



COMMONWEALTH BANK & TRUST COMPANY

# Business Banking Group

FAX completed application to 502.259.1464.

## Licensed Healthcare Professional Loan Application

Purpose of Loan: \_\_\_\_\_ Total Loan Amount Requested: \$ \_\_\_\_\_

### PRACTICE INFORMATION

Exact Legal Name: \_\_\_\_\_ Federal I.D. Number: \_\_\_\_\_  
 DBA: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Type of Practice: \_\_\_\_\_ License #: \_\_\_\_\_ Issue Date: \_\_\_\_\_ State of Issue: \_\_\_\_\_  
 Years in Practice: \_\_\_\_\_ Practice Structure:  Corporate  Proprietor  Partnership  LLC  
 Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### PRINCIPLES

Owner Name/Title: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ Annual Gross Income: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ % Ownership: \_\_\_\_\_

Co-Owner Name/Title: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ Annual Gross Income: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ % Ownership: \_\_\_\_\_

### OTHER INFORMATION

Attorney: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
 CPA: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
 Ins. Agent: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

### OTHER INFORMATION

- Are you obligated to pay alimony, child support or any other separate maintenance payments?  Yes  No
- Are the business and or guarantor(s) party to any claim or lawsuit?  Yes  No
- Has your medical practitioners license ever been suspended or revoked?  Yes  No

The undersigned certifies the information contained in this application and all attachments to be complete, true and correct and understands the Bank will rely on same in determining whether to maintain or extend credit. The undersigned authorizes the Bank to contact any individual or firm listed herein (including all attachments) and any normal sources of credit information except where prohibited by law. By signing below, you are authorizing the Bank to make all inquiries deemed necessary in our sole discretion to verify the accuracy of the information contained herein and to determine the credit worthiness of the undersigned. The undersigned authorizes any person or consumer-reporting agency to give the Bank any information it may have on the undersigned now and as long as any obligation or guarantee of the undersigned is outstanding unless prohibited by law. The undersigned further acknowledges that this is an application for credit, not a commitment to provide credit.

\_\_\_\_\_  
 Borrower Signature

\_\_\_\_\_  
 Co-Borrower Signature

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

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