fill out all pages of this application completely; blanks will delay the processing of your application)

To help the government fight the funding of terrorism and money laundering activities, U.S. Federal law requires financial institutions to obtain, verify, and record information that identifies each person (individuals and businesses) who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

FOR corporations, LLC/LLPs or other registered organizations, enter the name of the organization exactly as it appears on the Articles of Incorporation/Formation documents filed with the Secretary of State; FOR sole proprietors, individuals or Corps/LLCs to be formed, enter your full legal name exactly as it appears on an unexpired driver's license or identification card issued by the state of your principal residence.

FULL LEGAL NAME of Business Entity _____

Type of Ownership: Sole Proprietor Partnership LLC/LLP Corporation Corp/LLC to be formed Other _____

Doing business as _____ **Specialty:** _____

Company TIN/EIN _____ Practice Revenue Last Year \$ _____

Year business established: _____ Year-to-Date Revenues: \$ _____ through _____

Are you currently a Practice Finance/Wells Fargo client? Yes No Account number: _____ Type: _____

Business Address – Practice Location _____
ADDRESS CITY STATE ZIP

Business Telephone Number _____ Business Fax Number _____

Full legal name exactly as it appears on an unexpired driver's license or identification card issued by the state of your principal residence

Principal/Guarantor's Name _____ **Percent Ownership:** ____%

Home Address _____
ADDRESS CITY STATE ZIP

Home Telephone Number _____ Home Fax Number _____

Mobile Telephone Number _____ E-Mail Address _____

Birth date (mm/dd/yy) _____ Degree _____ Received From _____

Social Security Number _____ License Number _____

How long have you been practicing (years)? _____

Are you a member of a professional trade association (national, state, or local) YES NO

If yes, which one? AAHA ADA AMA Other _____ ME or Member # _____

How long have you owned this practice (years)? _____ Current employer? _____

Who referred you to Wells Fargo Practice Finance? _____

Financing Request

Equipment \$ _____ Leasehold Improvements \$ _____

Working Capital \$ _____ Business Loan Refinance \$ _____

Practice Equity Loan \$ _____ Practice Acquisition \$ _____

TOTAL FINANCING REQUEST \$ _____

If this application is connected to one or more other applications, the name(s) on such application(s) is/are: _____

and I am applying as a: **Guarantor** or **Co-Applicant** If I am applying as a co-applicant, I understand I will be a co-applicant with the other co-applicant(s) named in the above blank. My initials below certify that I intended to apply for joint credit with such co-applicants(s). My initials: _____

Mail or fax all pages of this application to Wells Fargo Practice Finance

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Applicant Name: _____

Applicant Information Please answer the following questions (Please attach details for each item marked "Yes"):	Yes	No
Country of citizenship <input type="checkbox"/> United States <input type="checkbox"/> Other: _____ If not a citizen of the United States, are you a permanent resident alien?	<input type="checkbox"/>	<input type="checkbox"/>
Are you subject to non-compete or similar contract? If yes, terms of the non-compete (or attach sheet): _____	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently on the Board of Directors or an executive officer of any Bank, Thrift or S&L?	<input type="checkbox"/>	<input type="checkbox"/>
Are you or any Officer, Principal, or Partner of an Applicant currently employed with Wells Fargo's external auditor, KPMG?	<input type="checkbox"/>	<input type="checkbox"/>
Do you own any interest in a money service business, either foreign or domestic?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been convicted of a felony?	<input type="checkbox"/>	<input type="checkbox"/>
Have you or a business entity with respect to which you were a principal or guarantor ever filed or become subject to a federal or state voluntary or involuntary bankruptcy or insolvency proceeding?	<input type="checkbox"/>	<input type="checkbox"/>
Has a judgement or arbitration decision ever been rendered against you or any firm in which you are/were a principal or guarantor?	<input type="checkbox"/>	<input type="checkbox"/>
Have you or any firm in which you are/were a principal or guarantor ever been subject to a tax lien?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever voluntarily surrendered or had any property (including real estate, other business assets or any personal item) repossessed?	<input type="checkbox"/>	<input type="checkbox"/>
Are any of your tax returns currently being audited or contested?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever used or done business under any other name?	<input type="checkbox"/>	<input type="checkbox"/>
Do you own any other businesses that have debt obligations?	<input type="checkbox"/>	<input type="checkbox"/>
Are you a guarantor, co-maker or endorser on debt of any person or entity?	<input type="checkbox"/>	<input type="checkbox"/>
Are any assets pledged or debts secured?	<input type="checkbox"/>	<input type="checkbox"/>
Are any of your assets held in a Trust?	<input type="checkbox"/>	<input type="checkbox"/>
Are any significant changes in income or expenses expected in the next 12 months?	<input type="checkbox"/>	<input type="checkbox"/>

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Applicant's Representations, Agreements and Authorizations:

The undersigned person, individually and on behalf of the above Applicant (collectively the "Signer"), hereby represents to Wells Fargo Practice Finance, a division of Wells Fargo Bank, N.A., its subsidiaries and affiliates (collectively "Wells Fargo") that (a) all information set forth in this Credit Application is true and correct, (b) all other information provided to Wells Fargo in connection with this credit application, including, without limitation, tax returns, financial statements, accountants' statements and the information set forth above, is true and correct, and (c) this credit application is made solely in connection with a commercial (and not a personal, family or household) transaction. Signer further agrees to notify Wells Fargo promptly of any material change in any such information. Signer hereby authorizes Wells Fargo and any of its affiliates and potential or actual assignees to obtain any business and/or personal financial information, from time to time, including, without limitation, information from any consumer reporting agency, credit bureau or other reporting source regarding Signer's and/or Applicant's credit history. Report information may be used for the duration of this credit request to evaluate eligibility for new or existing credit requests as well as potential eligibility for other product offerings involving the signer or businesses related to the signer. The signer authorizes Wells Fargo to communicate with and offer such other credit products to the Applicant. Should signer not wish to be informed of such product offerings for the duration of this credit request, signer agrees to notify Wells Fargo verbally or in writing. Report information may also be used for purposes of (i) monitoring any and all leases, loans and other financial transactions entered into as a result of this application, (ii) extending, renewing or amending any such lease, loan or other contract, and/or (iii) evaluating any request by Signer or Applicant for additional credit in the future.

Signer(s) further authorizes Wells Fargo to obtain balance and payoff information on all accounts requiring payoff as a condition of granting credit. The signer authorizes any creditor contacted by Wells Fargo to release and provide to Wells Fargo any credit information that Wells Fargo may request about the Applicant and about the signer(s) as individuals, including without limitation, any business or consumer account balances and payoff information for any accounts that may be paid off.

Important Notice About Credit Reporting. Wells Fargo may report information about your Account(s) to credit bureaus and/or consumer reporting agencies in the name of your business organization and in the name of any guarantor(s). Late payments, missed payments, or other defaults on your Account(s) may be reflected in your and guarantor(s) credit report(s) and/or consumer report(s).

California Residents: Applicant, if an individual and married, may apply for a separate account.

Ohio Residents: The Ohio law against discrimination requires that all creditors make credit equally available to all credit worthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio civil rights commission administers compliance with this law.

Married Wisconsin Residents: No provision of any marital property agreement, unilateral statement under §766.59, Wis. Stats., or court decree under §766.70, Wis. Stats., adversely affects the interest of the creditor unless the creditor, prior to the time the credit is granted or an open-end credit plan is entered into, is furnished a copy of the agreement, statement or court decree or has actual knowledge of the adverse provision.

Electronic Submission of Information: Submitting personal information electronically can be risky and Applicant/Guarantor assumes all associated risk when submitting information electronically. Upon receipt by Wells Fargo, any confidential information will be treated and protected as confidential information in accordance with Wells Fargo's privacy policies.

ADA, AMA, and AAHA will play no part in the credit underwriting process or setting of any lease, loan or other contract terms relating to this application.

Signed _____ Date _____

Print Name _____ Title _____

Co-Applicants or Guarantors should each complete and sign a separate application.

FOR WELLS FARGO PRACTICE FINANCE USE ONLY

Application made: By facsimile In person/mail By phone Via the Internet

Date Application Received _____ Date Customer Information Verified per CIP: _____

Name of Wells Fargo Practice Finance Sales Contact

Date

Mail or fax all pages of this application to Wells Fargo Practice Finance

2000 Powell St, 4th Floor, Emeryville, CA 94608, T: 800.326.0376, F: 800.318.8601, wells Fargo.com/practicefinance