

Section 1 – Business Information

Company Name _____ DBA or Franchise (if applicable) _____

Phone () - _____ Fax () - _____ E-Mail _____

Street _____ Suite # _____ Website _____

City _____ State _____ Zip Code _____

Date Company Founded _____ Date Of Current Ownership _____ # of current locations _____

of Employees (Current) _____ # of Employees (after financing) _____ Tax Identification # _____ *For your security, please complete by hand*

Type of Organization C Corp S Corp LLC LLP LP GP Sole Prop. State of Organization _____

Does business currently have any plans for future locations? Yes No (If yes, how many?) _____

Do sales to any one customer exceed 10% of business's annual revenue? Yes No

Type of Business Service Retail Wholesale Mfg. Distribution Other (Describe) _____

Describe products and services: _____

Customer Profile/Key Clients: _____

Major Competitors: _____

Section 2 - Project Summary

Real Estate Purchase	\$	Working Capital	\$	Business/Practice Acquisition	\$
Building Improvements	\$	Inventory	\$	Other (describe)	\$
Equipment Purchase	\$	Debt Refinance	\$	Other (describe)	\$
Briefly Describe Project					

Section 3 – Ownership

List below all owners, partners, Limited Liability Corporation (LLC) members, and stockholders totaling 100% of ownership. For corporations identify all corporate officers regardless of ownership. For a Partnership or LLC, identify the managing /general partner or managing member.

If additional owners, check here and attach a separate sheet.

Name _____	Title _____	Ownership % _____	Social Security # _____	<i>For your security, please complete by hand</i>
Address _____	City _____	State _____	Zip Code _____	
Name _____	Title _____	Ownership % _____	Social Security # _____	<i>For your security, please complete by hand</i>
Address _____	City _____	State _____	Zip Code _____	
Name _____	Title _____	Ownership % _____	Social Security # _____	<i>For your security, please complete by hand</i>
Address _____	City _____	State _____	Zip Code _____	
Name _____	Title _____	Ownership % _____	Social Security # _____	<i>For your security, please complete by hand</i>
Address _____	City _____	State _____	Zip Code _____	

Section 4 - Affiliates

List below all business concerns in which the applicant company or any of the individuals listed in the Ownership Section above have 20% ownership or controlling interest. Affiliation also exists where an individual(s) has control of the Small Business Company and another concern(s) even though the ownership of one or both is small. **If additional affiliates, check here and attach a separate sheet.**

Company Name _____	Owned By: _____	Ownership % _____
Address _____		# Employees _____
Company Name _____	Owned By: _____	Ownership % _____
Address _____		# Employees _____

Section 5 – Business Debt

If additional loans and/or leases, check here and attach a separate sheet.

Lender	Purpose	Original Amount	Current Balance	Monthly Payment	Interest Rate	Maturity Date	Security	Status
		\$	\$	\$				<input type="checkbox"/> Current <input type="checkbox"/> Past Due
		\$	\$	\$				<input type="checkbox"/> Current <input type="checkbox"/> Past Due
		\$	\$	\$				<input type="checkbox"/> Current <input type="checkbox"/> Past Due
		\$	\$	\$				<input type="checkbox"/> Current <input type="checkbox"/> Past Due

Figures should reconcile with most recent Tax Return or Interim Financial Statement provided to Lender

Section 6 - Accounts Receivable / Payable Information

If business (or the business/practice being acquired) has accounts receivable/payable, please attach an accounts receivable/payable summary aging report. If not available, complete the schedule below. If the company has no accounts receivable or payable, check here and proceed to the next section.

Does any customer make up more than 10% of the accounts receivable? <input type="checkbox"/> Yes <input type="checkbox"/> No			Does any supplier make up more than 10% of the accounts payable? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Days Outstanding	0 - 30	31 - 59	60 - 89	90 - 119	120 and Over
Accounts Receivable	\$	\$	\$	\$	\$
Accounts Payable	\$	\$	\$	\$	\$

Figures should reconcile with most recent Tax Return or Interim Financial Statement provided to Lender

Section 7 - References and Professional Services

Bank Reference:

Bank Name: _____ Contact: _____ Phone Number: () - _____
 Address _____ City _____ State _____ Zip Code _____

Professionals: (if currently available)

Accounting Firm: _____ Contact: _____ Phone Number: () - _____
 Attorney: _____ Contact: _____ Phone Number: () - _____

Section 8 – Applicant Comments

ADDITIONAL INFORMATION WILL BE REQUIRED TO COMPLETE YOUR LOAN REQUEST

Upon receipt of this application, a Small Business Lending representative will contact you to discuss your transaction in further detail. Prior to final review of this application, your representative will request other forms or documents based on your specific loan request.

DISCLOSURE OF RIGHT TO REQUEST SPECIFIC REASONS FOR CREDIT DENIAL GIVEN AT TIME OF APPLICATION (BUSINESS CREDIT)

If your application for business credit is denied, you have the right to receive a written statement of the specific reasons for the denial. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement. Applicants are not required to obtain or pay for unwanted services.

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. The federal agency that administers compliance with this law concerning this creditor is The Federal Trade Commission, Equal Credit Opportunity, Washington, D.C. 20580.

SMALL BUSINESS LENDING CORPORATION AUTHORIZATION TO RELEASE INFORMATION

In connection with this application for financing (and any update, extension, modification, renewal or review of such financing, if it is granted), each of the undersigned hereby authorizes Small Business Lending and each of its affiliates (collectively, the "Lender") to make all inquiries it deems necessary to verify the accuracy of the information provided herein and to determine my creditworthiness including, without limitation, obtaining consumer and/or business credit reports regarding me or any entity I am affiliated with. Each of the undersigned individuals hereby acknowledges that Lender will obtain a consumer credit report concerning them. The Lender may, at any time in its sole discretion, disclose the status of the proposed financing transaction and the credit data and other information concerning or relating to the undersigned or the proposed financing transaction to the SBA, referral sources, franchisors, vendors, loan participants, other lenders, agents and affiliates of any undersigned or the Lender. The undersigned hereby certify that the enclosed application information, including all attachments, exhibits, schedules, etc., is true, valid, accurate and complete as of the date of this application. The undersigned understand that false statements may result in the denial of the application.

APPLICANT SIGNATURE: _____

Date _____

TITLE: _____

Section 1 - General Information

Name _____
First Middle Initial Last

List any previous names, i.e. maiden name, alias, etc. (If additional names, please attach a separate sheet)

Name _____ From: _____ To: _____
First Middle Initial Last

Social Security # _____ Date of Birth _____ Place of Birth (City, State) _____
For your security, please complete by hand

Current Address _____ From: _____ To: _____

City _____ State _____ Zip code _____

Previous Address (If current < 10 yrs.) _____ From: _____ To: _____

City _____ State _____ Zip code _____

Phone () - _____ Fax () - _____ Cell Phone () - _____

Are you a U.S. Citizen? Yes No If No, are you a Lawful Permanent Resident Alien? Yes No (If Yes, attach copy of Green Card)

Have you, or any officer of your company, ever been involved in bankruptcy or insolvency proceedings? Yes No Are your business and personal taxes current? Yes No

Are you or your business involved in any pending lawsuits? Yes No Have you ever been disbarred from doing business with the U.S Government? Yes No

Do you or your spouse or any member of your household, or anyone who owns, manages or directs your business, or their spouses or members of their household, work for the Small Business Administration, Small Business Advisory Council, SCORE, ACE, or a Federal Agency, or the participating lender? Yes No Have you ever been arrested, charged with, convicted of, or placed on pretrial diversion, or placed on any form of probation, including adjudication withheld pending probation, for any criminal offense other than a minor vehicle violation? Yes No

Section 2 - Education (Please complete or attach resume.)

Institution/Location _____ From _____ To _____

Degree _____ Course of Study _____

Institution/Location _____ From _____ To _____

Degree _____ Course of Study _____

Section 3 - Work Experience (Last 5 years, if applicable. Please complete or attach resume)

Company Name/Location _____ From _____ To _____

Title _____ Duties _____

Company Name/Location _____ From _____ To _____

Title _____ Duties _____

Section 4 - Military Service Background (Please complete or attach resume.)

Not applicable Branch _____ From _____ To _____

Honorable Discharge: Yes No Rank Upon Discharge _____ Grade _____

Section 5 - Previous SBA or Federal Government Debt (Requested or received. Attach a separate sheet if needed.)

Not applicable

Federal Agency _____ Approved Declined Date of Loan or Application _____ Original Loan Amount \$ _____ Current Balance \$ _____ Current Delinquent

Section 6 - Financial Information (If married include all individual and joint assets, liabilities, and income)

ASSETS		LIABILITIES	
Cash	\$	Credit Cards and Accounts Payable	\$
Savings/Checking Accounts	\$	Unpaid Taxes	\$
Securities: Stocks, Bonds,	\$	Margin Accounts ¹	\$
Cash Value Life Insurance	\$	Loans Against Life Insurance	\$
Vehicles (all)	\$	Vehicle Loan Balances (all)	\$
IRA and 401k (all)	\$	Student Loan Balances (all)	\$
Household Goods	\$	Installment Loan Balances (all)	\$
Accounts and Notes Receivable	\$	Notes Payable to Banks and Others ²	\$
Other:	\$	Other:	\$

INCOME		Monthly	
Salary	\$	Investment Income	\$
Spouse Salary	\$	Other:	\$
Rental Income	\$	Other:	\$
EXPENSES		Monthly	
Vehicle Loan Payments (all)	\$	Insurances (all)	\$
Student Loan Payments (all)	\$	Medical Expenses (3yr. Average)	\$
Installment Loan Payments	\$	Property Taxes	\$
Rent Expense or Condo Fee	\$	Child Care	\$
Utilities	\$	Other:	\$

Describe other assets: _____

Describe other liabilities: _____
 Other liabilities may include but may not be limited to items such as: loans you have endorsed, guaranteed, or co-signed; legal claims/judgments, etc....

Notes Payable to Banks and Others (If additional Notes, please attach a separate sheet)

Lender	Original Amount	Current Balance	Monthly Payment	Collateral	Pmt Frequency
	\$	\$	\$		_____
	\$	\$	\$		_____
	\$	\$	\$		_____

Have you, or any business controlled by you ever had a loan or lease with us? Yes No

Number of members in household including self, spouse (if applicable), and all dependents _____

¹ Please attach appropriate account statements for securities summarized above.

² Please provide details of Notes Payable to Banks and Others below.

Section 7 - Real Estate Holdings (If additional properties are owned, please attach a separate sheet)

Property Type	Property 1 _____		Property 2 _____		Property 3 _____	
Address						
Owner of Record						
Date Purchased						
Original Cost	\$		\$		\$	
Current Value	\$		\$		\$	
	1 st Mortgage	2 nd Mortgage	1 st Mortgage	2 nd Mortgage	1 st Mortgage	2 nd Mortgage
Mortgage Holder						
Mortgage Balance	\$	\$	\$	\$	\$	\$
Mortgage Payment	\$	\$	\$	\$	\$	\$
Mortgage Status	<input type="checkbox"/> Current <input type="checkbox"/> Past Due	<input type="checkbox"/> Current <input type="checkbox"/> Past Due	<input type="checkbox"/> Current <input type="checkbox"/> Past Due	<input type="checkbox"/> Current <input type="checkbox"/> Past Due	<input type="checkbox"/> Current <input type="checkbox"/> Past Due	<input type="checkbox"/> Current <input type="checkbox"/> Past Due

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In connection with this application for financing (and any update, extension, modification, renewal or review of such financing, if it is granted), each of the undersigned hereby authorizes Small Business Lending and each of its affiliates (collectively, the "Lender") to make all inquiries it deems necessary to verify the accuracy of the information provided herein and to determine my creditworthiness including, without limitation, obtaining consumer and/or business credit reports regarding me or any entity I am affiliated with. Each of the undersigned individuals hereby acknowledges that Lender will obtain a consumer credit report concerning them. The Lender may, at any time in its sole discretion, disclose the status of the proposed financing transaction and the credit data and other information concerning or relating to the undersigned or the proposed financing transaction to the SBA, referral sources, franchisors, vendors, loan participants, other lenders, agents and affiliates of any undersigned or the Lender. The undersigned hereby certify that the enclosed application information, including all attachments, exhibits, schedules, etc., is true, valid, accurate and complete as of the date of this application. The undersigned understands that false statements may result in the denial of the application.

APPLICANT SIGNATURE: _____

DATE: _____

SPOUSE SIGNATURE: _____

DATE: _____

SPOUSE NAME: _____ SPOUSE SOCIAL SECURITY #: _____ *For your security, please complete by hand*

(Spousal signature and Social Security number required to verify combined assets & liabilities as specified by community property laws)

This form is an integral part of the Small Business Lending Business Loan Application and should be completed by each owner, partner, or stockholder with 20% or more ownership in Applicant Company and any person or entity providing a guaranty of the loan.