



STALLIONGATES CAPITAL

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USA • UAE • KSA • UK

Healthcare & Medical Practice Loan Application

Financing for physicians, dentists, veterinarians, clinics, and medical facilities for practice acquisition, equipment, expansion, or working capital.

Practice Information

Practice Name:

Practice Address:

Practice Type (Medical/Dental/Veterinary/Other):

Specialty:

Year Established:

Number of Practitioners:

Number of Staff:

Owner/Practitioner Information

Primary Owner Name:

Medical License Number:

License State:

Years in Practice:

Board Certifications:

Financial Information

Annual Gross Revenue:

Annual Net Income:

Number of Active Patients:

Average Revenue per Patient:

Insurance Mix (% Medicare/Medicaid/Private):

Accounts Receivable:

Loan Request

Loan Amount Requested:

Purpose (Acquisition/Equipment/Expansion/Working Capital):

Preferred Term (Years):

Required Documents

Medical License

3 Years Tax Returns

3 Years P&L Statements

A/R Aging Report

Equipment List

Practice Valuation (if acquisition)

Buy-Sell Agreement

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: _____