



Credit Application

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

FULL LEGAL NAME of Business Entity _____

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

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

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

Are you currently a Practice Finance/Wells Fargo client? YES NO Account number: _____

Business Address – Practice Location _____

Business Telephone Number _____ Business Fax Number _____

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.

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

Home Address _____

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 _____

Are you a U.S. Citizen? YES NO If NO, are you a US Permanent Resident? YES NO

How long have you owned this practice (years)? _____ How long have you been practicing (years)? _____

Are you subject to non-compete or similar contract? YES NO ADA/ME/AAHA/AOA Member # _____

If Associating, where are you employed? _____

Who referred you to Wells Fargo Practice Finance? _____

Have you ever applied for credit under any other name? YES NO If yes, what names? _____

Financing Request

Equipment \$ _____ Leasehold Improvements \$ _____

Working Capital \$ _____ Business Loan Refinance \$ _____

Practice Equity Loan \$ _____ Practice Acquisition \$ _____

TOTAL FINANCING REQUEST \$ _____

If this application is connected to another application, the name on that application is _____ and I am applying as a: Guarantor Co-Applicant (I understand I will be an additional Applicant.)

Applicant Information Please answer the following questions (Please attach details for each item marked Yes):

	Yes	No
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 the 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 any firm in which you are/were a principal or guarantor ever declared bankruptcy?	<input type="checkbox"/>	<input type="checkbox"/>
Has a judgement 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"/>

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

Applicant Information Please answer the following questions (Please attach details for each item marked Yes):	Yes	No
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"/>

Certification and Authorization of Individual(s) to Release Information:

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 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 (b) 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, for purposes of (i) evaluating this application, (ii) monitoring any and all leases, loans and other financial transactions entered into as a result of this application, (iii) extending, renewing or amending any such lease, loan or other contract, and/or (iv) evaluating any request by Signer or Applicant for additional credit in the future. Signer hereby authorizes and instructs any consumer reporting agency, financial institution and other persons or entities possessing information about Signer and/or Applicant to furnish Wells Fargo with all such information in response to an inquiry from Wells Fargo both now and at any time in the future. Wells Fargo is also authorized to provide credit information about the Bank's credit experience with me to other creditors and credit reporting agencies.

ADA, AMA, AAHA and AOA will have no involvement in either the credit approval process or the terms of any lease, loan or other contract.

California Residents: Married individuals may apply for separate accounts.

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, the information will be treated and protected as confidential information.

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: _____

Signature – Wells Fargo Practice Finance Partner Services _____ Date _____

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