

Practice Refinance Transaction Checklist

Coffman Capital Inc. Tele: (813) 891-1811 Fax: (813) 891-0706			Attn:				
Dollar Request and Usage:			Practice Name & Address:				
	Existing Debt Payoff						
	Working Capital						
	Equipment						
	Improvements						
	Real Estate Purchase						
	Other:						
\$ 0.00		Total Loan Request					
Name:				Phone: Ofc - Home -			
Prefer	Need	Have	Personal Information:				
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Practice Refinance Application, Page 1, signed and dated				
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Resume/Curriculum Vitae				
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Personal Financial Statement, signed and dated				
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2002 Personal Tax Return				
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2001 Personal Tax Return				
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2000 Personal Tax Return				
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Source & Use of Funds (Coffman form)				
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Credit Authorization Form, signed and dated				
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Summary of loan request, breakdown of working capital usage etc.				
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	4506 tax verification form for personal returns				
Prefer	Need	Have	Practice Information:				
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Practice Purchase Application – Seller’s Section				
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2002 Business Tax Return				
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2001 Business Tax Return				
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2000 Business Tax Return				
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Last Quarter End Income Statement and Balance Sheet				
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Equipment List – make, model, age, estimated value of large pieces				
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Accounts Receivable Aging Summary				
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	4506 tax verification form for practice				
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other: Closing Attorney Contact Information				
Closing Information							
Need	Have						
<input type="checkbox"/>	<input type="checkbox"/>	Desired Closing Date:					
<input type="checkbox"/>	<input type="checkbox"/>	Funding Instructions including wiring instructions for buyer and seller					
<input type="checkbox"/>	<input type="checkbox"/>	Final Buy & Sell Agreement					
<input type="checkbox"/>	<input type="checkbox"/>	Life and Disability Insurance Contact & Phone					
<input type="checkbox"/>	<input type="checkbox"/>	Business Contents and Liability Insurance Contact & Phone					