

**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

