



## Loan Application – ACCOUNTANTS

**Buyer Profile:** Questions in this section refer to buyer's existing practice.

Name - Principal: \_\_\_\_\_ Name - Spouse: \_\_\_\_\_  
 Business Name: \_\_\_\_\_ DBA: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 Business Address: \_\_\_\_\_  
 Social Security #: \_\_\_\_\_ Email: \_\_\_\_\_  
 Phone (Work) \_\_\_\_\_ Phone (Home) \_\_\_\_\_

### A. Experience

Are you licensed?  Yes  No Date licensed \_\_\_\_\_  
 Type of license? (CPA, EA, etc.) \_\_\_\_\_ Presently Own Practice?  Yes  No  
 Any Existing Liens on Practice?  Yes  No Lien Holder \_\_\_\_\_ Amount \$: \_\_\_\_\_

### B. Personal Income

Last Year Adjusted Gross Income-Buyer \_\_\_\_\_ Previous Year Adjusted Gross Income \_\_\_\_\_  
 Last Year Adjusted Gross Income - Spouse \_\_\_\_\_

### C. Existing Business Facility (if applicable)

Square Footage: \_\_\_\_\_ Landlord Name (if applicable) \_\_\_\_\_ Landlord Phone # \_\_\_\_\_  
 Description of Location: \_\_\_\_\_  
 Description of General Area: \_\_\_\_\_  
 Proximity to Other Business: \_\_\_\_\_  
 Environmental Issues (if any): \_\_\_\_\_

### D. Existing Practice Performance

Fiscal Year _____	2017	2016	2015	2014
Gross Revenue (\$)				
Expenses				
Net Profit				

### E. Existing Personnel (Number of)

Partner/Owners \_\_\_\_\_ Accountants \_\_\_\_\_ Bookkeepers \_\_\_\_\_  
 Recp./Sec. \_\_\_\_\_ Office Mgr. \_\_\_\_\_ Part-Time Staff \_\_\_\_\_  
 Office Hours: M \_\_\_\_\_ T \_\_\_\_\_ W \_\_\_\_\_ Th \_\_\_\_\_ F \_\_\_\_\_ S \_\_\_\_\_

**F. Existing Client Base (Last 12 Months)**

**Accounting, Bookkeeping, Compilations**

	<u># of Clients</u>	<u>Fee / Client</u>	<u>Annual Revenue</u>
Monthly	_____	Avg. Fee _____	Total Revenue _____
Quarterly	_____	Avg. Fee _____	Total Revenue _____
Annual	_____	Avg. Fee _____	Total Revenue _____

**Income Tax**

Individuals	_____	Avg. Fee _____	Total Revenue _____
Business	_____	Avg. Fee _____	Total Revenue _____
Other	_____	Avg. Fee _____	Total Revenue _____

**Audits & Reviews**

Audits	_____	Avg. Fee _____	Total Revenue _____
Reviews	_____	Avg. Fee _____	Total Revenue _____
	_____	_____	_____

**Consulting & Other Service**

Describe

_____	Avg. Fee _____	Total Revenue _____
_____	Avg. Fee _____	Total Revenue _____
_____	Avg. Fee _____	Total Revenue _____

Approx. # of Active Clients: \_\_\_\_\_ Average # of New Clients Per Year: \_\_\_\_\_

List Top Three Clients: \_\_\_\_\_ Percent of Revenue 1. \_\_\_\_\_ %

(Industry Type) 2. \_\_\_\_\_ %

3. \_\_\_\_\_ %

Current Marketing Techniques Used: \_\_\_\_\_

**G. Accounts Receivable – Existing Practice**

Approx. Amount of A/R (\$): \_\_\_\_\_

Current (\$) \_\_\_\_\_ 30 Days \_\_\_\_\_ 60 Days \_\_\_\_\_ 90 Days + \_\_\_\_\_

Total Amount in Collections (\$) \_\_\_\_\_ Percentage in Collections \_\_\_\_\_

I hereby affirm that each and all of the answers in the forgoing Application are true and correct. I authorize you to obtain information from my accountant and any source(s) to which you may apply relative to this Application, each source being hereby authorized to provide with such information. Should any situation arise which changes any of the representation made by me in this application, I will notify you thereof promptly. I also authorize you to provide other credit providers such information if it concerns the approval decision on this or a related transaction.

Signature - Principal \_\_\_\_\_ Social Security # \_\_\_\_\_ Date: \_\_\_\_\_

Signature - Spouse \_\_\_\_\_ Social Security # \_\_\_\_\_ Date: \_\_\_\_\_

Have you completed the following? : Application Form (Above)  Personal Financial Statement: