



## BUSINESS CREDIT APPLICATION

### INFORMATION ABOUT THE BUSINESS:

Legal Business Name \_\_\_\_\_

Physical Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Type of Organization ☐ Sole Proprietorship ☐ Partnership  
☐ C-Corp ☐ S-Corp ☐ LLC ☐ Other

Tax Identification Number \_\_\_\_\_

Mailing Address (if different than above) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone \_\_\_\_\_ Fax \_\_\_\_\_

Cell Phone \_\_\_\_\_ Contact \_\_\_\_\_

Email address \_\_\_\_\_

Nature of Business \_\_\_\_\_

Date Business was established \_\_\_\_\_

Date since current ownership \_\_\_\_\_

Number of employees \_\_\_\_\_

Gross Revenues for prior fiscal year end  
 \$ \_\_\_\_\_

Projected Revenues for Current Fiscal Year  
 \$ \_\_\_\_\_

### INFORMATION ABOUT THE LOAN REQUEST:

Amount Requested \$ \_\_\_\_\_ ☐ New Loan ☐ Renewal / Annual Review

Type of Request ☐ Revolving Line of Credit ☐ Term Loan ☐ Real Estate Loan

Purpose of Credit ☐ Purchase ☐ Refinance ☐ Consolidation ☐ Working Capital

Proposed Collateral \_\_\_\_\_ Term Requested (in months) \_\_\_\_\_

Have you ever borrowed from us before? Yes ☐ No ☐

Name of accountant or bookkeeping service \_\_\_\_\_ Phone # \_\_\_\_\_

Name of Insurance Agent \_\_\_\_\_ Phone # \_\_\_\_\_

### INFORMATION ABOUT BUSINESS OWNERS (20% or more) OR OTHER GUARANTORS:

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ Title \_\_\_\_\_

Percent of Ownership \_\_\_\_\_% Personal Net Worth \$ \_\_\_\_\_ Bankruptcy Yes ☐ No ☐

Pending or unsettled Lawsuits, Judgments or liens? ☐ Yes ☐ No

Name _____		Address _____	
City _____		State _____ Zip _____	
Social Security Number _____		Date of Birth _____ Title _____	
Percentage of Ownership _____%		Personal Net Worth \$ _____ Bankruptcy Yes <input type="checkbox"/> No <input type="checkbox"/>	
Pending or Unsettled Lawsuits, Judgments, or liens?		Yes <input type="checkbox"/> No <input type="checkbox"/>	

  

Name _____		Address _____	
City _____		State _____ Zip _____	
Social Security _____		Date of Birth _____ Title _____	
Percentage of Ownership _____%		Personal Net Worth \$ _____ Bankruptcy Yes <input type="checkbox"/> No <input type="checkbox"/>	
Pending or Unsettled Lawsuits, Judgments, or Liens?		Yes <input type="checkbox"/> No <input type="checkbox"/>	

**For Credit Requests of \$50,000, or less, please supply the following financial information:**

- The most recent year Federal Income Tax Returns for your business.
- The most recent year Federal Income Tax Returns for each owner (greater than 20% ownership) of the business.
- A Personal Financial Statement for each owner (greater than 20% ownership) of the business.
- A schedule of debts owed by the business
- A copy of the Article of Incorporation or Article of Organization of the business

**For Credit Requests of more than \$50,000, please supply the following financial information:**

- The most recent two years Federal Income Tax Returns for your business.
- The most recent two years Federal Income Tax Returns for each owner (greater than 20% ownership) of the business.
- A Personal Financial Statement for each owner (greater than 20% ownership) of the business.
- A schedule of debts owed by the business.
- A copy of the Article of Incorporation or Article of Organization of the business

I/We hereby apply for the loan or credit as described in this application. I/We certify that I/we made no misrepresentations in this loan application or any related documents, that all information is true and complete, and that I/we did not omit any important information. Broker is authorized to verify with other parties and to make any investigation on my/our credit and history, either directly or through any agency employed by Broker for that purpose. Broker may disclose to any other interested parties information as to Brokers experiences or transactions with my/our account. I/We understand that the Broker will retain the application and any other credit information Broker receives, even if no loan or credit is granted. These representations and authorizations extend not only to Broker, but also to any Lender, insurer of the loan and to any investor to whom Lender may sell all or part of the loan. I/We further authorize Broker to provide to any such Lender, insurer or investor any information and documentation that they may request with respect to my/our application, credit or loan. I/We fully understand that it is a federal crime punishable by fine or imprisonment, or both, to knowingly make any false statements concerning any of the above facts on the application as applicable under the provisions of Title 18, United States Code, Section 1014.

**Notice for All Business Applicants with Gross Revenues of \$1,000,000 or Less:**

I/We understand that if this credit application is denied I/we may request a written statement of the specific reasons for the denial. To obtain the statement, I/we must contact Leibold Enterprises, P.O. Box 53021, Sarasota, FL 34232 within 60 days from the date I/we were notified of the decision. You will send me/us a written statement of reasons for the denial within 30 days of receiving my/our request for the statement. 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. The federal agency that administers compliance with this law concerning this creditor is the Office of the Comptroller of the Currency, 1301 McKinney Street, Suite 3450, Houston, TX 77010-9050.

APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_ APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_ APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

All owners and other principal representatives must sign this application. If there are more than four signors, please copy this application, complete and sign this section and attach. Leibold Enterprises is a Broker and cannot guarantee or offer financing. All Loans arranged through Third Party Providers

**TYPE OF CREDIT – CHECK THE APPROPRIATE BOX:**
☐
  
☐

Individual – If you check this box, provide Financial Information only about yourself.

Joint, with \_\_\_\_\_ Relationship \_\_\_\_\_. If you check this box, provide Financial Information about yourself and the other person.

**PERSONAL FINANCIAL STATEMENT OF**

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Social Security No. \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Business or Occupation \_\_\_\_\_ Business Phone \_\_\_\_\_

**STATEMENT OF FINANCIAL CONDITION AS OF \_\_\_\_\_, 20\_\_\_\_:****NOTE: Complete all of Section II BEFORE Section I****SECTION I****NOTE:** Please check Box A if an asset or liability listed below is held by you individually. Check box B if an asset or liability listed below is held by the joint individual named above. Check both Box A and B if an asset or liability listed below is held by you jointly with another person.

A (√)	B (√)	ASSETS	In Dollars (omit cents)	A (√)	B (√)	LIABILITIES	In Dollars (omit cents)
<input type="checkbox"/>	<input type="checkbox"/>	Cash on hand and in banks (SEC II-A)	\$	<input type="checkbox"/>	<input type="checkbox"/>	Notes payable to banks – secured (SEC II-E)	\$
<input type="checkbox"/>	<input type="checkbox"/>	Cash value life insurance (Sec II-B)	\$	<input type="checkbox"/>	<input type="checkbox"/>	Notes payable to banks – unsecured	\$
<input type="checkbox"/>	<input type="checkbox"/>	U.S. Gov' t. & Marketable Securities (SEC II-C)	\$	<input type="checkbox"/>	<input type="checkbox"/>	Notes payable to others – secured (SEC II-F)	\$
<input type="checkbox"/>	<input type="checkbox"/>	Other Marketable Securities (SEC II-C)	\$	<input type="checkbox"/>	<input type="checkbox"/>	Notes payable to others – unsecured (SEC II-F)	\$
<input type="checkbox"/>	<input type="checkbox"/>	Notes and Accounts Receivable – Good	\$	<input type="checkbox"/>	<input type="checkbox"/>		\$
<input type="checkbox"/>	<input type="checkbox"/>	Other Current Assets - Itemize	\$	<input type="checkbox"/>	<input type="checkbox"/>	Unpaid income tax <input type="checkbox"/> Federal <input type="checkbox"/> State	\$
<input type="checkbox"/>	<input type="checkbox"/>		\$	<input type="checkbox"/>	<input type="checkbox"/>	Loans on Life Insurance Policies (SEC II-B)	\$
<input type="checkbox"/>	<input type="checkbox"/>		\$	<input type="checkbox"/>	<input type="checkbox"/>	Cash Rent Owed	\$
<input type="checkbox"/>	<input type="checkbox"/>	TOTAL CURRENT ASSETS	\$	<input type="checkbox"/>	<input type="checkbox"/>	TOTAL CURRENT LIABILITIES	\$
<input type="checkbox"/>	<input type="checkbox"/>	Real estate owned (SEC II-D)	\$	<input type="checkbox"/>	<input type="checkbox"/>	Real estate mortgages payable (SEC II-D)	\$
<input type="checkbox"/>	<input type="checkbox"/>	Mortgages & Contracts Owned	\$	<input type="checkbox"/>	<input type="checkbox"/>	Other debts – itemize:	
<input type="checkbox"/>	<input type="checkbox"/>	Notes & Accounts Receivable – Doubtful	\$	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	Ownership Interest in Business(s)	\$	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	Other Securities – Not Readily Marketable	\$	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	Automobiles and other personal property	\$	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	Other assets – itemize:	\$			TOTAL LIABILITIES	\$
<input type="checkbox"/>	<input type="checkbox"/>		\$			NET WORTH (Total Assets minus Total Liabilities)	\$
		TOTAL ASSETS	\$			TOTAL LIAB. AND NET WORTH	\$

SOURCES OF ANNUAL INCOME:		GENERAL INFORMATION:	
Salary	\$	Are you a Partner or Officer in any other business venture? If so, please name.	
Bonuses & Commissions	\$	Are any assets pledged other than as described on schedules? If so, describe.	
Real Estate Income	\$	Are you a defendant in any suits or legal actions?	
Other Income (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)	\$	Have you ever been declared bankrupt? If so, describe.	
TOTAL	\$	Are you obligated to pay alimony, child support or separate maintenance payments: If so, describe.	
		Personal bank accounts carried at:	
CONTINGENT LIABILITIES:		Do you rent or own? If rent, please provide monthly rent expense.	

(COMPLETE SECTION II AND SIGN ON REVERSE SIDE)

## SECTION II

### A CASH ON HAND AND IN BANKS

Name of Bank	Type of Account	Type of Ownership	On Deposit
			\$
			\$
			\$
Cash On Hand			\$
TOTALS			\$

### B LIFE INSURANCE (List only those Policies that you own)

Company	Face of Policy	Cash Surrender Value	Amount Pledged	Beneficiary
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
TOTALS	\$	\$	\$	

### C SECURITIES OWNED (Including US Gov't Bonds and all other Stocks and Bonds)

Face Value – Bonds No. of Shares Stock	Description	Type of Ownership	Market Value US Gov't Sec.	Market Value Marketable Sec.	Market Value Not Readily marketable Sec.	Amount Pledged to Secure Loans
			\$	\$	\$	\$
			\$	\$	\$	\$
			\$	\$	\$	\$
			\$	\$	\$	\$
TOTALS			\$	\$	\$	\$

### D REAL ESTATE OWNED

Title in Name Of	Address & Type of Property	% of Ownership	Date Acquired	Cost	Market Value	Mortgage Amount	Monthly Payment	Payable to Whom
Homestead				\$	\$	\$	\$	
				\$	\$	\$	\$	
				\$	\$	\$	\$	
				\$	\$	\$	\$	
TOTAL					\$	\$		

### E PERSONAL PROPERTY

DESCRIPTION	Cost When New	Value Today	Loan Amount	Payment Amount	Payable to Whom
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	
TOTAL		\$	\$		

### F NOTES DUE TO OTHERS

Payable To	Type of Loan	Loan Amount	Monthly Payment	When Due	Collateral (if Any)
		\$	\$		
		\$	\$		
		\$	\$		
		\$	\$		
TOTALS		\$	\$		

For the purpose of obtaining or maintaining credit from time to time, I/We furnish the foregoing as a true and accurate statement of my/our financial condition. Authorization is hereby given to the Broker to verify in any manner it deems appropriate any and all items indicated on this statement. In addition, each individual signing below authorizes the Broker to check their individual credit account and employment history and have a credit reporting agency prepare a consumer credit report on them. The undersigned also agrees to notify the Broker immediately in writing of any significant adverse change in such financial condition.

Signature (Individual) \_\_\_\_\_ Date Signed \_\_\_\_\_

Signature (Joint) \_\_\_\_\_ Date Signed \_\_\_\_\_

## Certification of Financial Statement

To: Leibold Enterprises

Date: \_\_\_\_\_

\_\_\_\_\_ (“the undersigned”) hereby certifies and represents to Leibold Enterprises as follows: that the financial information set forth on the financial statement dated \_\_\_\_\_ is true, accurate and complete in all material respects; that Leibold Enterprises Investors shall rely on such information in deciding to grant or continue to grant credit to the undersigned; that there are no undisclosed liens or encumbrances on the assets or any undisclosed liability of the undersigned; that all taxes owed by the undersigned have been fully paid and discharged, and that there are not pending claims, actions, proceedings, judgments or liens against the undersigned or any of the undersigned’s assets, except as fully disclosed in said statement. Leibold Enterprises is hereby authorized to make all inquiries it deems necessary or desirable to verify the accuracy of the statements made and to determine my (our) creditworthiness. Leibold Enterprises is also authorized to answer questions about its credit experience with me (us).

x \_\_\_\_\_ x \_\_\_\_\_

x \_\_\_\_\_

(Signed by all persons whose assets or liabilities appear on the financial statement)



## BUSINESS DEBT SCHEDULE

COMPANY NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

Indebtedness: Furnish the following information on all installment debts, contracts, notes and mortgages payable. Indicate by asterisk (\*) items to be paid by loan proceeds and reason for paying same (present balance should agree with latest balance sheet submitted). Do not include accounts payable or accrued liabilities.

Creditor Name & Address	Original Date	Original Amount	Present Balance	Interest Rate	Monthly Payment	Maturity Date	Collateral / Security
Total Present Balance							