



STALLIONGATES CAPITAL

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Dental Practice Acquisition Loan Application

Financing for dental practice acquisitions, startups, expansions, and equipment purchases.

Practice Information

Practice Name:

Practice Address:

Practice Type (General/Specialty):

Specialty (if applicable):

Year Established:

Number of Operatories:

Number of Hygienists:

Seller Information (if acquisition)

Seller Name:

Asking Price:

Reason for Sale:

Seller Transition Period:

Practice Financials

Annual Collections:

Annual Production:

Number of Active Patients:

New Patients per Month:

Overhead Percentage (%):

Buyer Information

Buyer Name:

Dental License Number:

Years of Experience:

Current Employment:

Loan Request

Loan Amount Requested:

Purpose (Acquisition/Startup/Expansion/Equipment):

Preferred Term (Years):

Required Documents

Dental License

3 Years Practice Tax Returns

Practice Valuation

Letter of Intent / Purchase Agreement

Personal Financial Statement

Resume/CV

Business Plan (if startup)

Authorization & Certification

By signing below, I certify that all information provided in this application is true and complete to the best of my knowledge. I authorize Stalliongates Capital and its lending partners to verify all information provided, obtain credit reports, and share information with potential lenders for the purpose of evaluating this loan application.

Applicant Signature: _____

Date: _____

Print Name: _____

Title: _____