

R_x Financial

Practice Acquisition Checklist

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Dollar Request and Usage:		Attention: _____ Practice Purchase From:
\$	Practice Purchase	
\$	Working Capital	
\$	Equipment	
\$	Improvements	
\$	Accounts Receivable	
\$	Real Estate	
\$	Total Loan Request	

Buyer:		Phone:
Need	Have	
<input type="checkbox"/>	<input type="checkbox"/>	Practice Purchase Application - Buyer's Section
<input type="checkbox"/>	<input type="checkbox"/>	Resume / Curriculum Vitae
<input type="checkbox"/>	<input type="checkbox"/>	Personal Financial Statement, signed and dated
<input type="checkbox"/>	<input type="checkbox"/>	2002 Personal Tax Return
<input type="checkbox"/>	<input type="checkbox"/>	2001 Personal Tax Return
<input type="checkbox"/>	<input type="checkbox"/>	Buy and Sell / Purchase Agreement
<input type="checkbox"/>	<input type="checkbox"/>	Source and Use of Funds
<input type="checkbox"/>	<input type="checkbox"/>	Copy of Doctor's License
<input type="checkbox"/>	<input type="checkbox"/>	Summary of transaction, Buyer Background, Why seller is selling
<input type="checkbox"/>	<input type="checkbox"/>	Copy of Associate Production Report

Seller:		Phone:
Need	Have	
<input type="checkbox"/>	<input type="checkbox"/>	Practice Purchase Application - Seller's Section or Practice Profile
<input type="checkbox"/>	<input type="checkbox"/>	2002 Business Tax Return
<input type="checkbox"/>	<input type="checkbox"/>	2001 Business Tax Return
<input type="checkbox"/>	<input type="checkbox"/>	2000 Business Tax Return
<input type="checkbox"/>	<input type="checkbox"/>	2002 Year Ending Profit & Loss Statement
<input type="checkbox"/>	<input type="checkbox"/>	2001 Year Ending Profit & Loss Statement
<input type="checkbox"/>	<input type="checkbox"/>	Last Quarter End Profit & Loss Statement
<input type="checkbox"/>	<input type="checkbox"/>	Buy and Sell / Purchase Agreement
<input type="checkbox"/>	<input type="checkbox"/>	Equipment List (make, model, approximate age)
<input type="checkbox"/>	<input type="checkbox"/>	Copy of Production Report by Employee

Closing Information		
Need	Have	
<input type="checkbox"/>	<input type="checkbox"/>	Closing Date
<input type="checkbox"/>	<input type="checkbox"/>	Funding Instructions including wiring instructions for buyer and seller
<input type="checkbox"/>	<input type="checkbox"/>	Final Buy & Sell Agreement
<input type="checkbox"/>	<input type="checkbox"/>	Life Insurance Contact & Phone
<input type="checkbox"/>	<input type="checkbox"/>	Business Insurance Contact & Phone
<input type="checkbox"/>	<input type="checkbox"/>	Other: 4506 tax verification form for personal returns and practice owned, if any