SALEM BUSINESS LOAN PROGRAMS APPLICATION

				BUS	SINESS PROF	LE						
Borrower's Name:					Tax Ide			Tax Identificatio	dentification #			
Trade Name:								Telephone #: ()				
Principal Business Address: Mailing Address:									Business Structure:			
Street:			Street:					C Corporation Partnership S Corporation Sole Proprietorship				
City:				, MA Zip				Trust Other: Unincorporated Association				
Nature of Business:			Number of Empl		f Employe	· · · ·	Year Establish	ed:				
			MAN	IAGEN	MENT / GUAI	RANTOF	25					
	NAMI	E			TITLE			WNERSHIP	SOC. SEC. NUMBER			
INAIVIE									000.00			
				LC	DAN REQUES	Т						
TYPE:	AMOUNT TEF			Years) BU				SINESS PURPOSE				
□ Mortgage												
□ Term												
Comments:		·										
					COLLATERAL							
and/ or other, ple	ase provide an ite	mized list that cont	ole and/or inv ains all article	entory, fi es that ha	ill in the appropriate ad an original value	spaces. If y greater than	70u are ple 1 \$1,000.	edging machinery a Include a copy o	and equipment, f f last year's prop	urniture and fixtures erty tax bill and legal		
description of any real estate offered as collateral ASSET			DATE ACQUIRED		ORIGINAL VALUE		PRES	PRESENT VALUE		PRESENT LOAN BALANCE		
COMMERCIAL REAL ESTATE												
PERSONAL REAL ESTATE												
MACHINERY & EQUIPMENT												
FURNITURE & FIXTURES												
ACCOUNTS RECEIVABLE												
INVENTORY												
OTHER												
TOTAL												
				NC	OTES PAYABI	Æ			I			
BANK	NAME	LOAN TYPE	MATURI' DATE		COLI	ATERAL		PRESEN	T BALANCE	MONTHLY PAYMENT		

BUSINESS FINANCIAL SUMMARY				
What is your primary bank of account?	Deposit account number(s):			
Number of years experience in the industry by major owner(s):				
Have you or your business guaranteed any debts not listed on the financial statements? 🗆 Yes 👘 No (If yes, what is total liability?) \$				
Is your business a party to any claim or lawsuit?				
Have you ever owned or operated a business which declared bankruptcy?				
Does your business owe any taxes for years prior to the current year?				
State whether more than 20% of sales are to one customer. \Box Yes \Box No				
(If you have answered yes to any of these questions, please provide the details as an addendum.)				

The applicant(s) hereby certify that the information contained in this application is provided to induce the Salem Department of Planning and Community Development (DPCD) to extend credit to the business. The applicant(s) acknowledge and understand that the DPCD is relying on the information provided in this application in deciding whether to grant credit. Each of you represents, warrant, and certify that the information is true, correct, and complete. Each of you agree to notify the DPCD immediately of any materially adverse change in any of the information contained in this application, or your or any proposed guarantor's financial condition. The DPCD is authorized to make all inquiries it deems necessary to verify the accuracy of the information contained in this application. You authorize any person or credit reporting agency to give the DPCD any information it may have about you. Each of you authorizes the DPCD to answer questions about the DPCD's credit experience with you. You understand that the DPCD may request additional information to complete this application.

CORPORATION, PARTNERSHIP OR TRUST APPLICANT:

INDIVIDUAL OR SOLE PROPRIETOR APPLICANT(S)):
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Name of Entity		Signature
Authorized Signature		Print Name
Print Name		
		Signature
Title	Date	5
		Print Name
Authorized Signature		
Print Name		
Title	Date	

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.