

ACACIA FEDERAL SAVINGS BANK DENTAL PRACTICE CREDIT APPLICATION
AN AMERITAS ACACIA COMPANY

COMPANY INFORMATION

Name of Practice: _____ DBA: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Contact: _____

Sole Proprietorship: ___ Partnership: ___ Sub-S: ___ Corporation: ___ Fed I.D.# _____

Date Established: _____ Type of Dental Practice: _____

Amount of Request: \$ _____

Financing for: Equipment _____ Line of Credit _____ Practice Acquisition Financing _____

CURRENT LENDER INFORMATION

Name of Current Lender: _____

Outstanding Loan Amount: _____

Type of Loan: _____

VENDOR INFORMATION (Equipment)

Name of Vendor: _____ Address: _____

Contact: _____ Phone: _____

Type of Equipment (be specific): _____

Do you want to upgrade existing equipment? _____

GUARANTOR INFORMATION

Name: _____ SS# _____ Hm. Phone: _____

Home Address: _____ City: _____ State: _____ Zip: _____

% Of ownership in practice: _____

Name: _____ SS#: _____ Hm. Phone: _____

Home Address: _____ City: _____ State: _____ Zip: _____

BANK REFERENCES

Bank Name: _____ Account No. _____ Type: _____

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Bank Officer: _____ Phone: _____

Bank Name: _____ Account No. _____ Type: _____

Bank Officer: _____ Phone: _____

TRADE REFERENCES

Name: _____ Account No. _____

Contact: _____ Phone: _____

Name: _____ Account No. _____

Contact: _____ Phone: _____

For the purpose of obtaining credit, I/We certifies that the information contained in this application and any attached schedules or financial statements are true and correct. I/We authorize any representative of the Ameritas Acacia Group of Companies to verify all information submitted by all applicants.

Guarantor:

By: _____ Title: _____ Date: _____

Guarantor:

By: _____ Title: _____ Date: _____