DENTIST INFORMATION

First Name | Middle Initial | Last Name | Phone

Email Address | Current Address

Dental School | Graduation Year | Residency (If Applicable)

Dental License Number | NPI Number | Current Business Name

Business Location | Ownership Start Year | Practice Type

PROFESSIONAL ADVISORS | CONTACT INFORMATION

Dental CPA - Name / Phone / Email | Dental Attorney - Name / Phone / Email

Buyer Advisor - Name / Phone / Email | Lender - Name / Phone / Email

FINANCING REQUEST

Purpose | Amount Requested ($) | Business Plan?

Applied to Lender? | If Yes, Which Lender(s)?

ASSETS AND LIABILITIES | BALANCES ONLY

Round to the nearest $1,000 if helpful. Report TOTAL balances outstanding; list payments on Page 2.

ASSETS		LIABILITIES	
Cash - Bank Accounts		Home Mortgage(s)	
Brokerage (Non-Retirement)		Other Real Estate Mortgage(s)	
Cash Value Life Insurance (CVLI)		Student Loans	
Cash at Home / Mattress		Auto / RV / Boat Loans	
Retirement Accounts		Credit Cards	
Real Estate - Estimated Value		Unsecured / Other Term Loans	
Business Ownership / Equity		Court Ordered Obligations	
Vehicles / Other Assets		Other Liabilities	
TOTAL ASSETS		**TOTAL LIABILITIES**	
		NET WORTH	

DEBT SCHEDULE | ONE LOAN PER ROW

Enter current balances, rates and payments. Annual Payment calculates from Monthly Payment.

Lender / Loan Type	Initial Balance	Current Balance	Rate %	Monthly Pay	Annual Pay	Initial Term / Maturity

TOTAL MONTHLY DEBT PAYMENTS **TOTAL ANNUAL DEBT PAYMENTS**

For Other Loan Types, Enter Description:

Additional Debt? Use the Continuation Schedule on Page 3 (student loans may be grouped).

REAL ESTATE OWNED | ADDITIONAL MORTGAGES MAY BE LISTED SEPARATELY

Property Address / Use	Estimated Value	Mortgage Lender	Balance	Rate %	Monthly Payment

Property Address(es), Additional Mortgages, Loan Terms, or Other Details:

OWNERSHIP READINESS | OPTIONAL

Last-Year Production ($) **Last-Year Collections ($)** **Clinical Days / Year** **Target Ownership Date**

Do You Have Any Dependents? Number of Dependents

I certify that the information provided is accurate to the best of my knowledge.

Typing Your Name Below Indicates Your Electronic Acknowledgment.

Electronic Signature **Date (MM/DD/YYYY)**

Printed Name:

By signing, I certify that the information provided is true and correct to the best of my knowledge.

SSN: Provide only through a secure lender-approved channel; do not email this form.

ADDITIONAL DEBT SCHEDULE | CONTINUATION

Use this page only if additional loans or obligations need to be listed.

Student Loans may be aggregated into groups (e.g., Federal Student Loans) when helpful.

For each group, report the combined outstanding balance and total required monthly payment.
Use separate rows if loans have materially different terms, rates, or repayment arrangements.

Lender / Loan Type	Initial Balance	Current Balance	Rate %	Monthly Pay	Annual Pay	Initial Term / Maturity

CONTINUATION TOTALS

Outstanding Balance | Monthly Payments | Annual Payments

Continuation Page Notes / Loan Grouping Details:

Attach additional pages if necessary. Totals on Page 2 do not include this continuation page.