



APPLICANT COMPANY:

Legal Business Name: _____

dba name (if applicable): _____

Address: _____ City: _____ State: _____ Zip: _____

Primary Contact: _____ Email: _____

Phone: _____ Fax: _____ Cell: _____

Type of Entity: Sole Proprietorship General Partnership
 Limited Partnership Corporation: (Specify) S Corp C Corp LLC

Date Established: _____ Date Incorporated: _____ State of Incorporated: _____

Number of Existing Employees: _____ After the loan: _____

Employee Tax ID: _____ Website: _____

Name of Franchise if applicable: _____

Name & Address of Current Bank: _____

PROPOSED PROPERTY IF DIFFERENT FROM CURRENT ADDRESS:

Address: _____ City: _____ State: _____ Zip: _____

OWNERSHIP INTEREST - List below the proprietor, owners, partners, officers, and all stockholders in the business.
100% OWNERSHIP MUST BE SHOWN

Name	Title	SSN	Ownership %
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



BORROWER NAME: _____

ESTIMATED PROJECT COSTS

Land Purchase or Real Estate Purchase	\$ _____
New Construction, Remodeling, Renovations or Leasehold Improvements	\$ _____
Construction Contingency / Overruns	\$ _____
Franchise Fee	\$ _____
Equipment Purchase	\$ _____
Furniture Fixture Purchase _____ + Inventory Purchase _____ =	\$ _____
Working Capital (deposits, start-up & operations)	\$ _____
Business Acquisition	\$ _____
Refinance Debt	\$ _____

ESTIMATED CLOSING COSTS & THIRD PARTY REPORTS:

Packaging Fee	\$ _____
Commercial Real Estate Appraisal, Business Valuation, Equipment Appraisal	\$ _____
Residential Real Estate Appraisal	\$ _____
Title Insurance, Survey, Title, Recordings, UCC (estimated)	\$ _____
Legal Fees, Attorney Fees (estimated)	\$ _____
Other: Interim Interest _____ and Construction Monitoring _____	\$ _____
SBA or USDA Guarantee Fee	\$ _____

TOTAL ESTIMATED PROJECT AMOUNT	\$ _____
LESS BORROWER OWN CASH (enter figure as negative)	\$ _____
LESS SELLER FINANCING (enter figure as negative)	\$ _____
TOTAL ESTIMATED LOAN AMOUNT	\$ _____

BORROWER COMMENTS ABOUT PROJECT COSTS, INJECTION, SELLER FINANCING:

Applicant's Signature: _____

Date: _____



BORROWER NAME: _____

AFFILIATES: List below all business concerns in which the Applicant Company or any of the individuals listed in the Ownership section above have any ownership (If additional affiliates please attach on a separate sheet).

Company Name: _____

Company Name: _____

Individual Name: _____

Individual Name: _____

Address: _____

Address: _____

City, State Zip: _____

City, State Zip: _____

Phone: _____

Phone: _____

Percent of Ownership: _____

Percent of Ownership: _____

Company Name: _____

Company Name: _____

Individual Name: _____

Individual Name: _____

Address: _____

Address: _____

City, State Zip: _____

City, State Zip: _____

Phone: _____

Phone: _____

Percent of Ownership: _____

Percent of Ownership: _____

Company Name: _____

Company Name: _____

Individual Name: _____

Individual Name: _____

Address: _____

Address: _____

City, State Zip: _____

City, State Zip: _____

Phone: _____

Phone: _____

Percent of Ownership: _____

Percent of Ownership: _____