

Practice Acquisition Loan Application

Coffman Capital Inc.

108 S. Bayview Blvd.

Buyers Application and Questionnaire:

Oldsmar, FL 34677

Buyers Name:		Year Licensed:		Type:	
Home Address:		City:		State	Zip
Social Security#		Phone No:		Fax No:	
Cell Phone No:		Email:			
Current Practice (if applicable)		Name DBA:			
Address:		City:		State	Zip
Practice Status:	Own <input type="checkbox"/>	Associate <input type="checkbox"/>	Other		
If Owner, are you in process of selling your practice?			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Are you presently under an employment contract or restrictive covenant?			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Are you a citizen of the United States?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If No, explain status on attachment		
Are you currently liable for any tax liens?			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Have you ever filed for Bankruptcy?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, explain on attachment		
Last year's Joint Household Income:					
Previous year's Joint Household Income:					

Loan Financing Summary						
Purchase Price:		How was price determined?				
Working Capital:						
Real Estate:						
New Equipment Price:						
New Office Improvements:						
Accounts Receivables						
Total Project:						
Seller Note Financing:		Loan Term Requested:				
Cash Injection:		Approximate Closing Date:				
Total Loan Request						
Will the practice be a:	Sole Prop <input type="checkbox"/>	Sub-S <input type="checkbox"/>	Partnership <input type="checkbox"/>	Corp <input type="checkbox"/>	LLC <input type="checkbox"/>	PA <input type="checkbox"/>
<p>By signing below, the undersigned individual(s), who is either a principal of the above referenced credit applicant or a personal guarantor of its obligations, provides written instruction to Coffman Capital, Inc. or its designee (and any assignee or potential assignee thereof) authorizing review of his/her credit profile for a national credit bureau. Such authorization shall extend to obtaining a credit profile in considering this application of the credit applicant, and subsequently for the purposes of update, renewal, or extension of such credit and for reviewing or collecting the resulting account. A Photostat or facsimile copy of this authorization shall be valid as the original. By signature below, I/We affirm my/our identity as the respective individual(s) identified in the above referenced application, and ratify and confirm all application information and authorize and consent to all terms contained therein.</p>						
All Buyers/Guarantors must sign. Please fill out separate application for each Guarantor/Buyer.						
Buyers signature:		Date:				