[Lender Name]
[Lender Address]
[City, State, Zip Code]
[Phone Number]

[Date]

[Borrower Name/Doctor Name]
[Borrower Address]
[City, State, Zip Code]

RE: COMMITMENT LETTER FOR DENTAL PRACTICE ACQUISITION

Dear [Borrower Name],

We are pleased to inform you that [Lender Name] has approved your application for financing regarding the acquisition of the dental practice known as **[Target Practice Name]** located at [Practice Address].

The terms and conditions of this approval are as follows:

- **Loan Amount:** $[Amount]
- **Loan Purpose:** Purchase of practice assets, goodwill, and working capital.
- **Interest Rate:** [Rate]% [Fixed/Variable]
- **Repayment Term:** [Number] months
- **Collateral:** First lien position on all business assets of the practice.
- **Guarantees:** Personal guarantee of [Borrower Name].

This commitment is subject to the following conditions being met prior to closing:

1. Final verification of practice financial statements for the current period.
2. Execution of a formal Purchase and Sale Agreement.
3. Assignment of a valid commercial lease or real estate closing.
4. Verification of professional liability insurance and life insurance.
5. Completion of final legal documentation.

This approval is valid until [Expiration Date]. Please sign and return a copy of this letter by [Deadline Date] to indicate your acceptance of these terms.

We look forward to working with you on the successful acquisition of your dental practice.

Sincerely,

[Signature]
[Name of Loan Officer]

[Title]
[Lender Name]

ACCEPTANCE:

The undersigned hereby accepts the terms and conditions outlined in this commitment letter.

Signature: _____ Date: _____