
PURCHASER & ASSOCIATE APPLICATION

PPC of New Jersey, Inc.

Robert J. Mallin, DDS, CFP
P.O. Box 662
Oldwick, New Jersey 08858
732-549-6060 / Fax 732-549-2910
Email: Bobmallin@aol.com
Website: ppcnorth.com

Senate Management

Florence V. Urbain
5600 North River Road, Suite 800
Rosemont, Illinois 60018-5166
888-264-2797 / 847-635-0446 in IL
Fax: 715-546-8054
Email: Furbain@aol.com
Website: www.senatemanagement.com

Lovelace and Associates, Inc.

Gretchen O. Lovelace
8202 Kelwood Avenue
Baton Rouge, LA 70806-4801
225-927-8015
Fax: 225-927-8115
Email: Glovelace@Xspedius.net

Professional Practice Consultants, Ltd.

Earl M. Douglas, DDS, MBA
11285 Elkins Road, Suite A-2
Roswell, Georgia 30076-5834
800-321-4540 / 770-664-1982 in Georgia
Fax: 770-664-1782
Email: Edouglas@ppcsouth.com
Website: www.ppcsouth.com
Website: www.dentalsales.com



General Information and Location Preference

To give you the best results possible, please fill this form out and return to us as soon as possible. If you want to make any changes after we have received this information, call our office and we will update your file.

Please send us your photo under separate cover.

Date _____ Indicate where you prefer we direct our correspondence to you: ___ Office ___ Home

Name _____

Office Address _____ City / State / Zip _____

Home Address _____ City / State / Zip _____

Office Phone () _____ Home Phone () _____
Best time _____ Best time _____
to reach you at office _____ to reach you at home _____

Present Practice
Situation: _____ Specialty _____
Desired
Situation: _____ Purchase Practice _____ Equity Associate _____ Associate

Date of Availability _____

Marital Status: ___ Single ___ Married Spouse Name _____ Number of Children _____

Year of Graduation _____ School of Graduation _____ Date of Birth _____

Which state or regional boards do you hold? _____

Have you ever been disciplined by a state board or court? _____ Describe _____

Have you ever been involved in a dental practice related lawsuit? _____ Describe _____

Minimum income you require _____

Price range of practice you are looking for _____

Gross you are capable of performing _____

Location Preference: ___ Major metropolitan urban and suburban area Specify City _____
___ Medium/large city outside of major metro area ___ Smaller Community ___ Rural ___ No Preference

How did you hear about PPC? _____

Indicate area of preference by state and map letter.

| | State | Letter |
|--------|-------|--------|
| First | _____ | _____ |
| Second | _____ | _____ |
| Third | _____ | _____ |
| Fourth | _____ | _____ |



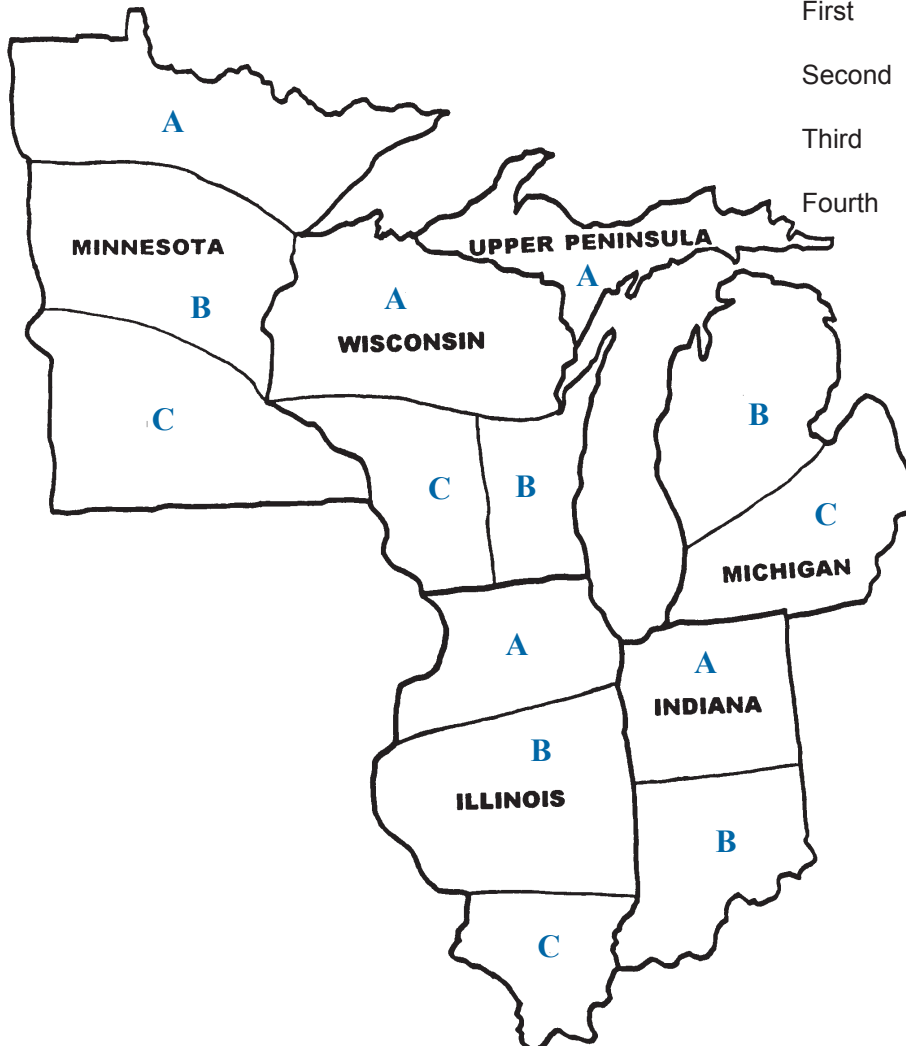
Indicate area of preference by state and/or county(ies).

| | State | County(ies) |
|--------|-------|-------------|
| First | _____ | _____ |
| Second | _____ | _____ |
| Third | _____ | _____ |
| Fourth | _____ | _____ |



Indicate area of preference by state and map letter.

| | State | Letter |
|--------|-------|--------|
| First | _____ | _____ |
| Second | _____ | _____ |
| Third | _____ | _____ |
| Fourth | _____ | _____ |



PPC Purchaser Service Options

So that we may better meet your individual needs, *PPC* offers you three levels of purchaser services and pricing. Let us get to know you better by choosing the service that is best for you.

Whether you choose the free *BASIC* service, comparable to the service offered by other practice brokers, the value-filled *STANDARD* service, or opt for the top of the line *PRIORITY* service, which is unlike any service offered anywhere by anyone, you will see the quality difference in Professional Practice Consultants, Ltd.

Please review the following options, choose the service you prefer, complete the Service Election Sheet, and your journey to practice success will be started.

Just return the Service Election Sheet with the other requested forms. If we do not receive your Service Election Sheet within fourteen days, your name will be removed from our database and no further mailings will be sent.

If you have any questions or comments, please call Elaine Separk at 800-321-4540 or 770-664-1982.

Get on the fast track to effective practice purchasing today! Get started now and choose the service that is best for you!

PPC Purchaser Service Options

BASIC SERVICE

Designed for the less urgent purchaser, BASIC clients may call their PPC consultant toll-free to inquire about opportunities that are available.

BASIC SERVICE gives you:

- **No cost** unlimited BASIC membership service.
- **Toll-free telephone number** for inquiries regarding listings.
- **Access to PPC website** of listings at www.dentalsales.com and www.ppcsouth.com.
- **Free first-class mail delivery** of Highlight Sheets sent on request, containing ten pages of practice information for new listings.
- **Comprehensive PPC practice prospectus booklets** containing typically 100-200 pages of critical practice information are available for only \$25 per practice.
- **Free consultations** with your PPC consultant at our office.

The BASIC SERVICE is free!

PPC Purchaser Service Options

STANDARD SERVICE

Designed for the more serious candidate, STANDARD clients will receive all of the BASIC services plus the following services. PPC's experience and expertise will pay for itself many times over through these services which practically all purchasers outsource anyway. So why not get more value and lower cost and let your experienced PPC consultant pave the way to your practice success.

STANDARD SERVICE gives you:

- **Free first-class mail delivery** of Highlight Sheets sent on request, containing important practice information on new listings.
- **Free PPC prospectus booklets** for qualified clients containing typically 100-200 pages of critical practice information.
- **Free comprehensive contract services and unlimited consultation with your attorney and CPA.**
- **Free price and term** negotiation.
- **Referrals** for reasonable and experienced legal, accounting, financial planning, insurance, management consulting and other associated services.
- **Free loan application preparation and negotiation** with lenders to provide low-cost financing. PPC can save you thousands of dollars and many hours of wasted time in this service.
- **Free coordination by your PPC consultant with other reputable practice brokers** to purchase that ideal practice, even if listed by another broker, at no extra cost to you. Your PPC consultant will be your guide in your successful practice search.
- **\$450 Discount off of our appraisal/analysis fee of \$950** for practices you wish to examine that you may discover or that are listed by other brokers.
- **Free consultations** with your *PPC* consultant at our office.
- **Free one-year practice monitoring service** of practice vital signs to ensure that you get the practice that you paid for.

The **STANDARD SERVICE** is **\$2,950** **only if you buy** a practice. There is **no fee unless and until you purchase!**

PPC Purchaser Service Options

PRIORITY SERVICE

Designed for the more serious and committed candidate, PRIORITY clients get the first look at all of our new listings. You will receive the comprehensive PPC prospectus booklets by priority mail within one week of a new practice listing. Often, the best practices are sold before the journal ads ever reach ordinary buyers. PRIORITY SERVICE gives you a real head start in finding the very best opportunities available. You will be a top priority client when it comes to PPC's commitment to you. Offering the greatest value at the lowest cost, the PRIORITY SERVICE will pay you the highest dividends in practice acquisition. PRIORITY SERVICE gives you all of the following services:

- **Free Priority Mail delivery of PPC prospectus booklets** containing typically 100-200 pages of critical practice information within seven days of listing.
- **Free comprehensive contract services and unlimited consultation with your attorney and CPA.**
- **Free price and term** negotiation.
- **Referrals** for reasonable and experienced legal, accounting, financial planning, insurance, management consulting and other associated services.
- **Free loan application preparation and negotiation** with lenders to provide low-cost financing. PPC can save you thousands of dollars and many hours of wasted time in this service.
- **Free coordination by your PPC consultant with other reputable practice brokers** to purchase that ideal practice, even if listed by another broker, at no extra cost to you. Your PPC consultant will be your guide in your successful practice search.
- **Free PPC appraisal/analysis, worth \$950 each, for up to five practices** you wish to examine that you discover or that are listed by other brokers.
- **Free consultations** with your PPC consultant at our office.
- **Free visit to you** by your PPC consultant within his or her area of coverage for clients living farther than 100 miles from their PPC office.
- **Free one-year practice monitoring service** of practice vital signs to ensure that you get the practice that you paid for.

The **PRIORITY SERVICE** is only **\$1,950** – less than half of the cost of the free appraisal services alone and gives you service for three years or until you close on a practice, whichever occurs sooner.

NOW, CHOOSE THE SERVICE THAT'S BEST FOR YOU...

I am ready to purchase a great practice *now!* Sign me up for **PRIORITY SERVICE**. I enclose a signed **NON-DISCLOSURE AGREEMENT, CLIENT SERVICES AGREEMENT** and payment of **\$1,950**.

_____ (Signature)

_____ (Date)

I am *serious*, but not urgent. Sign me up for **STANDARD SERVICE**. I enclose a signed **NON-DISCLOSURE AGREEMENT and CLIENT SERVICES AGREEMENT**. I understand that no payment is due unless and until I buy a practice, and that payment of \$2,950 is due at the time of a purchase.

_____ (Signature)

_____ (Date)

I am *interested* in purchasing a practice. Sign me up for **BASIC SERVICE**. I enclose a signed **NON-DISCLOSURE OF CONFIDENTIAL INFORMATION AGREEMENT**. I understand that there is no cost for this service.

_____ (Signature)

_____ (Date)

Equity Associate opportunities require a payment of \$3,500 at the time a contract with a dentist is signed. I enclose a signed **NON-DISCLOSURE OF CONFIDENTIAL INFORMATION AGREEMENT**.

_____ (Signature)

_____ (Date)

I was looking but I am not looking any longer. Please cancel any service that I may have instituted.

_____ (Signature)

_____ (Date)

Non-Disclosure of Confidential Information

Client recognizes that any confidential information provided him/her by PPC or its representatives regarding professional practices could, if disclosed, cause damage to the individual(s) disclosing the information and to PPC. Therefore, client agrees that he/she will not divulge, communicate, or otherwise disclose any confidential material provided by PPC, its representatives, or clients of PPC, to anyone, including employees, customers, clients, or prospective clients, with the exception of his/her bonafide counsel. Client further agrees that his/her bonafide counsel will maintain the confidentiality of the material as well.

Confidential information shall include, but is not limited to, the following:

1. A professional's intent to buy, sell, or associate.
2. Any financial data provided Client by PPC, its representatives, or clients, which may include such items as value of practice under consideration, income statements or balance sheets, Internal Revenue Service returns, and any other personal financial data.
3. Any personal information provided Client by PPC, its representatives, or clients, which may include such items as data regarding lawsuits, pending lawsuits, malpractice suits, or other items personally pertaining to the principals in these transactions.
4. Patient or client lists made known to Client during negotiations.

IN WITNESS HEREOF, THE PARTIES HERETO HAVE HEREUNTO SET THEIR HANDS AND SEALS THE DAY AND YEAR FIRST ABOVE WRITTEN.

Client Signature

Date

Print Name

Address

City/State/Zip

Telephone

Fax

Email

Client Services Agreement

THIS AGREEMENT, MADE THIS _____ DAY OF _____, 20____
BY AND BETWEEN _____, HEREINAFTER REFERRED TO
AS CLIENT, AND PROFESSIONAL PRACTICE CONSULTANTS, LTD., HEREINAFTER REFERRED TO
AS PPC.

CLIENT hereby contracts with PPC to provide consulting services for the purpose of purchasing a practice, procuring an associateship position, conducting feasibility studies, negotiating for the purpose of a practice, or _____.

This contract shall commence on the date first written above and may be cancelled after a period of one hundred and eighty (180) days by giving thirty (30) days advance written notice to PPC.

CLIENT recognizes that PPC will function as a dual agent in this transaction, unless specifically noted otherwise below, and will provide a sales negotiation service with services rendered for, and on behalf of, all parties to the transaction. (The current fee for associateship hosts is \$3,500.00, and the fee to practice sellers is ten percent (10%) of the sales price, or \$7,500.00, whichever is greater.)

PPC Shall Provide All or Part of the Following Services:

1. Prospect for, and to qualify opportunities, and as much as possible protect the identity of the CLIENT from unqualified candidates.
 2. Format and present financial and practice information required for the accurate evaluation of the professional practice under consideration.
 3. Prepare financial forecasts and interpret data for the professional practice under consideration.
 4. Negotiate between principals to enhance the effectiveness of the transaction under consideration.
 5. Supply draft documents for the review of the CLIENT's attorney and accountant.
 6. Prepare final documentation based on recommendations of CLIENT's attorney and accountant.
 7. Conduct the closing of the transaction.
 8. Provide follow-up to the principals regarding PPC services.
-

Client Services Agreement

Client Responsibilities to PPC:

In consideration for the above-mentioned services provided to CLIENT by PPC, CLIENT agrees to the following:

1. CLIENT recognizes that all principals are responsible to PPC for their individual fees, which are due and payable in full by cash or check at the time of closing. CLIENT recognizes PPC's rights to these consulting fees and agrees not to circumvent this right of PPC's.
2. CLIENT recognizes that PPC, in bringing the principals together, has fulfilled its primary function, and CLIENT further agrees to hold PPC, its agent and attorneys harmless from any liability arising out of this transaction.
3. CLIENT recognizes that PPC has not represented any information provided to CLIENT as being inspected or warranted by anyone other than CLIENT.
4. CLIENT recognizes that CLIENT may be required to provide PPC with reference and financial information before any transaction can be completed.
5. CLIENT recognizes that the fee for the chosen service shall be due and payable if within twelve (12) months of the termination of this contract, the above-described consulting service should be fulfilled by CLIENT's arrangement with any party referred to CLIENT by PPC.
6. CLIENT agrees that if any suit should be brought in order to enforce PPC's rights herein, that the laws of the state of Georgia shall control, and in the event that PPC is successful, PPC shall also be entitled to expenses, including, but not limited to, court and attorney's fees.
7. Other provisions include: _____

IN WITNESS HEREOF, THE PARTIES HERETO HAVE HEREUNTO SET THEIR HANDS AND SEALS THE DAY AND YEAR FIRST ABOVE WRITTEN.

Client

Date

Professional Practice Consultants, Ltd.

Date

Curriculum Vitae

Personal

Name _____ DDS _____ DMD _____ PA _____ PC _____ Or _____
Office Address _____ City / State / Zip _____
Home Address _____ City / State / Zip _____
Telephone Home _____ Office _____ Social Security No. _____
Spouse's Name _____ Children _____

Education

1. Undergraduate: School _____ Degree _____ Date _____
2. Dental Education: School _____ Degree _____ Date _____
3 Postgraduate Education: List degrees, dates and training _____

Professional

State(s) Licensed in _____ License No. _____
(Enclose Photocopy of License)
Honors and Awards _____
Professional Organizations _____

References

1. Name _____ Position _____ Phone _____
Address _____
2. Name _____ Position _____ Phone _____
Address _____
3. Name _____ Position _____ Phone _____
Address _____

Employment History (List latest position first)

| Employer | Position | Date(s) | Reason for Leaving |
|----------|----------|---------|--------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Military Experience

Branch _____ Dates _____ Position _____
Did you receive an honorable discharge? _____

Personal Interests

Hobbies & Interests _____

Signature _____ Date _____

Personal Financial Statement (Confidential)

As of _____ 20 _____

Personal Information

Name _____ Social Security No. _____ Date of Birth _____ Number of Dependents _____
Residence Address _____ City/State/Zip _____
Residence Phone _____ Business Phone _____
Business Organization _____ Partner or Officer in any other business _____

Assets

Cash on hand and in Banks \$ _____
Accounts Receivable _____
Notes Receivable _____
Stocks and Bonds (see Schedule A) _____
Real Estate (see Schedule B) _____
Cash value of Life Insurance (see Schedule C) _____
Automobiles _____
Dental Practice _____
Dental Assets _____
Household Goods _____
Other Assets (itemize): _____

Total Assets \$ _____

Liabilities

Education Loan \$ _____
Notes Payable – Secured _____
To Banks – Unsecured _____
Notes Payable to others _____
Accounts Payable _____
Unpaid Taxes _____
Mortgages on Real Estate (see schedule B) _____
Other Debts (itemize): _____

Total Liabilities \$ _____
Net Worth \$ _____
Total Liabilities and Net Worth \$ _____

Source of Annual Income

Salary _____
Bonus and Commissions _____
Dividends _____
Alimony, child support, or separate maintenance income need not be revealed
If you do not wish to have it considered as a basis for repaying this obligation. _____
Other income (itemize): _____

Total \$ _____

General Information

Contingent Liabilities – As endorser or co-maker _____
Unsatisfied judgments or lawsuits pending _____
Are any income tax returns made by you for prior years being contested? _____
If so, what do you estimate as the additional amount you may be requested to pay? _____
Are you obligated to pay alimony, child support, or separate maintenance payments? _____
Are any assets pledged or in joint names other than as described on Schedules? _____
Have you ever been declared bankrupt? _____
Do you have a will? _____ Who is named as your executor? _____

(Schedules listed on next page)

Schedule A – Stocks and Bonds

No. of Shares

| Face Value Bonds | Description (includes maturity on Bonds) | Are These Pledged? | Market Value |
|---------------------|---|-----------------------|-----------------|
| | | | |
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| | | | |

Schedule B – Real Estate

| Address and Type of Property | Title in Name of | % of Ownership | Date Acquired | Cost | Market Value | Mortgage Maturity | Mortgage Amount |
|---------------------------------|---------------------|-------------------|------------------|------|-----------------|----------------------|--------------------|
| | | | | | | | |
| | | | | | | | |
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Schedule C – Life Insurance

| Name of Insurance Company | Owner of Policy | Beneficiary | Face Amount | Policy Loans | Cash Surrender Value |
|------------------------------|--------------------|-------------|----------------|-----------------|-------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Schedule D – Deposit Accounts and Credit with Financial Institutions

(Banks, Savings and Loan Associations, and Credit Unions)

| Name & Address of Institution | Account or Credit in the Name of | Account Cash Balance | Original Loan Amount | Secured or Unsecured | Original Date | Maturity Date | Current Loan Balance |
|----------------------------------|-------------------------------------|----------------------------|----------------------------|----------------------------|------------------|------------------|----------------------------|
| | | | | | | | |
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(USE ADDITIONAL SCHEDULES IF NECESSARY)

The information contained in this statement is provided for the purpose of obtaining, or maintaining credit with you for the undersigned, or persons, firms, or corporations in whose behalf the undersigned may either severally or jointly with others, execute a guaranty in your favor. I (we) understand that you are relying on this information (including the designation made as to ownership of property) in deciding to grant or continue credit. I (we) represent and warrant that the information provided is true **and complete**. You may consider this statement to be true and correct until I (we) notify you in writing of a change. You are authorized to make all inquiries you consider necessary to verify the accuracy of these statements and to determine my (our) creditworthiness. You are authorized to answer questions about your credit experience with me (us).

Date signed

20 _____

SIGNATURE (Individual)

SIGNATURE (Other Party)