



Universal Credit Application*

Send all information to:
 Practice Solutions
 600 N. Cleveland Ave. · Suite 300 · Westerville, OH 43082
 Phone: 800.360.0669

IMPORTANT: Read these directions before completing
 • If you are applying for joint credit with another person, complete all sections.
 • If this application relates to your guarantee of other person(s), firm(s), or corporation(s), please complete all sections.

SECTION 1 - REQUEST AMOUNT

Total amount requested	\$ <input type="text" value="Business/Practice"/>	\$ <input type="text" value="Working Capital"/>	\$ <input type="text" value="Equipment/Improvements"/>	\$ <input type="text" value="Total"/>
Profession?	Purpose of loan?			

SECTION 2 - APPLICANT/GUARANTOR INFORMATION

Applicant Information:

Full Individual/Sole Proprietor or Legal Business Name:	
Business Tax ID or Social Security #:	Indicate % of ownership: %
Physical Address:	Mailing Address, if different:
Phone Number:	Ever File Bankruptcy? Yes No
Type of Business/Practice:	If yes, provide date of Bankruptcy:
Practice has been in existence for how long?	If an Individual or Sole Proprietor:
Year Owner acquired business?	Date of Birth:
If a Business or Sole Proprietor:	Email Address:
Organization Type:	Country of Citizenship:
State of Organization:	If not US Citizen, INS Status:
Date of Organization:	Prof. License#: License Date:
Previous Year's Gross Revenues:	Annual Income**: Source of Income**:

Guarantor / Co-Applicant Information:

Guarantor / Co-Applicant Information:	Guarantor / Co-Applicant Information (If Applicable):
Applying as (check one): Guarantor Co-Applicant	Applying as (check one): Guarantor Co-Applicant
Indicate % of ownership: %	Indicate % of ownership: %
Full Individual/Sole Proprietor or Legal Business Name:	Full Individual/Sole Proprietor or Legal Business Name:
Business Tax ID or Social Security #:	Business Tax ID or Social Security #:
Physical Address:	Physical Address:
Mailing Address, if different:	Mailing Address, if different:
Phone Number:	Phone Number:
Ever File Bankruptcy? Yes No	Ever File Bankruptcy? Yes No
If Yes, provide date of Bankruptcy:	If Yes, provide date of Bankruptcy:
If an Individual or Sole Proprietor:	If an Individual or Sole Proprietor:
Date of Birth	Date of Birth
Email Address:	Email Address:
Country of Citizenship:	Country of Citizenship:
If not US Citizen, INS Status:	If not US Citizen, INS Status:
Prof. License #: License Date:	Prof. License #: License Date:
Annual Income**: Source of Income**:	Annual Income**: Source of Income**:
If a Business or Sole Proprietor:	If a Business or Sole Proprietor:
Organization Type:	Organization Type:
State of Organization:	State of Organization:
Date of Organization:	Date of Organization:
Previous Year's Gross Revenues:	Previous Year's Gross Revenues:

SECTION 3 - Individual Applicant or Guarantor's Statement of Financial Condition for (Individual Name)

ASSETS	In Dollars	LIABILITIES	as of (provide date)	
			Balance In Dollars	Monthly Payment
Cash on hand and in banks (describe in section 4)		Credit cards	\$	\$
Marketable Securities (stocks, bonds, mutual funds, etc.)		Accounts Payable		
Pension, 401(k), IRA and/or other retirement plan		Notes payable to Banks and Others (section 7)		
Restricted or control stocks (not liquid)		Installment Account (auto)		
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)		
		2)		
		3)		
		4)		
		5)		
Total Assets	\$ -	Total Liabilities	\$ -	-
		Total Net Worth	\$ -	-

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

Applicant/Business Owner/Guarantor Initials _____ Applicant/Business Owner/Co-Guarantor Initials _____

SECTION 4 - DETAILS OF DEPOSITS WITH BANKS, SAVINGS & LOANS, AND OR CREDIT UNIONS (ETC)				
NAME OF INSTITUTION	TYPE OF ACCOUNT (personal, business, etc.)	TYPE OF DEPOSIT (checking, savings, etc.)	ACCOUNT NUMBER (last 4 digits)	AMOUNT OF DEPOSIT
			#	\$
			#	\$
			#	\$
			#	\$
			#	\$

SECTION 5 - REAL ESTATE OWNED *(List each parcel separately. Use attachment if necessary. Each attachment must be identified as a part of this statement and signed.)*

	Property A	Property B	Property C	Property D
Type of Property (Residence, Rental)				
Address				
Date Purchased				
Purchase Price				
Present Market Value				
Lien Holder/Bank				
Mortgage Balance				
Real Estate Taxes (if not escrowed)				
Monthly Payment (Principal & Interest)				
Monthly Income (if leased)				

SECTION 6 - OTHER PERSONAL PROPERTY AND OTHER ASSETS

SECTION 7 - BUSINESS/PRACTICE NOTES PAYABLE TO BANKS AND OTHERS (DEBT SCHEDULE)							
Name of Institution/Note Holder	Original Date	Original Balance	Current Balance	Interest Rate	Payment	Frequency (monthly, etc)	Collateral

SECTION 8 - UNPAID TAXES		
Tax Year and Amount in Dollars	Terms of Payment Plan If Applicable	Are Current Year's Taxes Paid?

SECTION 9 - OTHER LIABILITIES

Consent & Disclosure

Federal law requires all financial institutions to obtain, verify, and record information that identifies each person and entity opening an account. The information provided for this application will assist us in verifying your identity or the identity of your business. However, we may ask you to provide additional information or identifying documents for identity verification purposes. You agree that you are an owner of the company identified by the Legal Business Name above and you have the authority on behalf of all applicants to make this application and borrow money for the business. You are hereby granting us permission to access your credit bureau reports and other information from third parties so that we can consider you for this credit, as well as for other credit products that are suitable and which we may offer to you in conjunction with this credit, including, but not limited to: term loans, lines of credit, and commercial/business credit cards. These statements are made for the purpose of obtaining or guaranteeing credit for business purposes.

NOTICE: The Ohio laws against discrimination require that all creditors make credit equally available to all creditworthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Service Commission administers compliance with this law.

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Applicant Signature: _____ Date: _____ Co-Applicant Signature: _____ Date: _____
 Guarantor Signature: _____ Date: _____ Guarantor Signature: _____ Date: _____