



Dental Application

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Borrower's Checklist

- | | |
|-----------------------------------------------------------|-------------------------------|
| Practice Business Plan (if start up) | Projections (if start up) |
| Tax Returns (3 years; full copies; personal/professional) | General summary of transition |
| Personal Financial Statement | Resume |

Borrower Information

Dentist's Name: _____ SSN#: _____ Tax ID#: _____
 Home Address: _____ Driver's License# / State: _____
 City: _____ State: _____ Zip: _____ Year Graduated: _____ School: _____
 Home Telephone: _____ Cell: _____ DOB: _____ Years in Practice: _____
 Email: _____ Fax: _____ State of Practice: _____
 Practice Name: _____ Practice Type: _____ Date Practice Formed: _____

Financing Needs

| Amount Requested | Practice Purchase | Working Capital | Equipment | Improvements | Total |
|-------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Available Down Payment | _____ | | A/R included? | Y N | |
| Seller Financing Amount | _____ | | Closing Date | _____ | |

Buyer Professional Information

| | | | |
|--------------------------------------------------------------------------------|-------|---|------------------------------------------------------------|
| Are you involved in any litigation at this time? | Y | N | If yes, please attach a written explanation. |
| Have you ever filed for bankruptcy? | Y | N | If yes, please attach... |
| Are you currently liable for delinquent taxes? | Y | N | If yes, please attach... |
| How many practices are you currently working in? | _____ | | |
| Do you have a non-compete contract? | Y | N | If yes, Distance: _____ Years: _____ |
| Do you currently own a practice? | Y | N | When did you buy/start your present practice? _____ |
| If yes, is the current practice free of liens? | Y | N | Lien Holders: _____ Amount Debt: _____ |
| If you own a practice will the locations be merged? | Y | N | If yes, what is the distance? _____ |
| If no, please explain how you will divide your time between the two locations: | _____ | | |
| Will you hire an associate? | Y | N | If yes, compensation? _____ |
| Will you incorporate or change the name of the practice after the acquisition? | Y | N | If yes, what will be the new name? _____ |
| Does owner own office space or building? | Y | N | Office SF: _____ Monthly Rent: _____ Lease Terms: _____ |
| Are you purchasing the building? | Y | N | If yes, purchase price: _____ |

Applicant Signature: _____ Date: _____
Signature required

Co-Applicant Signature: _____ Date: _____
Signature required if there is a co-applicant

The above signed person(s) certifies on behalf of the Applicant and themselves, jointly and severally, that he/she has full authority to act on behalf of the business ("Applicant") and that (i) they understand that this Application is subject to credit approval by Bank; (ii) all information furnished to Bank herein and to be furnished in connection with this Application as well as all future information is and will be true, accurate, and complete, and fairly represents the financial condition of Applicant, guarantors, and signer(s); and (iii) they agree that any loan would be used for business purposes only, and not for household, personal, family, or consumer purposes. Applicant, guarantors, and the signer(s) authorize Bank: (i) to rely upon and verify said credit and business information, (ii) to obtain consumer and/or commercial credit reports on the signer(s) guarantor, and Applicant; and (iii) to provide credit information about Bank credit experience with the signer(s), guarantors, and Applicant to other creditors and to credit agencies, from time to time may also do so for updates, renewals, extensions, and any collection activity or as otherwise permitted by law. The Application will be the Bank's property whether or not credit is granted. Applicant agrees that the Bank may rely on a facsimile transmission related to the credit granted pursuant to the application. Such facsimiles or any copy of such facsimiles shall be binding on Applicant and shall for all purposes be considered original documents.