

Business/Practice

SECTION 1 - REQUEST AMOUNT

Total amount requested

Entity 2:

Universal Credit Application*

Equipment/Improvements

Send all information to: Practice Solutions

Suite 300 · Westerville, OH 43082 Phone: 800.360.0669 600 N. Cleveland Ave.

IMPORTANT: Read these directions before completing section

If you are applying for credit jointly, each applicant is required to submit a separate credit application with all sections complete.

Working Capital

Profession?				Purpose of loan?					
SECTION 2 - PERSO	ONAL AND BUSINE	ESS INFORM	MATION						
Personal Informat	Personal Information:			Business Information: (if business is established)					
Full Legal Individual Name:				Legal Business Name:					
Home Address:				Physical Business Address					
Home Phone:	Cell:		Business Phone:	Preferred mailing address: Home Business Other (specify below)					
Social Security #:			1	Business Tax ID (TIN / EIN):					
Date of Birth:				Type of Business Practice:					
Email Address:				Indicate % of Ownership: %					
Country of Citizenship?				Practice has been in existence for how long?					
If not a US Citizen, INS Status:				Year Owner acquired/started business?					
Prof. License#: License Date:			e Date:	Organization Type:					
Annual Income: Source of Income**:			of Income**:	State of Organization:					
Ever File Bankruptcy	? Yes	No		Date of Organization: Number of Employees:					
If yes, provide date of Bankruptcy:				Previous Year's Gross Revenues: Net Profit:					
			Please list a	all business entities that you have ownership in:					
Entity 1:				Entity 3:					

Entity 4:

SECTION 3 - Statement of personal Financia	l Condition as of (provide date)		20		
ASSETS	In Dollars	LIABILITIES		Balance In Dollars	Monthly Payment
Cash on hand and in banks		Credit cards		\$	\$
Assets held in Trust (list trust(s) below):		Accounts Payable			
		Notes payable to Banks and Others (section 7)			
		Installment Account (auto)			
Marketable Securities (stocks, bonds, mutual funds, etc.)					
Pension, 401(k), IRA and/or other retirement plan					
Restricted or control stocks (not liquid)					
Accounts receivable, loans, and/or other notes you own		Installment Account (student loans, etc.)			
Life Insurance - cash surrender value		Loan on Life Insurance			
Real estate owned (describe in section 5)		Mortgages on Real Estate (describe in section 5)			
Automobiles and other vehicles (present value)		Unpaid Taxes (describe in section 8)			
Other personal property (describe in section 6)		Alimony, child support, or separate maintenance			
Other assets (list below and describe in either section 4 or 6)		Other liabilities (list below and describe in 9)			
1)		1)			
2)		2)			
3)		3)			
4)		4)			
5)		5)			
Total Assets	\$ -	Total Liabilities		\$	-
		Total Net Worth		s	-

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Applicant	initiais	

^{*}All programs are subject to credit approval and loan amounts are subject to creditworthiness. Some restrictions may apply.

**Alimony, child support, or separate maintenance income need not be disclosed if you do not wish to have it as a consideration for repaying this obligation.

NAME OF INSTITUTION	TYPE OF ACCOUNT	TYPE OF DE	POSIT	ACCOUN	T NUMBER	I AMO	UNT OF DEPOSIT
	(personal, business, etc.)	(checking, savi			digits)	70	o o. b <u></u> oo
			#			\$	
			#			\$	
			#			\$	
			#			\$	
			I"			1 *	
ESCHOOL S. DEAL SCHAFE OWNER							
SECTION 5 - REAL ESTATE OWNED		ach parcel separatel ent and signed.)	ly. Use attachment i	r necessary. Eac	th attachment	must be identifie	d as a part of this
	Property A	Property	В	Prop	erty C		Property D
ype of Property (Residence, Rental)							
ddress							
ate Purchased urchase Price							
resent Market Value							
ien Holder/Bank							
Mortgage Balance							
real Estate Taxes (if not escrowed)							
Monthly Payment (Principal & Interest)							
Monthly Income (if leased)							
ECTION 6 - OTHER PERSONAL PROPE	ERTY AND OTHER ASSETS						
	SECTION 7 - BUSINESS/PRAC	TICE NOTES PAYA	BLE TO BANKS AND	OTHERS (DEBT	SCHEDULE)		
Name of Institution/Note Holder	Original Date	Original Balance Current Balance Interest Rate Paym		Payment	Frequency (monthly, etc) Collaters		
ECTION 8 - UNPAID TAXES							
Tax Year and Amount in Dollars		Terms of Payn	nent Plan if Applicat	le		Are Current Y	ear's Taxes Paid?
ECTION 9 - OTHER LIABILITIES							

on each individual upon request. The Ohio Civil Service Commission administers compliance with this law.

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Applicant Signature: _	Date:	