



CREDIT APPLICATION

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

EXACT LEGAL NAME of Applicant
Company TIN/EIN
Practice Revenue Last Year \$
Business Structure
Business Address - Equipment 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.

Principal's Name
Home Address
Home Telephone Number
Mobile Telephone Number
Birth date
Social Security Number
How long have you owned this practice (years)?
ADA/AMA/AAHA Member #
If Associating, where are you employed?
Are you a U.S. Citizen?
Who referred you to Matsco?
Have you ever applied for credit under another name?

Financing Request

Equipment
Working Capital
Practice Equity Loan
Leasehold Improvements
Business Loan Refinance
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

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 Matsco, a division of Wells Fargo Bank, N.A., its subsidiaries and affiliates (collectively "Matsco") that (a) all information provided to Matsco 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.

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

Signed
Date
Print Name
Title

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

FOR MATSCO USE ONLY

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

Signature - Matsco Partner Services
Date

Mail or fax this application to Matsco

A Wells Fargo Company



m a t s c o ®

CONFIDENTIAL PERSONAL FINANCIAL STATEMENT

CLIENT: _____

FINANCIAL CONDITION AS OF: _____

THIS IS A STATEMENT OF MY INDIVIDUAL FINANCIAL CONDITION OUR JOINT FINANCIAL CONDITION TRUST FINANCIAL CONDITION ONLY

THIS STATEMENT DOES DOES NOT INCLUDE ASSETS HELD IN A TRUST, IRA OR OTHER RETIREMENT ACCOUNT.

If this statement does include such assets, please indicate the name of the trust, as applicable, as well as the type and value of assets, and where they are held: _____

ASSETS		LIABILITIES	
CASH	\$	NOTES PAYABLE BANKS (ITEMIZED)	\$
SAVINGS & CERTIFICATES OF DEPOSIT		BANK	
ACCOUNTS & NOTES RECEIVABLE		SECURED BY	
U.S. SECURITIES (ITEMIZED)		BANK	
STOCKS & BONDS (ITEMIZED)		SECURED BY	
CASH VALUE LIFE INSURANCE		BANK	
OTHER ASSETS		SECURED BY	
		NOTES PAYABLE FRIENDS & RELATIVES	
		NOTES PAYABLE OTHERS	
		ACCOUNTS PAYABLE	
		INTEREST & TAX DUES	
TOTAL CURRENT ASSETS	\$	TOTAL CURRENT LIABILITIES	\$
REAL ESTATE & BUILDINGS (ITEMIZED)		REAL ESTATE MORTGAGE (ITEMIZED)	
FURNITURE, FIXTURES & EQUIPMENT		OTHER TERM DEBT	
AUTOMOBILES & TRUCKS			
OTHER ASSETS			
		TOTAL LIABILITIES	\$
		NET WORTH	\$
TOTAL ASSETS	\$		\$

DETAILED LIST OF STOCKS & BONDS (ATTACH EXTRA SHEET IF NECESSARY)				
DESCRIPTION	EXCHANGE LISTED	QUANTITY	PRICE PER SHARE	APPROX. VALUE
				\$
TOTAL \$				\$

NOTES, CONTRACTS, AND ACCOUNTS PAYABLE (DO NOT INCLUDE MORTGAGES)						
LIST BELOW ALL LOANS, DEBTS AND ACCOUNTS OWING BY YOU, CLASSIFIED AS "NOTES PAYABLE," "CONTRACTS PAYABLE," AND "ACCOUNTS PAYABLE". (ATTACH EXTRA SHEET IF NECESSARY)						
FIRM NAME	FIRM ADDRESS	PURPOSE	ACCOUNT NUMBER	MONTHLY PAYMENT	ORIGINAL AMT.	ESTIMATED PRESENT AMT.
						\$
TOTAL						\$

- over -

Rev. 6/03

REAL ESTATE								
PARCEL NO.	DETAILED REAL ESTATE	TITLE IN NAME OF	MONTHLY INCOME	MONTHLY EXPENSES	COST	DATE ACQUIRED	IMPROVEMENTS	ESTIMATED VALUE
								\$
TOTAL								\$

ABOVE PARCELS	TO WHOM PAYABLE	HOW PAYABLE	ANNUAL TAXES	ACCT. #	MATURITY DATE	ORIGINAL AMT.	PRESENT BALANCE
		\$ /					\$
		\$ /					
		\$ /					
TOTAL							\$

ANNUAL CASH INCOME		AMOUNT(S) IN WHOLE \$	ANNUAL CASH EXPENDITURES		AMOUNT(S) IN WHOLE \$
CLIENT SALARY BONUSES & COMMISSIONS		\$	INTEREST AND PRINCIPAL PAYMENTS ON REAL ESTATE LOANS		\$
INTEREST INCOME			RESIDENTIAL RENT PAYMENTS		
DIVIDEND INCOME			INTEREST AND PRINCIPAL PAYMENTS LOANS OTHER THAN REAL ESTATE		
ALIMONY/CHILD SUPPORT*			INCOME TAXES		
BUSINESS INCOME			INSURANCE		
CAPITAL GAINS			ALIMONY/CHILD SUPPORT		
NET RENTAL INCOME**			PARTNERSHIP, S CORP, LLC & LLP DISTRIBUTIONS		
PARTNERSHIP, S CORP, LLC & LLP DISTRIBUTIONS			PERSONAL LIVING EXPENSES		
GIFT INCOME			EDUCATIONAL LOANS		
RECEIVABLE INCOME			OTHER EXPENSES (LIST)		
OTHER INCOME (LIST)*					
TOTAL CASH INCOME		\$	TOTAL CASH EXPENDITURES		\$

* ALIMONY, CHILD SUPPORT OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED UNLESS YOU WISH TO HAVE IT CONSIDERED IN DETERMINING YOUR CREDIT WORTHINESS.
 ** NET RENTAL INCOME BEFORE INTEREST AND DEPRECIATION EXPENSES

PLEASE ANSWER THE FOLLOWING QUESTIONS (PLEASE ATTACH DETAILS FOR EACH ITEM MARKED YES):

- | | | |
|---|--------------------------|--------------------------|
| | Yes | No |
| 1. HAVE YOU OR ANY FIRM IN WHICH YOU ARE A MAJOR OWNER OR GUARANTOR EVER DECLARED BANKRUPTCY OR HAD A JUDGMENT AGAINST YOU? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. HAVE YOU EVER VOLUNTARILY SURRENDERED OR HAD A VEHICLE, APPLIANCE OR ANY OTHER ITEM REPOSSESSED? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. ARE ANY OF YOUR TAX RETURNS CURRENTLY BEING AUDITED OR CONTESTED? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. ARE YOU A GUARANTOR, CO-MAKER OR ENDORSER ON DEBT OF ANY PERSON OR ENTITY? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. ARE ANY ASSETS PLEDGED OR DEBTS SECURED EXCEPT AS INDICATED? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. ARE ANY SIGNIFICANT CHANGES IN INCOME OR EXPENSES EXPECTED IN THE NEXT 12 MONTHS? | <input type="checkbox"/> | <input type="checkbox"/> |

ADDITIONAL INFORMATION

PLEASE PREPARE AND ATTACH COPIES OF THE FOLLOWING:

- WRITTEN STATEMENT OF WORK EXPERIENCE AND EDUCATION
- TAX RETURNS (LAST 2 YEARS – FULL COPIES)
- INTERIM FINANCIAL STATEMENT (NOT OLDER THAN 90 DAYS)

IF THIS IS A PRACTICE ACQUISITION TRANSACTION, PLEASE INCLUDE:

- SCHEDULE "C" OR CORPORATE TAX RETURNS FROM SELLER (LAST 2 YEARS)
- BUY/SELL AGREEMENT (DRAFT OR FINAL)

This signed Personal Financial Statement does not represent in and of itself an application for credit.

I hereby affirm that each of the answers in the foregoing Confidential Personal Financial Statement is true and correct. I authorize you to obtain information from my accountant and any source(s) to which you may apply relative to this Statement, each such source being hereby authorized to provide you with such information. This Statement in any event shall be and remain your property. Should any situation arise which changes any representation made by me in the Statement, I will notify you thereof promptly. I also authorize you to provide to other qualified credit grantors such information as they may request.

X	DATE:	X	DATE:
PRINTED NAME AND TITLE:		PRINTED NAME AND TITLE:	

Spouse must sign only if he or she will be applying for or guaranteeing credit to be considered by Matsco, or is obligated for the existing credit to which this statement relates.