

Healthcare Finance

HEALTHCARE CREDIT APPLICATION CHECKLIST

Business Name

- Textron Financial Corporation Credit Application**
- Completed Billing Questionnaire/Page 4 of Credit Application**
- Completed Consent to the Use of a Consumer Credit Report form for each owner and the CFO/Controller/Pages 5 & 6 of the Credit Application**
- Current Detailed Accounts Receivable Aging**
- Current Accounts Payable Aging**
- Signed and Dated Personal Financial Statement for each Owner**
- Current Interim Financial Statements and Comparative Interim Financial Statements for previous year**
- Past 3 years Tax Returns and Financial Statements**
- Current Borrowing Base Certificate (if applicable)**
- Copy of Liability Insurance**
- Corporate documents including State of Organization**

Direct Correspondence to:

Donika Schnell
Vice President, Business Development
Textron Healthcare Finance
72-960 Fred Waring Drive, Suite 1
Palm Desert, CA 92260

Mobile: 714-329-7872
Office: 760-773-2814
Fax: 760-776-6782
Email: dschnell@textronfinancial.com

Healthcare Finance

HEALTHCARE CREDIT APPLICATION

Company Information:

Legal Company Name: _____ Primary Contact: _____
Street Address: _____ City: _____ State: _____ Zip: _____
Phone #: (____) _____ Fax #: (____) _____ Federal Tax ID #: _____
Date Established: _____ State Filed: _____ C-Corp LLC Proprietorship S-Corp Partnership
Trade and/or Past Names: _____
All Other Addresses: _____
Affiliated Companies: _____

Has there been a change of ownership during the last 12 months or has there been a change in the name of the business or merger? Yes No

If yes, explain:

We are a:

- Home Health Agency Skilled Nursing Facility
 IPA Hospital
 Manufacturer Wholesaler/Distributor
 Service (describe) _____
 Other (please explain) _____

Our Customers Are: (Estimate revenue mix below)

- Medicare _____% Medicaid _____%
 Commercial _____% Private Pay _____%

Other (please explain) _____

Principal(s) Information:

Name: _____
Address: _____
City: _____
State: _____ Zip: _____
Phone #: (____) _____
SSN: _____
Title: _____ % Ownership: _____

Name: _____
Address: _____
City: _____
State: _____ Zip: _____
Phone #: (____) _____
SSN: _____
Title: _____ % Ownership: _____

If To Pay Out Current Lender:

Name of Lender: _____ Contact: _____ Phone #: (____) _____
Type of Facility: _____ Current Facility Limit: \$ _____ Advance Rate %: _____
Amount To Be Paid To Current Lender: \$ _____ Facility Expiration: _____ Prepayment Penalty: \$ _____

Past/Present/Future Liens on Assets

- | | | |
|--|------------------------------|-----------------------------|
| 1. Has this company ever factored or pledged its receivables in the past? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Are this company's receivables presently factored or pledged to anyone? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Are there any tax liens, suits or judgments filed against the company, its owners, or CFO/Controller? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Are any federal and/or state taxes past due? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Is company now or has it ever been in bankruptcy? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Does your firm use an outside payroll service? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Three Largest Secured Credit References:

Company Name: _____ Phone #: (____) _____
Contact: _____ Account #: _____

Company Name: _____ Phone #: (____) _____
Contact: _____ Account #: _____

Company Name: _____ Phone #: (____) _____

Contact: _____

Account #: _____

External Contacts:

Bank: _____
Contact Person: _____
Address: _____
City: _____
State: _____ Zip: _____
Phone #: (____) _____ Fax #: (____) _____
Account #: _____
Outstanding Loans: _____

Law Firm: _____
Contact Person: _____
Address: _____
City: _____
State _____ Zip: _____
Phone #(____) _____ Fax: (____) _____

Accounting Firm _____
Contact Person: _____
Address: _____
City: _____
State: _____ Zip: _____
Phone #: (____) _____ Fax #: (____) _____

Insurance Carrier _____
Contact Person: _____
Address: _____
City: _____
State _____ Zip: _____
Phone #(____) _____ Fax: (____) _____

Declaration & Authorization

The individuals names below, as owners or proposed guarantors of Customer, authorize TEXTRON FINANCIAL CORPORATION (“TEXTRON FINANCIAL”) to conduct such investigations and inquiries as to the Customer’s and individuals’ credit, operations and collateral, as shall be deemed necessary or desirable by TEXTRON FINANCIAL in connection with the credit application and monitoring of the financial relationship, if established. Customer also agrees to advise persons of whom TEXTRON FINANCIAL may make such inquiry to cooperate with and supply all requested information, unless TEXTRON FINANCIAL is specifically advised otherwise by Customer. CUSTOMER AUTHORIZES AND DIRECTS TEXTRON FINANCIAL TO PRE-FILE THE FINANCING STATEMENTS THAT TEXTRON FINANCIAL DEEMS NECESSARY TO PERFECT A SECURITY INTEREST IN THE PROPERTY OF CUSTOMER THAT IS INTENDED TO SECURE THE CREDIT, COSTS, AND EXPENSES CONTEMPLATED UNDER THIS APPLICATION, INCLUDING, BUT NOT LIMITED TO, THE INVOICES INTENDED TO BE PURCHASED FROM CUSTOMER BY TEXTRON FINANCIAL. CUSTOMER WILL REIMBURSE TEXTRON FINANCIAL FOR ALL ADMINISTRATIVE COSTS AND GOVERNMENTAL FEES RELATED TO SUCH FILINGS.

Company Name: _____

Signed by (print or type): _____

Signed by (print or type): _____

Title: _____

Title: _____

Signature: _____

Signature: _____

Date: _____

Date: _____

ECOA NOTICE:

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant’s income derives from any public assistance program, or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The Federal agency that administers compliance with this law concerning is Federal Trade Commission, Equal Credit Opportunity, Washington, D.C. 20580.

If you apply for financing with TEXTRON FINANCIAL and your application is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact TEXTRON FINANCIAL at the office listed below within 60 days from the date you are notified of TEXTRON FINANCIAL’s decision and TEXTRON FINANCIAL will send you a written statement of the reasons for the denial within 30 days of your request for the statement. Please submit requests to TEXTRON FINANCIAL Financial Services Corporation, 4949 SW Meadows Rd., Suite 500, Lake Oswego, OR 97035, Attn: Credit Department or by telephone at (503) 675-5700.

Healthcare Finance

BILLING QUESTIONNAIRE

1. If you have answered yes to any of the Invoicing or Past/Present/Future Liens on Assets questions on the application please explain.
2. Describe your electronic/imaging capabilities.
3. Is your customer base static or do you constantly serve new customers? % of base customers vs. % of new customers?
4. Describe in detail your billing process from invoicing to collection.
5. We will need your Medi-Cal Provider Number and online access information to verify Medi-Cal receivables.

Healthcare Finance

CONSENT TO THE USE OF A CONSUMER CREDIT REPORT

The undersigned individual, recognizing that his or her personal credit history may be a factor in the evaluation of the credit history or credit worthiness of _____ (the “**Credit Applicant**”) or in the evaluation of his or her personal guarantee of the obligations of the Credit Applicant (if applicable), hereby authorizes TEXTRON FINANCIAL CORPORATION (“**TFC**”) and TFC’s designees represented as contractors, agents or assigns to obtain and use consumer credit reports pertaining to the undersigned’s credit history and/or credit worthiness from any credit reporting agency from which TFC receives such reports, in connection with the Credit Applicant’s application for the extension of business credit by TFC.

In connection with this or any future application for business credit, the undersigned further authorizes TFC to obtain a background search, which shall include but not limited to civil and criminal litigation histories, judgments, tax liens and/or consumer credit report on the undersigned, and agrees that such authorization shall be ongoing and shall relate not only to the evaluation and/or extension of any business credit requested, but also for purposes of reviewing the account, increasing the credit line on the account (if applicable), taking collection action on the account, and for any other legitimate purpose associated with the account as may be needed from time to time. The undersigned further waives any right or claim, which the undersigned would otherwise have under the Fair Credit Reporting Act in the absence of this continuing consent.

Acknowledged and agreed:

Signature _____ *Date*

The following must be filled out completely and accurately for your application to be considered.

Section A:

Last Name	Suffix	First Name	Middle Initial
-----------	--------	------------	----------------

 Home Address

County	City	State	Zip
--------	------	-------	-----

Home Phone (include area code)	Business Phone (include area code)
--------------------------------	------------------------------------

Social Security Number	Date of Birth	Place of Birth (County, City & State)
------------------------	---------------	---------------------------------------

Driver’s License Number	State Driver’s License Was Issued
-------------------------	-----------------------------------

Section B:

Address History – Previous 20 years:

Street	City	County	State	Zip
--------	------	--------	-------	-----

Street	City	County	State	Zip
--------	------	--------	-------	-----

Street	City	County	State	Zip
--------	------	--------	-------	-----

Street City County State Zip

Street City County State Zip

Employment/Company History – Previous 20 years (please include dates):

Section C:

List any alias, prior and/or maiden names:

Section D:

Personal references:

Name Phone No. Fax No. Relationship

Name Phone No. Fax No. Relationship

Name Phone No. Fax No. Relationship

Section E:

Ownership interests or affiliations in the following entities:

Name and address

Legal Type Line of Business % Ownership/Relationship

Name and address

Legal Type Line of Business % Ownership/Relationship

Name and address

Legal Type Line of Business % Ownership/Relationship

Name and address

Legal Type Line of Business % Ownership/Relationship