

I. THE BUSINESS

LEGAL BUSINESS NAME		<input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> GENERAL PARTNERSHIP <input type="checkbox"/> LIMITED LIABILITY CORPORATION <input type="checkbox"/> LIMITED PARTNERSHIP <input type="checkbox"/> TRUST	
ADDRESS:		CITY, STATE, ZIP	
TYPE OF BUSINESS:	DATE ESTABLISHED:	NO. OF EMPLOYEES:	GROSS ANNUAL REVENUES:
TELEPHONE NUMBER:	FAX NUMBER:	TAX PAYER ID NUMBER:	

II. THE LOAN

TYPE OF LOAN REQUESTED:	PURPOSE OF LOAN:		
AMOUNT REQUESTED:	TERM:	PROPOSED COLLATERAL (IF ANY):	
IS PROPOSED COLLATERAL BEING USED TO SECURE OTHER DEBT? (IF ANY, PLEASE PROVIDE DETAILS ON SEPARATE SHEET) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			

III. THE OWNERS/PRINCIPALS/OFFICERS (USE ADDITIONAL SHEET, IF NECESSARY)

NAME	S.S.N.	ADDRESS	% OWNED	POSITION

IF THE ANSWER OF THE FOLLOWING FIVE QUESTIONS IS YES, PLEASE PROVIDE DETAILS ON A SEPARATE SHEET:

1. RESIDENCY: ARE ANY OF THE OWNERS/PRINCIPALS OTHER THAN U.S. CITIZENS? (IF YES, INCLUDE COPY OF ALIEN REGISTRATION CARD AND INDICATE REGISTRATION NUMBER):	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. CURRENT LEGAL: ARE ANY OF THE OWNERS/PRINCIPALS CURRENTLY UNDER INDICTMENT, ON PAROLE OR PROBATION?	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. PAST LEGAL: HAVE ANY OF THE OWNERSHIP/PRINCIPALS BEEN CHARGE WITH, ARRESTED OR CONVICTED FOR ANY CRIMINAL OFFENSE, OTHER THAN A MINOR VEHICLE VIOLATION?	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. PAST BANKRUPTCY/INSOLVENCY: HAVE ANY OF THE OWNERS/PRINCIPALS BEEN INVOLVED IN BANKRUPTCY OR INSOLVENCY PROCEEDINGS?	<input type="checkbox"/> YES <input type="checkbox"/> NO
5. PENDING LAWSUITS: ARE ANY OF THE OWNERS/PRINCIPALS INVOLVED IN ANY PENDING LAWSUITS?	<input type="checkbox"/> YES <input type="checkbox"/> NO

IV. BANK REFERENCES (USE ADDITIONAL SHEET IF NECESSARY)

BANK NAME	ADDRESS/BRANCH	ACCOUNT NO.	ACCT. TYPE	AVE. DAILY BALANCE

V. CREDIT/TRADE REFERENCES (INCLUDE EXISTING AND PAID ACCOUNTS. USE ADDITIONAL SHEET IF NECESSARY)

TO WHOM PAYABLE	DESCRIPTION OF DEBT	DATES		AMOUNTS		
		ORIGINATION	MATURITY	ORIGINAL	CURRENT BAL	MONTHLY PMT

IF THE ANSWER TO ANY OF THE FOLLOWING TWO QUESTIONS IS NO, PLEASE PROVIDE DETAILS ON A SEPARATE SHEET:

1. ALL DEBT: ARE ALL DEBTS LISTED?	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. PAYMENT STATUS: ARE ALL DEBTS CURRENT?	<input type="checkbox"/> YES <input type="checkbox"/> NO

VI. OTHER BUSINESS REFERENCES (ACCOUNTANT, ATTORNEY, ETC.)

BUSINESS	ADDRESS	TELEPHONE	CONTACT PERSON	TYPE OF BUSINESS RELATIONSHIP

VII. BRIEF HISTORY/BACKGROUND OF THE BUSINESS

INDICATE A BRIEF HISTORY & BACKGROUND OF YOUR COMPANY:

BUSINESS PLAN: DO YOU HAVE A CURRENT BUSINESS PLAN (IF SO, PLEASE SUBMIT WITH APPLICATION) YES NO

VIII. BUSINESS LOAN APPLICATION CHECKLIST

PLEASE INDICATE WHICH OF THE FOLLOWING ITEMS ARE BEING SUBMITTED WITH THIS APPLICATION (NOTE: PLEASE SUBMIT AS MANY OF THE

Table with 10 rows and 2 columns: Item description and checkbox/YES/NO/COMMENT options.

This application is submitted for the purpose of obtaining credit. I/We hereby certify that all statements in this application are true and complete. I/We authorize you to obtain such information, including information obtained through credit reporting agencies, as you may require verifying the accuracy of the statements contained in this application and agreeing that the application shall remain your property whether or not the loan is granted. I/We further agree to notify you immediately of any material change with regard to said information which may occur while this application is under consideration or while indebted to you.

X
Authorized Signature _____ Print of Type Name _____ Title _____ Date _____

X
Authorized Signature _____ Print of Type Name _____ Title _____ Date _____

X
Authorized Signature _____ Print of Type Name _____ Title _____ Date _____

If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact the individual indicated below within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement.

Contact person:
Creditor:
Address:
Telephone:

Notice: The federal Equal Credit Opportunity Act prohibits 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 in to 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 exercises any right under the Consumer Credit Protection Act. This federal agency that administer compliances with this law concerning this credit is:

Agency Name:
Address: