



America's Small Business Bank

Main Street Bank  
 23970 US Highway 59 N  
 Kingwood, Texas 77339  
 888-348-2056

**PROFESSIONAL PRACTICE FINANCE  
 CREDIT APPLICATION**

|  |                    |                |
|--|--------------------|----------------|
| Applicant:                               | Social Security #: | Date of Birth: |
| Co-Applicant (if applicable):            | Social Security #: | Date of Birth: |
| Home Address: _____                      |                    |                |
| City: _____ State: _____ Zip Code: _____ |                    |                |
| Home Phone #:                            | Fax #:             |                |
| Cell Phone #:                            | E-Mail:            |                |
| Type of Professional License:            | State Licensed:    |                |
| License #:                               | Date Licensed:     |                |

**PLEASE ANSWER YES (Y) OR NO (N) TO THE FOLLOWING QUESTIONS:**

- Are you an officer, director, employee or shareholder in Main Street Bank or any of its affiliates or subsidiaries? .....
- Are you a homeowner? .....
- Have you ever filed bankruptcy? .....
- Have you compromised on a debt? .....
- Have you been forced to restructure a loan? .....
- Are there any pending lawsuits, legal actions, malpractice claims or judgments against you? .....
- Do you have any outstanding tax liens? .....
- Are you a party to any form of litigation? .....
- Do you have any contingent liabilities? .....
- Has Applicant, any Co-Applicant or current Shareholder of either been convicted of a felony? .....
- Are you a U.S. Citizen? \_\_\_\_ If no, do you have Permanent Resident Status (i.e., a Green Card)? \_\_\_\_
- Do you own or are you a part-owner in a business? \_\_\_\_ If yes, please complete the following section:

Legal Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Entity Type: \_\_\_\_\_ C Corporation \_\_\_\_\_ Sub S Corporation \_\_\_\_\_ LLC \_\_\_\_\_ Partnership  
 \_\_\_\_\_ Sole Proprietorship

|                       |                            |
|-----------------------|----------------------------|
| Business Phone #:     | Fax #:                     |
| Percentage Ownership: | E-Mail:                    |
| Years in Business:    | Years in Current Location: |
| Tax ID #:             | Website:                   |

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**LOAN PURPOSE**

|                   |                               |           |
|-------------------|-------------------------------|-----------|
| Amount Requested: | Practice Acquisition          | \$ _____  |
|                   | Commercial Real Estate        | _____     |
|                   | Purchase Equipment/Leaseholds | _____     |
|                   | Working Capital               | _____     |
|                   | Refinance/Debt Consolidation  | _____     |
|                   | Other: _____                  | _____     |
|                   | Less: Down Payment            | < _____ > |
|                   | <b>Total Amount Requested</b> | \$ _____  |

**CONTACTS/REFERENCES**

|                            |              |              |
|----------------------------|--------------|--------------|
| <b>Accountant:</b>         |              |              |
| _____                      | _____        | _____        |
| Company Name               | Contact Name | Phone Number |
| <b>Attorney:</b>           |              |              |
| _____                      | _____        | _____        |
| Company Name               | Contact Name | Phone Number |
| <b>Insurance Agent(s):</b> |              |              |
| _____                      | _____        | _____        |
| Company Name               | Contact Name | Phone Number |
| _____                      | _____        | _____        |
| Company Name               | Contact Name | Phone Number |
| <b>Landlord:</b>           |              |              |
| _____                      | _____        | _____        |
| Company Name               | Contact Name | Phone Number |
| <b>Other:</b> _____        |              |              |
| _____                      | _____        | _____        |
| Company Name               | Contact Name | Phone Number |

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**PERSONAL FINANCIAL STATEMENT**

| <b>ASSETS</b>   |                       | <b>LIABILITIES</b>   |                       |                    |
|---|-----------------------|--|-----------------------|--------------------|
|   | Balance<br>In Dollars |  | Balance<br>In Dollars | Monthly<br>Payment |
| Cash (Checking Accounts) – See Schedule A                             | \$                    | Notes Payable to Banks – Unsecured<br>(Line(s) of Credit) – See Schedule E | \$                    |                    |
| Cash (Savings & Money Market Accounts) –<br>See Schedule A            |                       | Student Loan(s) – See Schedule E   |                       |                    |
| 401K & IRA Retirement Accounts – See<br>Schedule B                    |                       | Credit Cards – See Schedule E  |                       |                    |
| Stocks, Bonds & Securities (Excluding 401K<br>& IRA) – See Schedule B |                       | Real Estate Mortgages Payable –<br>Residence - See Schedule C              |                       |                    |
| Real Estate – Residence (Current Value) –<br>See Schedule C           |                       | Home Equity Loan – See Schedule C  |                       |                    |
| Real Estate – Investment (Current Value) –<br>See Schedule C          |                       | Real Estate Mortgages Payable –<br>Investment – See Schedule C             |                       |                    |
| Business (Current Value) – See Schedule D                             |                       | Notes Payable to Banks – Business –<br>See Schedule D                      |                       |                    |
| Automobile(s) – See Schedule E  |                       | Automobile Loan(s) or Lease(s) – See<br>Schedule E                         |                       |                    |
| Other Assets (Itemize):   |                       | Alimony/Child Support:   |                       |                    |
|   |                       | Other Liabilities (Itemize):   |                       |                    |
|   |                       |  |                       |                    |
|   |                       |  |                       |                    |
|   |                       |  |                       |                    |
|   |                       |  |                       |                    |
| <b>Total Assets</b>   | <b>\$</b>             | <b>Total Liabilities</b>   | <b>\$</b>             |                    |
| <b>Total Net Worth (Total Assets minus Total Liabilities)</b>         |                       |  | <b>\$</b>             |                    |

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**Schedule A – Cash (Checking, Savings & Money Market Accounts)**

| Name of Institution | Type of Account | Account Number | Balance in Account |
|---------------------|-----------------|----------------|--------------------|
|                     |                 |                |                    |
|                     |                 |                |                    |
|                     |                 |                |                    |
|                     |                 |                |                    |

**Schedule B – Stocks, Bonds, Securities, 401K & IRA Accounts**

| Description | Title in Name of | Pledged as Security? | Market Value |
|-------------|------------------|----------------------|--------------|
|             |                  |                      |              |
|             |                  |                      |              |
|             |                  |                      |              |
|             |                  |                      |              |

**Schedule C – Real Estate Owned**

| Description & Address | Title in Name of | Date Acquired | Cost | Current Value | Mortgage Balance | Mortgage Holder |
|-----------------------|------------------|---------------|------|---------------|------------------|-----------------|
|                       |                  |               |      |               |                  |                 |
|                       |                  |               |      |               |                  |                 |
|                       |                  |               |      |               |                  |                 |
|                       |                  |               |      |               |                  |                 |

**Schedule D – Business Owned**

| Type of Business | % Owned | Date Acquired | Cost | Current Value | Outstanding Balance | Note Holder |
|------------------|---------|---------------|------|---------------|---------------------|-------------|
|                  |         |               |      |               |                     |             |
|                  |         |               |      |               |                     |             |

**Schedule E – Other Debt**

| Description | Date Opened | Beginning Balance or High Credit | Outstanding Balance | Note Holder |
|-------------|-------------|----------------------------------|---------------------|-------------|
|             |             |                                  |                     |             |
|             |             |                                  |                     |             |
|             |             |                                  |                     |             |
|             |             |                                  |                     |             |

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**COMPLETE APPLICATION LIST**

The following is a list of items that need to be received in order to make this Credit Application complete for submission to our credit department. If any of the items are not included, please provide an explanation. Within 30 days of receipt by the credit department, you may be issued a letter listing the information still outstanding. If any items remain outstanding with no activity or communication from you after 60 days from the date of the letter, your application will be deemed withdrawn.

| Applicant   | Co-Applicant (if applicable)                                | Seller (if applicable)   |
|---|---|--|
| Resume or CV  | Resume or CV  | Previous 3 year's business tax returns                         |
| Previous 2 year's personal tax returns                      | Previous 2 year's personal tax returns                      | Current Profit & Loss Statement                                |
| Previous 2 year's business tax returns (if applicable)      | Previous 2 year's business tax returns (if applicable)      | Evaluation and/or Summary statistics of office (if applicable) |
| Current Profit & Loss Statement of business (if applicable) | Current Profit & Loss Statement of business (if applicable) |  |

I understand that any false information provided to Main Street Bank or its assigns on this application or in any other written or oral communication, for the purpose of obtaining credit, whether as a principal or guarantor, may be a criminal offense under applicable law punishable by a fine and/or imprisonment. You and your assigns are authorized to contact any third party for the purpose of verifying any stated information herein or at any time furnished by me to you, and obtain credit information at any time from any such 3<sup>rd</sup> party including, without limitation, credit reporting agencies and to share any such information or information set forth herein with others. The undersigned authorizes and instructs any person, credit reporting agency or other person you contact to compile and furnish to Main Street Bank or its assigns any information it may have in response to any inquiry from you or your assigns. This application, financial statement and any other information furnished to you shall be your property. You are authorized to answer questions about your credit experience with me. The applicant certifies to Main Street Bank, its affiliates and assigns that it is applying for credit for business purposes only, and not for personal, family or home use.

NOTICE: If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial if such statement is requested in writing within 60 days from the date you are notified of the denial decision. To obtain the statement please contact Main Street Bank at 23970 US Highway 59 North, Kingwood, TX 77339. We will send you a written statement of reasons for the denial within 30 days of receiving your request. The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of an applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers with this law concerning this creditor is the Federal Deposit Insurance Corporation, Consumer Response Center, 2345 Grand Boulevard, Suite 100, Kansas City, MO 64108-2638. To help the United States Government fight terrorists and money laundering, federal law requires us to obtain, verify and record information that identifies each person or business that opens an account or establishes a relationship with us. We will ask for your name, street address, date of birth (if you are an individual) and possibly other identifying information such as a driver's license.

THE UNDERSIGNED CERTIFIES THAT THE UNDERSIGNED IS AUTHORIZED BY ALL PARTIES LISTED ABOVE TO AUTHORIZE YOU TO CONDUCT THE INVESTIGATION DESCRIBED ABOVE WITH RESPECT TO ALL SUCH PARTIES.

**X** \_\_\_\_\_ Signer's Printed Name \_\_\_\_\_ Date \_\_\_\_\_  
Signature (Applicant) and Title

**X** \_\_\_\_\_ Signer's Printed Name \_\_\_\_\_ Date \_\_\_\_\_  
Signature (Co-Applicant) and Title

**Please fax or send Credit Application and Personal Financial Statement to:**

**Main Street Bank**  
**23970 US HWY 59 North**  
**Kingwood, TX 77339**  
**Phone Number: 678-366-4351**  
**Fax Number: 888-348-2056**



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