

Small Business Loan Application

Company Information			
Company Name			
Address		Sta	ate Zip
Principal in charge	Dh	one	Fax
Secondary contact person	Ph	one	Fax
	em	ail	
Type of business		Date established	d
Number of Employees: Existing		nis Loan	
Proprietorship Partr Type of entity (check one) Corporation LLC	nership		
Company Ownership			
Name	Title		% of Ownership
If a corporation, please indicate who is President and Se	ecretary		
Affiliate Businesses IF APPLICABLE			
	()		
Name		PPLICANT COMPANY OR DIVIDUALS)	% of Ownership
Existing Business Location(s)			Lease
Address	Square feet	Lease payment	expiration
	Replaced by new	/ facility? Yes	No lassa
Address	Square feet	Lease payment	Lease expiration
	Replaced by new	/ facility? Yes	□ No
References			
Bank Contact	Name & Phone:	1	
Accountant Fi	irm name		Phone
Attorney Fi	irm name		Phone
Broker Fi	irm name		Phone

Nature of Your Business				
Nature of your business				
Type of products or services (include a	ny catalogs or brochures)			
Geographic market area				
List key customers				
List major competitors				
Project Information				
City	State	2	Zip Co	punty
What is the square footage of the new	building?	What is the squ	uare footage your company wi	II occupy?*
Escrow closing date	Realtor's na	me	Phone	9
If known, how will the property be vested	ed (i.e. individually, husband			
partnership, LLC, corporation, trust, etc Please provide appropriate documenta	,	ment. LLC documents	. Articles of Incorporation. Trus	st Agreement)
	(10	,	· · · ·	G ,
Total Project Costs		Const	ruction project	
Purchase existing building Purchase price	\$		Acquisition	\$
Tenant improvements	\$		ruction Bid	\$
Equipment *	\$		ects, permits, other Soft Costs	
Other		Architects, permi Equipment *		\$
Total	\$	Other	nem	\$
TOldi	φ		Tetal	
*Please note – equipment to be financed must have a useful life of 10 years or greater.				
If there are any tenants that will remain in the building, please provide the following information: Also, please have your realtor provide copies of all existing leases.				
Tenant name		Square footage	Lease expiration	Rent amount

Personal Resumé Form	TO BE COMPLETED BY	Y EACH PRINCIPAL IN	VOLVED IN THE LOA	AN. PLEASE MAKE COP	IES AS NEEDED FOR EACH
Nome					
Name	FIRST	MIDDLE	M	AIDEN	LAST
Date of birth	Place of birth		Race	Social Security No.	
U.S. Citizen Yes No		If not, please provide a	lien registration numb	per	
Home address		City		State	Zip
From	To <u>Present</u>	Home phone		Business phone	
Immediate past address			City	State	Zip
	То				
Are you employed by the U	.S. Government?		If so, give the na	me of the agency and pos	ition
Spouse's Name					
	FIRST	MIDDLE		MAIDEN	LAST
Date of birth	Place of birth		Race	Social Security No.	
Be sure to answer the next or conviction record will not be turned down.					
Are you presently under ind	lictment, on parole or prob	ation?		Yes	No
Have you <u>ever</u> been charge Include offenses which hav disclosed and explained on	e been dismissed, dischar				No
					NO
Have you <u>ever</u> been convic adjudication, withheld pend					No
h	f yes, to any of the above	e, furnish details in a s	eparate exhibit. Lis	t name(s) under which h	eld.
Miscellaneous questions					
Have you or any officer of y	our company ever been in	volved in bankruptcy or	insolvency proceedir	ngs? Yes No	•
Are you or your business in	volved in any pending or p	rior lawsuits? Yes	No	lf yes, please provide d	etails on a separate sheet.
Have you ever received an	SBA loan? Yes	No If yes, pleas	e provide a copy of th	he SBA Loan Authorizatior	Document and the following:
Original Amount		Dat	e of the loan		
Current Balance		Sto			
Military service backgrou	nd				
Branch		Fro	m	То	
Rank at discharge		Hor	orable?		
Job description					

Personal Resumé Form	CONTINUED
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Work experience

List chronologically, beginning with present employment

Name of company	e of company% of business ov			ess owned
Full address		City	State	Zip
From	То	Title	Duties	
Name of company			% of busine	ess owned
Full address		City	State	Zip
From	То	Title	Duties	
Name of company			% of busine	ess owned
		City		Zip
From	То	Title	Duties	
Education (College or To	echnical Training)			Degree or
Name and Location		Dates Attended	Major	Certificate
Comments				
2.				
Comments				
3.				
Comments				
Credit Report Authoriza	tion			
information required in the	e processing of my loan a	ation is true and correct. I hereby author pplication and as required in the servici n the processing of my loan application.	ng and/or during the term of my lo	
I/We hereby certify that th best of my/our knowledge		ncluding any attachments or exhibits pro	ovided here within or at a later da	te, is valid and correct to the

 Signature
 Date

 Spouse Signature
 Date