

**PRACTICE IMPACT, INC.**  
**FINANCING PACKAGE INFORMATION**

1. **Full Name:** \_\_\_\_\_
2. **Home Address:** \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
3. **Home Phone Number:** \_\_\_\_\_
4. **E-Mail Address:** \_\_\_\_\_
5. **Present Work Address:** \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
6. **Present Work Number:** \_\_\_\_\_
7. **Birth Date:** \_\_\_\_\_
8. **Social Security Number:** \_\_\_\_\_
9. **Marital Status:** \_\_\_\_\_  
Spouse's Full Name \_\_\_\_\_  
Spouse's Birth Date \_\_\_\_\_  
Spouse's Social Security Number \_\_\_\_\_
10. **No Of Children:** \_\_\_\_\_
11. **Education:** \_\_\_\_\_  
Undergraduate School \_\_\_\_\_  
Location \_\_\_\_\_  
Year of Graduation \_\_\_\_\_ Degree \_\_\_\_\_  
Post-Graduate School \_\_\_\_\_  
Location \_\_\_\_\_  
Year of Graduation \_\_\_\_\_ Degree \_\_\_\_\_  
Residency Program Attended \_\_\_\_\_  
Location \_\_\_\_\_  
Length of Program \_\_\_\_\_  
Year Finished \_\_\_\_\_
12. **Past Work Experience:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
13. **References: (Include address and phone number)**  
Dental: \_\_\_\_\_  
\_\_\_\_\_  
Bank: \_\_\_\_\_  
\_\_\_\_\_  
Personal: \_\_\_\_\_  
\_\_\_\_\_
14. **Credit History:**  
If there is anything in your past credit history which would negatively affect your ability to obtain financing please explain.  
\_\_\_\_\_  
\_\_\_\_\_
15. **Have you ever been sued for malpractice?** Yes \_\_\_\_\_ No \_\_\_\_\_
16. **Dental License Number:** \_\_\_\_\_
17. **Send last three years tax returns with this questionnaire**

## CREDIT CHECK AUTHORIZATION

I/We the undersigned hereby authorize Practice Impact, Inc. or its assigns to make any credit inquiries that selected banks may deem necessary in connection with my/our application for a business loan. This authorization also applies to inquiries regarding employment history, bank accounts and follow-up credit inquiries/checks that the banks may deem necessary in the future, in connection with the servicing of my/our loan.

Print Name:	Social Security #:
Home Address:	
Signature:	Date:

## Schedule of Loans & Insurances

for \_\_\_\_\_, D.D.S.

as of \_\_\_\_\_

### INSURANCE

	Carrier	Amount of Coverage	Monthly Payment
Automotive			
Business Overhead			
Disability			
Health			
Home Owners			
Life			
Malpractice			
Renters			
<b>Total</b>			Carry to insurance on Personal Budget \$

### LOANS

Type	Financial Institution	Loan Number	Beginning Amount	Ending Balance	Monthly Payment
Home Mortgage					
Home Equity					
Automotive					
Educational					
Educational					
Educational					
Educational					
Installment Loan					
Other					
<b>Total</b>					Carry to loans on Personal Budget \$

## Monthly Personal Budget

For \_\_\_\_\_

Date \_\_\_\_\_

### Income

Practice Draw	\$ _____
W-2 Income (Net of Taxes)	_____
Spouses' Income	_____
Other Income	_____
<b>Total Income</b>	<b>\$ _____</b>

### Expenses

Automotive (gas & maintenance only)	_____
Child Care	_____
Clothing	_____
Contributions	_____
Credit Card	_____
Entertainment	_____
Food	_____
Gifts	_____
Home Maintenance	_____
Home Mortgage	_____
Insurance (from schedule)	_____
Laundry	_____
Loans (from schedule)	_____
Medical (Doctors, Dentist & Prescriptions)	_____
Miscellaneous	_____
Personal Hygiene	_____
Rent	_____
Savings	_____
Taxes	_____
Telephone	_____
Travel & Vacation	_____
Utilities	_____
<b>Total Expenses</b>	<b>\$ _____</b>
<b>Income Less Expenses</b>	<b>\$ _____</b>

<b>Personal Financial Statement</b> <b>Master</b> <b>As of</b>
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**ASSETS**

<b>Cash and Equivalents</b>		<b>Invested Assets (@ Market)</b>	
Cash in Checking Account	\$ _____	Mutual Funds	\$ _____
Cash in Checking Account	_____	Stocks	_____
Cash in Saving Account	_____	Corporate Bonds	_____
Cash in Money Market Account	_____	Municipal Bonds	_____
Cash Value of Whole Life Insurance	_____	Treasury Bonds	_____
Certificate of Deposit	_____	Limited Partnerships	_____
	\$ _____	Real Estate (Other than Residence)	_____
			\$ _____
<b>Use Assets</b>		<b>Other Assets (@ Market)</b>	
Automobiles	\$ _____	Accounts Receivable	\$ _____
Residence	_____	Annuity	_____
Vacation Home	_____	401K	_____
Office Building	_____	IRA Account	_____
Household Furnishings	_____	IRA Account	_____
Art, Antiques, Collectibles	_____	Notes Receivable	_____
Jewelry	_____	Equipm in Dental Practice	_____
Sports Equipment	_____	Other	_____
Dental Equipment	_____	Other	_____
Other-IRS Refund Due	_____		\$ _____
	\$ _____		\$ _____
		<b>Total Assets</b>	<b>\$ _____</b>

**LIABILITIES**

<b>Current Liabilities</b>		<b>Other Liabilities</b>	
Bills & Payments Currently Due	\$ _____	Automobile Loans	_____
Auto/Gas Credit Cards	_____	Educational Loans	_____
Visa Balance	_____	Home Mortgage	_____
Mastercard Balance	_____	Home Equity Loan	_____
Other Credit Card Balances	_____	Finance Company	_____
Other Current Payables	_____	Installment Loan	_____
Other Current Payables	_____	Taxes Due	_____
	\$ _____		\$ _____
		<b>Total Liabilities</b>	<b>\$ _____</b>
		<b>Total Net Worth</b>	<b>\$ _____</b>
		<b>Total Liabilities and Net Worth</b>	<b>\$ _____</b>

\_\_\_\_\_

Date \_\_\_\_\_