

# EXPRESS Loan

## Express Business Credit Application\*\*

up to \$200,000

Amount \$ \_\_\_\_\_ Proposed Use of Proceeds \_\_\_\_\_

Vendor/Originator \_\_\_\_\_

### BUSINESS INFORMATION DATA 200 \_\_\_\_\_ ; APPLICANT INFORMATION

Business Legal Name \_\_\_\_\_ (Applicant) Tax ID # \_\_\_\_\_

Owner/Name(s) \_\_\_\_\_ % of Ownership \_\_\_\_\_

\_\_\_\_\_ % of Ownership \_\_\_\_\_

\_\_\_\_\_ % of Ownership \_\_\_\_\_

Business Address (No P.O. Boxes) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Bus. # ( \_\_\_\_\_ ) \_\_\_\_\_

Sales \$ \_\_\_\_\_ Net Profit (before Officer's Compensation) \$ \_\_\_\_\_ Officer's Compensation (Dr's Salary) \$ \_\_\_\_\_

# of Employees \_\_\_\_\_ Avg. Checking Balance \$ \_\_\_\_\_

Federal law requires us to collect and verify the business name, physical address, and tax identification number.

### PERSONAL INFORMATION OF DOCTOR

Doctor's Full Name \_\_\_\_\_ Specialty \_\_\_\_\_

Prof. Lic. # \_\_\_\_\_ Year Lic. \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address (No P.O. Boxes) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home. # ( \_\_\_\_\_ ) \_\_\_\_\_

Cell # ( \_\_\_\_\_ ) \_\_\_\_\_ Fax # ( \_\_\_\_\_ ) \_\_\_\_\_ S.S. # \_\_\_\_\_

Total Household Income\* \$ \_\_\_\_\_ Total Cash/Savings/Investments \$ \_\_\_\_\_

\*Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.

Do you  Own  Rent your home? Monthly Mtg./Rent Pmt. \$ \_\_\_\_\_ Years at Address \_\_\_\_\_

Federal law requires us to collect and verify your name, physical address, social security number, and date of birth.

By signing below, I accept on behalf of the Applicant the terms and conditions that appear below. I understand that I will also, in my individual capacity, guaranty repayment of the loan extended to Applicant, and that I accept, in my individual capacity, the terms of the guaranty contained in the Express Loan Agreement.

Signature \_\_\_\_\_ Title \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

By signing above, I certify that I am authorized to submit this application as Applicant or on behalf of the Applicant and that all of the information and documents provided in connection with this application are true, correct and complete. I authorize Banc of America Practice Solutions, Inc. to obtain and verify consumer reports, business reports and other information from, and to report such information to, others about me and Applicant for purposes of reviewing this application and servicing an approved loan made based on this application, and that the loan will be used only for business purposes. I agree that any use of any feature of the Express Loan may be used as evidence of the forgoing authorizations, acceptances and agreements.

NOTICE - The Ohio laws against discrimination require that all creditors make credit equally available to all credit worthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Service Commission administers compliance with this law.

\*\*All programs are subject to credit approval and loan amounts are subject to creditworthiness. Some restrictions may apply.

- NO application or administration fee
- NO prepayment penalty
- NO advance payment

Phone: 800.497.6069

Fax: 877.246.4478

**Bank of America**

