



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 _____	2016	2015	2014	2013
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:	1. _____	Percent of Revenue	1. _____ %
(Industry Type)	2. _____		2. _____ %
	3. _____		3. _____ %

Current Marketing Techniques Used: _____

G. Accounts Receivable – Existing Practice

Approx. Amount of A/R (\$):	_____			
Current (\$)	_____	30 Days	_____	60 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: