

Name: \_\_\_\_\_

Professional Degree/Dates: \_\_\_\_\_

License # \_\_\_\_\_

Are you qualified as a specialist? If yes, what specialty? \_\_\_\_\_

Monthly Personal production: \$ \_\_\_\_\_

Ownership: Sole Proprietorship \_\_\_\_\_ LLC \_\_\_\_\_ Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Other \_\_\_\_\_

**OFFICE LEASE OR REAL ESTATE PURCHASE INFORMATION:**

Does practice owner own office space or building: \_\_\_\_\_ Yes \_\_\_\_\_ No

Square footage of practice facility: \_\_\_\_\_

Are you purchasing the building? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, price \$ \_\_\_\_\_

Will you assume existing lease renewal options? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what is remaining term & options: \_\_\_\_\_

**New Lease Terms:**

Monthly Office Rent: \$ \_\_\_\_\_

Lease Term: \_\_\_\_\_

Option Years: \_\_\_\_\_

**TRANSITION DETAILS**

Will you plan to associate outside the practice being acquired? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what is your anticipated income? \$ \_\_\_\_\_

Will seller remain post-sale? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, how long and what is expected compensation? \_\_\_\_\_

**LOAN FINANCING SUMMARY:**

<b>Practice Price</b>		<b>Practice Refinance</b>	
<b>Working Capital</b>		<b>Less-Owner Financing</b>	
<b>New Equipment Price</b>		<b>Less-Down Payment</b>	
<b>Leasehold Improvements</b>		<b>Total Financing Request</b>	
<b>Real Estate</b>			

Approximate Closing Date: \_\_\_\_\_

**PERSONAL FINANCIAL STATEMENT**

**IMPORTANT: Read these directions before completing this statement.**

- If you are applying for individual credit in your own name and are relying on your own income or assets and not the income or assets of another person as the basis for repayment of the credit requested, complete only Sections 1 and 3.
- If you are applying for credit with another person, complete all Sections and provide information in Section 2 about the joint applicant. If assets and liabilities are not jointly held, prepare a separate Personal Financial Statement and sign for joint intent.

We intend to apply for joint credit: \_\_\_\_\_

Applicant Signature \_\_\_\_\_

Co-Applicant Signature \_\_\_\_\_

- If you are applying for individual credit but are relying on income from alimony, child support, separate maintenance or on income or assets of another person as basis for repayment of the credit requested, complete all Sections. Provide information in Section 2 about the person whose alimony, support, or maintenance payments or income or assets you are relying on. Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.
- If this statement relates to your guaranty of the indebtedness of other person(s), firm(s), or corporation(s), complete Sections 1 and 3.

Loan Purpose: \_\_\_\_\_ Requested Loan Amount \$ \_\_\_\_\_ Number of Months: \_\_\_\_\_

**IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT** To help the government fight the funding of terrorism and money laundering activities, the USA Patriot Act requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask you for your name, physical address, date of birth, taxpayer identification # and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. We will let you know if additional information is required.

<b>SECTION 1</b>				<b>SECTION 2</b>							
Name (Applicant)				Name (Co-Applicant)							
Social Security #		Date of Birth		Social Security #		Date of Birth					
Government ID: Type of ID, Issuance Date, Expiration Date, State Issued & ID #				Government ID: Type of ID, Issuance Date, Expiration Date, State Issued & ID #							
Home Address (Street Address, City, State, Zip)				Home Address (Street Address, City, State, Zip)							
Personal Phone #		Business Phone #		Personal Phone #		Business Phone #					
Business Email/Personal Email				Business Email/Personal Email							
Employer				Employer							
Employer Address				Employer Address							
FOR WISCONSIN RESIDENTS ONLY. I am: <input type="checkbox"/> MARRIED <input type="checkbox"/> UNMARRIED <input type="checkbox"/> LEGALLY SEPARATED				FOR WISCONSIN RESIDENTS ONLY. I am: <input type="checkbox"/> MARRIED <input type="checkbox"/> UNMARRIED <input type="checkbox"/> LEGALLY SEPARATED							
<b>SECTION 3</b>		ASSETS*		AMOUNT		LIABILITIES*		AMOUNT			
CASH: (Schedule 1)	Bank			UNSECURED NOTES: (Schedule 8)	Bank			SECURED NOTES: (Schedule 8)	Bank		
	At Other Banks				At Other Banks	At Other Banks			At Other Banks		
SECURITIES: (Schedule 2)	Marketable										
	Non-Marketable										
	Restricted or Control										
LIFE INSURANCE CASH VALUE (Schedule 3):						OTHER NOTES & LEASES PAYABLE:					
INVESTMENTS: (Schedule 4)	Closely Held Companies					CREDIT CARD BALANCES:					
	Partnership Interests					DUE TO BROKERS					
	Privately Owned Business					(Schedule 9):					
REAL ESTATE: (Schedule 5)	Primary Residence					MORTGAGE LOANS: (Schedule 5)	Primary Residence				
	Other Residences						Other Residences				
	Investment						Investment				
	Partial Interest						Partial Interest				
NOTES RECEIVABLE (Schedule 6):											
RETIREMENT ACCTS (Schedule 7):											
AUTOMOBILES:						OTHER LIABILITIES: (itemize below)					
OTHER PERSONAL ASSETS: (itemize below)											
TOTAL ASSETS						TOTAL LIABILITIES					
						NET WORTH (Total Assets Less Liabilities)					

\*For married Wisconsin residents, include asset and liability information for each spouse.



Personal Financial Statement as of: \_\_\_\_\_

**SCHEDULE 1 - CASH: Checkings, Savings, CDs & Money Market Funds**

NAME OF FINANCIAL INSTITUTION	TITLE OF ACCOUNT	TYPE OF ACCOUNT	AMOUNT

**SCHEDULE 2 - INVESTMENTS: Listed Marketable Securities, Mutual Funds & ETFs**

DESCRIPTION OF SECURITY (attach separate list if necessary)	REGISTERED IN NAME OF	WHERE HELD	RESTRICTED	NO SHARES	BOOK VALUE	MARKET VALUE	PLEGGED?/WHERE

**SCHEDULE 3 - LIFE INSURANCE:**

INSURANCE COMPANY	POLICY OF OWNER NAME OF INSURED	BENEFICIARY	POLICY FACE AMOUNT	POLICY LOANS	CASH VALUE	PREMIUM PAYMENTS	PLEGGED?/WHERE

**SCHEDULE 4 - INVESTMENTS: Closely Held Companies, Non-Marketable Securities & Unlisted Securities**

NAME OF COMPANY	REGISTERED IN NAME OF	NO. SHARES % OWNED	COST	DATE PURCHASED	MARKET VALUE	BALANCE DUE	PLEGGED?/WHERE

**SCHEDULE 5 - REAL ESTATE OWNED:**

DESCRIPTION AND ADDRESS	LEGAL OWNER	LENDER	% OWNED	YR ACQUIRED	PURCHASE PRICE	ORIGINAL MTG AMT	MARKET VALUE	MORTGAGE BALANCE

**SCHEDULE 6 - NOTES RECEIVABLE:**

DUE FROM	DUE TO	ORIGINAL AMT	PRESENT BALANCE	REPAYMENT	SECURITY HELD, IF ANY	DATE OF NOTE

**SCHEDULE 7 - RETIREMENT ACCOUNTS: Pension, 401(K) & IRAs**

NAME OF FINANCIAL INSTITUTION	TITLE OF ACCOUNT	TYPE OF ACCOUNT	AMOUNT

**SCHEDULE 8 - NOTES & LEASES PAYABLE: Unsecured & Secured Including Mortgages**

OWED TO (ACCOUNT #)	BORROWER	MATURITY	BALANCE	MONTHLY PAYMENT	RATE	SECURED BY

**SCHEDULE 9 - CREDIT ACCOUNTS & LINES: Credit Cards, Credit Lines & Home Equity Lines**

ISSUER (ACCOUNT #)	BORROWER	MATURITY	BALANCE	MONTHLY PAYMENT	RATE	SECURED BY

**PLEASE ANSWER THE FOLLOWING QUESTIONS:**

1. Income tax returns filed through (date):  YES  NO  
 Are any returns currently being Audited or contested?  
 If yes, what year(s)?
- 
2. Have you or any firm in which you were a major owner ever declared bankruptcy?  YES  NO  
 If yes, please provide details here:
- 
3. Have you ever drawn a will?  YES  NO  
 If yes, please furnish the name of the executor(s) and year will was drawn:
- 
4. Have you ever had a financial plan prepared for you?  YES  NO
- 
5. Do you anticipate any material changes to this statement, within one year of this date?  YES  NO  
 If yes, please explain:
- 

**CONTACT INFORMATION**

Name of Your Accountant	Phone #
Name of Your Attorney	Phone #
Name of Your Investment Advisor/Broker	Phone #
Name of Your Insurance Agent	Phone #

**REPRESENTATIONS AND WARRANTIES**

The information contained in this statement is provided for the purpose of obtaining or maintaining credit with the Bank on behalf of the undersigned or persons, firms, or corporations on whose behalf the undersigned may either severally or jointly with others execute a guaranty in the Bank's favor. Each undersigned understands that the Bank is relying on the information provided herein (including the designation made as to ownership of property) in deciding to grant or continue credit. Each undersigned represents and warrants that the information provided is true and complete and that the Bank may consider this statement as continuing to be true and correct until a written notice of a change is given to the Bank by the undersigned. The Bank is authorized to make all inquiries deemed necessary to verify the accuracy of the statements made herein and to determine each undersigned's creditworthiness. The Bank is authorized to answer questions about their credit experience with the undersigned. The Bank may report information about each undersigned's account to credit bureaus. Late payments, missed payments, or other defaults on each undersigned's account may be reflected in their credit report.

**NOTICE OF RIGHT TO APPRAISAL COPY:** You have the right to a copy of the appraisal report used in connection with your application for credit. If you wish to obtain a copy, please write to us at the mailing address provided. We must hear from you no later than 90 days after we notify you about the action taken on your credit application or you withdraw your application. In your letter, give us the following information: Loan or application number (if known), date of application, name(s) of loan applicant(s), property address, and current mailing address.

**NOTICE OF RIGHT TO REASONS FOR ACTIONS TAKEN:** If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact the Compliance Officer at the bank address and phone number listed on the first page of this document within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement.

**NOTICE TO MARRIED WISCONSIN APPLICANTS:** No provision of any marital property agreement, unilateral statement under s.766.59, Wis. Stats., or court decree under s.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 decree or has actual knowledge of the adverse provision.

Notice: The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applications on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The agency that administers compliance with this law concerning this creditor is the Office of the Comptroller of the Currency, Customer Assistance Group, 1301 McKinney Street, Suite 3450, Houston, Texas 77010-9050.

Section 1014 of Title 18 of the United States Code was amended to make it a federal crime for any person to knowingly make any false statement or report, or willfully overvalue any land, property or security for the purpose of influencing in any way the action of any bank the deposits of which are insured by the Federal Deposit Insurance Corporation.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE (if joint statement)

\_\_\_\_\_  
DATE