

BUSINESS LOAN APPLICATION

Company Information

Company Name:		Real Estate Holding Company (if any):	
Address			
Street	City	State	Zip
Business Telephone	Primary Contact E-Mail		Business Facsimile
Type of Business			
<input type="radio"/> Corporation <input type="radio"/> Limited Liability Company <input type="radio"/> Sole Proprietor <input type="radio"/> General Partnership <input type="radio"/> Other			
Date Business Started		Current Ownership Control Since	
Number of Employees: Before Loan		Estimated After Loan	
Affiliates			
Does the above business or its principals own 20% or more of another business? <input type="radio"/> Yes <input type="radio"/> No			
If Yes, please provide the following information.			
Name of Affiliate/Subsidiary		# of Employees	
Name of Affiliate/Subsidiary		# of Employees	
Project Costs			
Real Estate Purchase	\$	Inventory	\$
New Building Construction	\$	Working Capital	\$
Building/Tenant Improvements	\$	Acquisition of Existing Business	\$
Machinery/Equipment	\$	Debt Refinance (include copy of notes being paid off)	\$
Furniture/Fixtures	\$	Other: _____	\$
Total Project Amount			\$
Less Equity Injection		Source: <input type="radio"/> Savings <input type="radio"/> Gift <input type="radio"/> Debt	Less \$
Less Other Funds to be used in Project		Source: _____	Less \$
Loan Amount Being Requested			\$

Management/ Ownership (100% of ownership must be shown)

Name	Position/Title	% Owned	Social Security Number	Home Address

Please attach an additional sheet if necessary providing similar details.

Owners and Key Management Information

Complete for each proprietor (if sole proprietorship), partner (if partnership), and by each officer, director, and owner of 20% or more of the company's stock (if a corporation, limited liability company or development company).

Name (First, Middle, Last)		Social Security Number	
Gender*: <input type="radio"/> Male <input type="radio"/> Female	Race*: _____	Ethnicity *: _____	
* This Data is collected for statistical purposes only. It has no bearing on the credit decision. Disclosure is voluntary.			
Date of Birth	Place of Birth (City, State, Country)		
Residence Address (Street, City, State, & Zip)	From:	To: Present	
Previous Residence Address (omit if more than 10 years ago)	From:	To:	
Telephone Number	E-mail Address		
Spouse's Name (First, Middle, Last)		Spouse's Social Security Number	

Educational Background

Name of Institution	Dates Attended	Major	Degree Received
Name of Institution	Dates Attended	Major	Degree Received

Work Experience

Company	From:	To:
Address		
Position / Job Duties		
Company	From:	To:
Address		
Position / Job Duties		

Background Information

<input type="radio"/> Yes <input type="radio"/> No	Are you a U.S. Citizen? If no, please provide copy of Legal Permanent Residence card.
<input type="radio"/> Yes <input type="radio"/> No	Prior Military Service? If yes, Branch: _____ Dates of Service: _____ to _____
<input type="radio"/> Yes <input type="radio"/> No	Do you or your spouse or any member of your household work for the Small Business Administration, Small Business Advisory Council, SCORE or ACE, any Federal Agency, or Investors Community Bank?
IF YOU ANSWER "YES" TO ANY OF THE FOLLOWING QUESTIONS, FURNISH DETAILS ON A SEPARATE SHEET	
<input type="radio"/> Yes <input type="radio"/> No	Are you presently subject to an indictment, criminal information, arraignment, or other means by which formal criminal charges are brought in any jurisdiction?
<input type="radio"/> Yes <input type="radio"/> No	Have you been arrested in the past 6 months for any criminal offense?
<input type="radio"/> Yes <input type="radio"/> No	For any <u>criminal</u> offense – other than a minor motor vehicle violation -Have you ever: 1) been convicted, 2) plead guilty; 3) plead nolo contendere 4) been placed on pretrial diversion; or 5) been placed on any form of parole or probation (including probation before judgment)
<input type="radio"/> Yes <input type="radio"/> No	Are you or your business currently involved in any pending judgments, claims, or lawsuits?
<input type="radio"/> Yes <input type="radio"/> No	Have you or your business been involved in a bankruptcy or insolvency proceedings?

Signature	Title	Date
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BUSINESS DEBT SCHEDULE

Company Name: _____

Note: Please asterisk (*) any debts that are to be refinanced with proposed credit request. Include copy of Note agreement and a recent loan statement.

This schedule should include Business Notes or Loans only, including capital leases. Do not list trade account payable or accrued liabilities.

Creditor	Account Number	Loan Purpose	Original Amount	Original Date	Present Balance	Interest Rate	Monthly Payment	Maturity Date	Collateral/ Security	Current or Delinquent

Has your business or any principal or affiliate ever requested previous Government Financing? (Including Govt. backed Student Loans) Yes No
 If Yes, please provide the following details.

Name of Agency	Borrower's Name	Original Date	Original Amount	Present Balance	Current or Delinquent

Signature

Date

PROJECTIONS & ASSUMPTIONS

Estimated Projection and Forecast of Two Years' Earnings

If Start-Up business or significant business expansion, year 1 will need to be monthly for a 12 month period

Feel free to substitute this form with software or internal spreadsheet providing similar or greater detail.

Operating Company Name: _____

	Year 1	Year 2	Assumptions
Gross Receipts (Sales)	\$ _____	\$ _____	_____
Cost of Goods Sold	\$ _____	\$ _____	_____
Gross Profit	\$ _____	\$ _____	_____
Expenses			
Officer(s) Salaries	\$ _____	\$ _____	_____
Employee(s) Wages	\$ _____	\$ _____	_____
Advertising	\$ _____	\$ _____	_____
Rent	\$ _____	\$ _____	_____
Depreciation	\$ _____	\$ _____	_____
Supplies	\$ _____	\$ _____	_____
Utilities	\$ _____	\$ _____	_____
Professional Fees	\$ _____	\$ _____	_____
Interest	\$ _____	\$ _____	_____
Repairs/Maintenance	\$ _____	\$ _____	_____
Taxes	\$ _____	\$ _____	_____
Insurance	\$ _____	\$ _____	_____
Bad Debts	\$ _____	\$ _____	_____
Other *	\$ _____	\$ _____	_____
Total Expenses	\$ _____	\$ _____	_____
Net Profit before			
Income Taxes	\$ _____	\$ _____	_____
Less: Income Taxes	\$ _____	\$ _____	_____
Less: Dividends or Withdrawals	\$ _____	\$ _____	_____
Net Profit after Taxes	\$ _____	\$ _____	_____

* If sum is large please itemize.

I certify that the foregoing data fairly represents the projected financial outlook and assumptions utilized in making this representation.

 Signature

 Title

 Date