

BUSINESS LOAN APPLICATION

Please Complete All Sections

Business Applicant Information

Legal Business Name:	Date Established:
Business Owners (if any):	Tax ID #:
Street Address:	City, State, Zip:
Mailing Address (if different):	State of Incorporation:
Business Phone:	E-Mail Address:

If more than one location, attach a list of other business addresses.

Business Structure:

Corporation: C-Corp. S-Corp. **Limited Liability:** Company Partnership

Partnership: General Limited Proprietorship Trust Not-For-Profit

Please describe what your business does:

Industry type: Manufacturer Retailer Wholesaler Professional Service Other:

Credit Request (check all that apply)

Type	Amount	Purpose
<input type="checkbox"/> Term Loan, term in months:	\$ _____	<input type="radio"/> Business Expansion <input type="radio"/> Purchase Inventory <input type="radio"/> Purchase Equipment
<input type="checkbox"/> Line of Credit	\$ _____	<input type="radio"/> Leasehold Improvements <input type="radio"/> Working Capital
<input type="checkbox"/> Other (specify):	\$ _____	<input type="radio"/> Accounts Receivable
		<input type="radio"/> Other (Describe) <input type="radio"/> Payoff Existing Loan(s) Lender and amount(s)

INDIVIDUAL INFORMATION (Required from all individuals with a 20% or greater interest in the borrowing entity)

Individual _____	Spouse (if applicable) _____
Social Security # _____	Social Security # _____
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Phone _____	Phone _____
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Not Married	
<input type="checkbox"/> Individual(s) <input type="checkbox"/> Guarantor <input type="checkbox"/> Managing <input type="checkbox"/> Member	
<input type="checkbox"/> Shareholder <input type="checkbox"/> Trustee <input type="checkbox"/> Member Trust <input type="checkbox"/> Co-borrower	
<input type="checkbox"/> Other	
Years as Business Owner/Investor: _____	% Owned of Borrowing Entity: _____

PERSONAL FINANCIAL STATEMENT

ASSETS	(Omit Cents)	LIABILITIES	(Omit Cents)
Cash on Hand & in Banks	\$ _____	Unsecured Notes Payable to Banks and Others	\$ _____
Savings Accounts	\$ _____	Credit Card Balance	\$ _____
IRA or Other Retirement Account	\$ _____	Installment Loans	\$ _____
Accounts & Notes Receivable	\$ _____	Loan on Life Insurance	\$ _____
Life Insurance-Cash Surrender Value Only	\$ _____	Mortgages on Residence	\$ _____
Stocks and Bonds	\$ _____	Mortgages on Investment RE (attach schedule)	\$ _____
Personal Residence	\$ _____	Other Liabilities	\$ _____
Investment Real Estate (attach schedule)	\$ _____		
Personal Property	\$ _____		
Other Assets	\$ _____		
Total Assets	\$ _____	Total Liabilities	\$ _____
		NET WORTH	\$ _____

MONTHLY INCOME AND EXPENSE INFORMATION

Gross Monthly Income			Individual	Spouse	Total	Monthly Expense	
A. Salary:	\$	_____	\$	_____	\$	A. Rent:	\$
B. Commissions/Bonus:	\$	_____	\$	_____	\$	B. First Mortgage (P&I):	\$
C. Dividends/Interest:	\$	_____	\$	_____	\$	C. Other Financing (P&I):	\$
D. Net Rental Income:	\$	_____	\$	_____	\$	D. Hazard Insurance:	\$
E. Other Income: *	\$	_____	\$	_____	\$	E. Real Estate Taxes:	\$
Total:	\$	_____	\$	_____	\$	F. Installment Loans:	\$
*Describe Other Income: _____						G. Credit Card Debt:	\$
** Describe Other Debt: _____						H. Other Debt: **	\$
						Total:	\$

PERSONAL DECLARATIONS

If you answer "Yes" to any questions A through F, Please provide a separate explanation.

	Guarantor		Spouse	
a. Are there any outstanding judgments against you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Have you declared bankruptcy within the last 10 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Have you had property foreclosed upon or given deed in lieu thereof in the last 10 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Are you party to a lawsuit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. Have you directly or indirectly been obligated on any loan which resulted in foreclosure, transfer of title in lieu of foreclosure or judgment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f. Are you presently delinquent or in default on any Federal debt or any other loan, mortgage, financial obligation bond or loan guarantee?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are you obligated to pay alimony, child support or separate maintenance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
h. Are you a member of the armed forces or armed forces reserves?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
i. Are you a U.S. citizen?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
j. Are you a permanent resident alien?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
k. Are any of your assets held in a trust? If yes, Name of Trust _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
l. Are you a guarantor or co-signer for obligations not listed on this financial statement? If yes, amount of contingent liability _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

AUTHORIZATION AND SIGNATURES

I/We, the undersigned, hereby authorize _____ or its designee (and any assignee or potential assignee) to make inquiries and obtain a credit report as necessary to verify the accuracy of the information and statements made to _____ and to determine my creditworthiness. I certify the statements and information contained in all documentation provided are true and accurate as of the stated date(s). These statements are made for the purpose of either obtaining a loan or guaranteeing a loan. I understand false or misleading statements may result in forfeiture of benefits and possible felony prosecution by the U.S. Attorney General (reference 18 U.S.C. 1001).

Applicant Authorization/Signature

Social Security # _____ Date _____

Applicant Authorization/Signature

Social Security # _____ Date _____

SCHEDULE OF REAL ESTATE OWNED

PRINT NAME(S)

	Property Street Address	Ownership Entity	% Owned	Property Type	Acq. Date	Original Cost	Market Value	Total of Mortgage Liens	Current Lender(s)	Net Rental Income
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
Totals:							\$	\$		

For additional properties, please duplicate this page and attach.

I (we) certify that the above information is true and accurate to the best of my (our) knowledge.

NET REAL ESTATE EQUITY
\$

Applicant Signature

Date