CAL MED BANCORP

"Monitoring The Heartbeat Of Your Business"

APPLICATION SUMMARY

Total Amount Working Capital Requested $	Type Of Medical Specialty	Confirmation Code: BR **Capital Funding Partners, LLC**
Purpose Of Funds		

PRACTICE INFORMATION

Practice Name		Annual Gross Sales $	
Street Address	City	State	Zip
Telephone Number ( ) -	Fax Number ( ) -	Contact Person	

Legal Status
☐ **PROPRIETORSHIP** ☐ **PARTNERSHIP** ☐ **CORPORATION** ☐ **OTHER** ________

Tax I.D. Number	Year Established	Year Licensed	Medical License Number #

OWNER INFORMATION

1 Name (First, MI, Last)			Title	% Of Ownership %
Street Address			Home Number ( ) -	Other Number ( ) -
City	State	Zip	Social Security Number - -	Date Of Birth
Email Address			Annual Personal Income $	Personal Net Worth $
2 Name (First, MI, Last)			Title	% Of Ownership %
Street Address			Home Number ( ) -	Other Number ( ) -
City	State	Zip	Social Security Number - -	Date Of Birth
Email Address			Annual Personal Income $	Personal Net Worth $

BANK INFORMATION

Bank Name	Contact Person	Phone Number ( ) -
Account Number	Average Balance Checking $	Average Balance Savings $

REQUIRED SIGNATURES

For the purpose of securing financing, I authorize all bank deposit, credit, trade references and borrowing information to be released by telephone or facsimile to Bankers Healthcare Group, Inc. and/or assigns.

X

Applicant Signature **Title** **Date**

X

Co-Applicant Signature **Title** **Date**

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PERSONAL FINANCIAL STATEMENT

Section 1. Assets and Liabilities

Legal Name Practice: ______________________________

Applicant Name: ______________ SS #: ______________ Date Of Birth: ______________

Spouse Name: ______________ SS #: ______________ Date Of Birth: ______________

Address, City, State Zip: ______________________________

Home Phone Number: ______________ Business Phone Number: ______________

Have you ever filed for Bankruptcy (with in the last 10 years)? ☐ **Yes** ☐ **No** Do you have any Tax Liens? ☐ **Yes** ☐ **No**

ASSETS	**Value**	**LIABILITIES**	**Balance**	**Monthly Pmt**
Cash On Hand:	$	Credit Cards:	$	$
Checking **(Personal)**:	$	Charge Accounts:	$	$
Checking **(Business)**:	$	Individuals	$	$
Savings **(Personal)**:	$	Student Loans:	$	$
Savings **(Business)**:	$	Bank Loans **(if more than 1 see Section 2)**:	$	$
Stocks & Bonds **(Listed)**:	$	Contingent Liabilities **(See Section 4.)**:	$	$
Value Of Practice **(w/Equipment)**:	$	Practice Loans:	$	$
Life Insurance **(Cash Value Only! NO Term)**:	$	Alimony/Child Support:	$	$
Other: ______________	$	Other:	$	$
Real Estate **(Primary Residence)**:	$	Mortgage (Primary Residence) **(See Section 3)** :	$	$
Real Estate **(if more than 1 see page 2)**:	$	Mortgage(s) **(See Section 3)**:	$	$
IRA/401K/SEP/KEOGH:	$	Unpaid Taxes:	$	$
Automobiles:	$	Leases (Auto or Others):	$	$
Account Receivable:	$			
Personal Property:	$	**Total Monthly Payment's:** $		

TOTAL ASSETS	$	**TOTAL LIABILITIES**	$

TOTAL NET WORTH = (Total Assets (-) Total Liabilities)	$

Gross Income 2004 (1040 Line 32):	$	Schedule "C" Income (Business Income):	$
Schedule "E" Income (Real Estate Income):	$	Additional Income:	$

 Int. ____________

Section 2. Notes Payable To Banks And Others

Name and Address of Note Holder(s)	Original Balance	Current Balance	Payment Amount	Terms	Type Of Collateral
	$	$	$		
	$	$	$		
	$	$	$		
	$	$	$		

Section 3. Real Estate Owned (List each property separately. Use attachment if necessary. Each attachment must be identified as part of this statement and signed)

	Property A	Property B	Property C	Property D
Type Of Property				
Address				
Date Purchased				
Original Cost	$	$	$	$
Present Market Value	$	$	$	$
Name Of Mortgage Holder				
Mortgage Balance	$	$	$	$
Monthly Payment Amount	$	$	$	$
Terms				

Section 4. Unpaid Taxes (Describe in detail, as to type, to whom payable, when due and to what property, If any, a tax lien attaches)

I authorize Bankers Healthcare Group, Inc. and/or its assigns to make inquiries as necessary to verify the accuracy of the statements made and to determine my credit worthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). These are made for the purpose of either obtaining a loan or guaranteeing a loan. I understand FALSE statements may result in forfeiture of benefits and possible prosecution by U.S. Attorney General (Reference 18 U.S.C. 1001.)

X ______________________________

Signature

____

Date

Form **4506-T**
(January 2004)
Department of the Treasury
Internal Revenue Service

Request for Copy or Transcript of Tax Form

▶**Do not sign this form unless all applicable parts have been completed.**

Read the instructions on page 2.

▶**Request may be rejected if the form is incomplete, illegible, or any required part was blank at the time of signature.**

OMB No. 1545-1872

TIP: Use new Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can also call 1-800-829-1040 to order a transcript. If you need a copy of your return, use Form 4506, Request for Copy of Tax Return. There is a fee to get a copy of your return.

1a Name shown on tax form. If a joint return, enter the name shown first

1b First social security number on tax form or employer identification number (see instructions)

2a If a joint return, enter spouse's name shown on tax return

2b Second social security if joint tax return

3 Current name, address (including apt., room, or suite no.), city, state and ZIP code

4 Address, (including apt., room, or suite no.), city, state and ZIP code shown on the last return filed if different from line 3

5 If copy of form or tax return transcripts is to be mailed to someone else, enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax information.

CAUTION: Lines 6 and 7 must be completed if third party requires you to complete Form 4506-T. **Do not** sign Form 4506-T if the third party requests that you sign Form 4506-T and lines 6 and 7 are blank

6 **Product requested.** Most request will processed within 10 business days. If the product requested relates to information from a return filed more than 4 years ago, it may take up to 30 days. Enter the return number here and check the box below. ▶____________________

a **Return Transcript,** which includes most of the line items of a tax return as filed with the IRS. Transcripts are generally available for the following returns: Form 1040 series, Form 1065, Form 1065, Form 1120, Form 1120A, Form 1120H, Form 1120L and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years . . . . . ☒

b **Account Transcript,** which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns . . . . . ☐

c **Record Account,** which is a combination of line item information and later adjustments to the account. Available for current year and 3 prior tax years . . . . . ☐

d **Verification of Nonfiling,** which is proof from the IRS that you did not file a return for the year . . . . . ☐

e **Form W-2, Form 1099 series, Form 1098 series, or Form 5498 transcript.** The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2003, filed in 2004, will not be available from the IRS until 2005. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213 . . . . . ☐

CAUTION: *If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 Filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.*

7 **Year or period requested.** Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another form 4506-T.

___/___/______ ___/___/______ ___/___/______ ___/___/______

Signature of taxpayers(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or person authorized to obtain the tax information requested. If the request applies to a joint return, **either** husband or wife must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer.

Telephone number of taxpayer on line 1a or 2a
( )

Sign Here

X
Signature (See instructions) — Date

Title (if line 1a above is a corporation, partnership, estate, or trust)

Spouse's signature — Date