

R_x Financial

Healthcare Practice Acquisition Application

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PRACTICE INFORMATION

LEGAL NAME OF PRACTICE		HEALTHCARE FIELD		
BUSINESS PHONE		BUSINESS FAX		
ADDRESS		CITY	STATE	ZIP
YEARS ESTABLISHED		DATE PRACTICE ESTABLISHED		
YEARS SELLER AT THIS LOCATION		DATE OF CLOSING		
SELLING PRICE	AMOUNT REQUESTED	AMOUNT OF SELLER FINANCING		PAYMENT TERMS
PREFERRED PAYMENT TERMS (NUMBER OF MONTHS)				
BUYER'S BILLING ADDRESS		CITY	STATE	ZIP

APPLICANT 1 - PERSONAL INFORMATION

OWNER OR PRESIDENT (FULL NAME)		BOARD LICENSE #				
% OF OWNERSHIP	HOME PHONE	HOME ADDRESS				
CITY	STATE	ZIP	OWN	RENT	OTHER	If OTHER, describe.
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SOCIAL SECURITY NUMBER		Are you currently liable for any tax liens or ever filed for or declared bankruptcy? If yes, explain on separate page and attach. <input type="checkbox"/> No <input type="checkbox"/> Yes				

APPLICANT 2 - PERSONAL INFORMATION

OWNER OR PRESIDENT (FULL NAME)		BOARD LICENSE #				
% OF OWNERSHIP	HOME PHONE	HOME ADDRESS				
CITY	STATE	ZIP	OWN	RENT	OTHER	If OTHER, describe.
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SOCIAL SECURITY NUMBER		Are you currently liable for any tax liens or ever filed for or declared bankruptcy? If yes, explain on separate page and attach. <input type="checkbox"/> No <input type="checkbox"/> Yes				

BANK CREDIT INFORMATION

NAME OF BANK	BANK CONTACT PHONE NO.	ACCOUNT NO.
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I/we, the undersigned individual(s) as principal(s) of and/or guarantor(s) for the applicant, authorizes Rx Financial Corporation, its designee, assigns or potential assigns, to review his/her personal credit profile provided by national credit bureaus in considering this application and for the purpose of the update, renewal, or extension of credit to the applicant or the collection of any resultant accounts. A fax or photocopy of this authorization shall be valid as the original.

Signature 1

Signature 2

PRACTICE ACQUISITION - BUYER INFORMATION

Please complete a separate sheet for each additional purchaser.

BUYER	YEARS LICENSED	PRACTICE STATUS Own Associate Other
CURRENT OFFICE ADDRESS		
If Owner, are you in the process of selling your current practice? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is this application confidential? <input type="checkbox"/> <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you incorporated? <input type="checkbox"/> Yes <input type="checkbox"/> No		May we contact you at your office? <input type="checkbox"/> Yes <input type="checkbox"/> No
OFFICE PHONE & BEST TIME TO REACH YOU ()	ALTERNATE PHONE & TIME ()	PAGER ()

What professional college or school did you graduate and when?

Is Buyer trained in any specialties?
Yes No If yes, please list below.

Will Buyer work outside the practice after sale?
 Yes No If yes, please list schedule with monthly compensation amount and where.

MONTHLY COMPENSATION \$	LOCATION	SCHEDULE
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What are the current hours of the practice?

MONDAY	TUESDAY	WEDNESDAY
THURSDAY	FRIDAY	SATURDAY
SUNDAY		

Will Buyer expand the hours of the practice?
 Yes No If yes, please list days and additional hours below.

Is Buyer presently under an employment contract or restrictive covenant?
 Yes No If yes, please explain.

Is Buyer a citizen of the United States?
 Yes No If No, explain your immigration status and attach certification documents.

Will buyer bring any equipment to this practice?
 Yes No If yes, please provide detailed list to include age, make and model on attached page.

PRACTICE ACQUISITION - BUYER INFORMATION continued

Please list changes or additions from current office staff including Associate Doctors.

Title	Salary/Wage	Hours Per Week	Yrs w/ Practice	Addition	Reduction
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Please provide any additional information that will explain or enhance the data in this application on an attached page. Your signature below affirms the information provided is true and accurate under the penalties of perjury.

Buyer Signature _____ Date _____

Please take a moment to review the list below and ensure your application is complete.

Have you attached your:

- 1. Last 2 years tax returns
- 2. Personal Financial Statement
- 3. C.V.
- 4. Credit Authoriztion
- 5. Current Production Report
- 6. Do you need to be contacted for life and disability insurance?