


SBA Loan Number		U.S. SMALL BUSINESS ADMINISTRATION LENDER'S APPLICATION FOR GUARANTY OR PARTICIPATION	Loan Submitted As:	
			<input type="checkbox"/> Reg 7(a)	
			<input type="checkbox"/> CLP	
Business Name of Applicant		Applicant NAICS Code:	<input type="checkbox"/> PLP	
Name of Lender		Telephone (Inc. A/C)	FIRS No. (SBA's Use)	
Street Address		City	State	ZIP

WE PROPOSE TO THE FOLLOWING LOAN TERMS:

Guaranteed Loan	Lender's Share %	SBA's Share %	Term of Loan	Years
Amount of Loan		Payment Beginning	Monthly Payment	
\$ _____		_____ Months from Date of Note	\$ _____	
Lender's Interest Rate		If Interest Rate is to be Variable	Adjustment Period	Base Rate Source
% Per Annum		Base Rate	Spread	

CONDITIONS OF LENDER (e.g. Insurance requirements, standbys, other conditions. Use additional sheet(s))

I approve this application to SBA subject to the terms and conditions outlined above. Without the participation of SBA to the extent applied for we would not be willing to make this loan, and in our opinion the financial assistance applied for is not otherwise available on reasonable terms. I certify that none of the Lender's employees, officers, directors, or substantial stockholders (more than 10%) have a financial interest in the applicant.

Lender Official (Please Type or Print Name under Signature)	Title	Date
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ON PLP SUBMISSIONS ONLY: I approve and certify that the applicant is a small business according to the standards in 13 CFR 121, the loans proceeds will be used for an eligible purpose, and the owners and managers of the applicant business are of good character.

Approving/Certifying Lender Official (Please Type or Print Name under Signature)	Title	Date
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FOR SBA USE ONLY

Loan Officer's Recommendations	<input type="checkbox"/> Approve	<input type="checkbox"/> Decline	State Reason(s)
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Signature	Title	Date
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Other Recommendation if Required	<input type="checkbox"/> Approve	<input type="checkbox"/> Decline	State Reason(s)
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Signature	Title	Date
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THIS BLOCK TO BE COMPLETED BY SBA OFFICIAL TAKING FINAL ACTION

<input type="checkbox"/> Approve	<input type="checkbox"/> Decline	State Reason(s)
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Signature	Title	Date
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INSTRUCTIONS: Lender will complete and enclose as part of this application package, all working papers, support material, and agreements requested herein, specifically including:

1. Balance sheet and ratio analysis - comments on trends, debt to worth, and current ratio.
2. Lender's analysis of repayment ability.
3. Management skill of the applicant.
4. Collateral offered and lien position, and analysis of collateral adequacy.
5. Lender's credit experience with the applicant. Identify weaknesses.

FINANCIAL SPREAD

In Column 1 please show the most recent balance sheet figures of an existing business or the initial equity investment of a start-up business or the purchase of a business. Columns 2 and 3 are to reflect adjusting entries, the use of loan proceeds, and loan repayment. Column 4 is to reflect the balance sheet of the business immediately following loan disbursement. Base the financial analysis on Column 4 figures.

BALANCE SHEET	As of	Fiscal Year Ends	AUDITED <input type="checkbox"/>	UNAUDITED <input type="checkbox"/>
		DEBIT	CREDIT	PRO FORMA
Assets				
Cash	\$	\$	\$	\$
Accounts Rec.				
Inventory				
Other				
Total Current Assets				
Fixed Assets				
Other Assets				
Total Assets	\$	\$	\$	\$
Liabilities & Net Worth				
Accounts Payable	\$	\$	\$	\$
Notes Payable				
Taxes				
Other				
SBA				
Total Current Liabilities	\$	\$	\$	\$
Notes Payable	\$	\$	\$	\$
SBA				
Other				
Total Liabilities	\$	\$	\$	\$
Net Worth	\$	\$	\$	\$
Total Liab. & Net Worth	\$	\$	\$	\$

Profit & Loss	PRIOR THREE YEARS			INTERIM	PROJECTIONS	
Sales	\$	\$	\$	\$	\$	\$
Depreciation						
Income Taxes						
W/D Officer Comp.						
Net Profit after Tax/Deprec.	\$	\$	\$	\$	\$	\$

PRO FORMA SCHEDULE OF FIXED OBLIGATIONS

	YEAR 1	YEAR 2	YEAR 3	YEAR 4
	\$	\$	\$	\$

Lender's Analysis:

The estimated burden for completing this form is 2 hours per response. You will not be required to respond to collection of information unless it displays a currently valid OMB approval number. Comments on the burden should be sent to U.S. Small Business Administration, Chief, AIB, 409 3rd St., S.W. Washington, D.C. 20416 and Desk Office for Small Business Administration, Office of Management and Budget, New Executive Office Building, Room 10202, Washington, D.C. 30503. **OMB Approval (3245-0016)** PLEASE DO NOT SEND FORMS TO OMB.