



Applicant's Information Sheet

Company Name _____

Type of Business _____

Business Address _____

City _____ State _____ Zip _____ Daytime Phone _____ Fax _____

Email Address _____

Use of Proceeds Address (if different than business address) _____

City _____ State _____ Zip _____

Proprietorship Partnership Corporation LLC Trust

Business Tax I.D.# _____

Owner/Principals

Names	% Ownership/Title	Social Security Number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Have you or any officer of your company ever been involved in bankruptcy or insolvency proceedings?

Yes No If yes, please attach details.

Are you or your business involved in any pending lawsuits?

Yes No If yes, please attach details.

Have you ever applied for government financing? If so please provide the name of the agency, original balance and if loan is current. _____

Vesting if R/E Purchase _____

Title/Escrow/Attorney _____

Business Bank Name/Address _____

Business Bank Contact Person/Telephone Number _____

Use of proposed loan _____

How will this loan benefit your business? _____

How many employees do you have? _____

How many employees will you hire? _____



Applicant's Information Sheet

(Continued)

The following section relates to your planned use for funds from this loan request. Please be as specific as possible. In those instances where funds are expected to be used in different ways, it is important to be accurate in breaking out anticipated expenditures by category. If you are using the "other" category below, please provide a complete description of the planned use.

Project Items	Project Cost
Land and Building Acquisition.....	\$
Land Acquisition.....	\$
Building Construction/Improvement (Hard Costs).....	\$
Building Construction/Improvement (Soft Costs).....	\$
Debt Refinance (copy of notes required).....	\$
Business Acquisition (list of assets and purchase agreement required).....	\$
Machinery/Equipment Acquisition.....	\$
Inventory.....	\$
Furniture.....	\$
Fixtures.....	\$
Working Capital (include loan fees).....	\$
Other.....	\$
Total Project Cost	\$
Less Borrowers Injection	\$
Total Loan Requested	\$

1. Source of Injection: _____

2. Estimated close of escrow date: _____

3. Please provide the name of the Broker or other person who referred you to The Business Loan Center



Management Resume

(Continued)

Military Service and Background

Are you a veteran? If so, what service dates? From _____ To _____

Branch _____ Honorable Discharge? _____

Work Experience (start with most recent)

Company Name/Location _____

From _____ To _____ Title _____

Duties _____

Company Name/Location _____

From _____ To _____ Title _____

Duties _____

Company Name/Location _____

From _____ To _____ Title _____

Duties _____

Signature _____ Date _____

Additional Information Attached - Check Here

PERSONAL FINANCIAL STATEMENT

As of _____

Complete this form for: (1) each proprietor, or (2) each limited partner who owns 20% or more interest and each general partner, or (3) each stockholder owning 20% or more of voting stock or (4) any other person or entity providing a guaranty on its loan.

Name	Business Phone
Residence Address	Residence Phone
City, State, & Zip Code	
Business Name of Applicant/Borrower	

ASSETS	(Omit Cents)	LIABILITIES	(Omit Cents)
Cash on hands & in Banks	\$ _____	Accounts Payable	\$ _____
Savings Accounts	\$ _____	Notes Payable to Banks and Others	\$ _____
IRA or Other Retirement Account	\$ _____	(Describe in Section 2)	
Accounts & Notes Receivable	\$ _____	Installment Account (Auto)	\$ _____
Life Insurance-Cash Surrender Value Only	\$ _____	Mo. Payments \$ _____	
(Complete in Section 8)		Installment Account (other)	\$ _____
Stocks and Bonds (Excludes IRA & 401K Assets)	\$ _____	Mo. Payments \$ _____	
(Describe in Section 3)		Loan on Life Insurance	\$ _____
Real Estate	\$ _____	Mortgages on Real Estate	\$ _____
(Describe in Section 4)		(Describe in Section 4)	
Automobile - Present Value	\$ _____	Unpaid Taxes	\$ _____
Other Personal Property	\$ _____	(Describe in Section 6)	
(Describe in Section 5)		Other Liabilities	\$ _____
Other Assets	\$ _____	(Describe in Section 7)	
(Describe in Section 5)		Total Liabilities	\$ _____
Total	\$ _____	Net Worth	\$ _____
		Total	\$ _____

Section 1. Source of Income	Contingent Liabilities
Salary	As Endorser or Co-Maker
Net Investment Income	Legal Claims & Judgments
Real Estate Income	Provision for Federal Income Tax
Other Income (Describe below)*	Other Special Debt

Description of Other Income in Section 1.

*Alimony or child support payments need not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income.

Section 2. Notes Payable to Bank and Others. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed).

Name and Address of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	How Secured or Endorsed Type of Collateral

Section 3. Stocks and Bonds (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed)

Number of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value

Section 4. Real Estate Owned. (List each parcel separately. Use attachments if necessary. Each attachment must be identified as a part of this statement and signed).

	Property A	Property B	Property C
Type of Property			
Address			
Date Purchased			
Original Cost			
Present Market Value			
Name & Address of Mortgage Holder			
Mortgage Account Number			
Mortgage Balance			
Amount of Payment per Month/Year			
Status of Mortgage			

Section 5. Other Personal Property and Other Assets (Describe, and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment, and if delinquent, describe delinquency).

Section 6. Unpaid Taxes. (Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches).

Section 7. Other Liabilities (Describe in detail).

Section 8. Life Insurance Held. (Give face amount and cash surrender value of policies - name of insurance company and beneficiaries).

I authorize Lender to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I certify the above and the statements contained in the attachments 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 statements may result in forfeiture of benefits and possible prosecution by the U.S. Attorney General (Reference 18 U.S.C. 1001).

Signature: _____ Date: _____ Social Security Number: _____

Signature: _____ Date: _____ Social Security Number: _____



Business History

Please write about each of the business elements listed below. Include any brochures, advertising materials or printed history of the business if available. (Use separate attachments if necessary.)

General Information:

Date business started: _____

What kind of business is it? (*construction, manufacturing, retailing, services, etc.*) _____

Date business originally acquired by the seller and reason for selling: _____

Products Or Services/Description Of Business Activity:

If a manufacturer, describe the products you plan to make. If you are a retailer, discuss the various types of goods to be sold. If you are a service business, describe the services offered. _____

Sales/Marketing Activity:

Who will or do you sell to? (*retailers, wholesalers, the public*) _____

List your key customers. _____

How are your sales made? _____

Who are your suppliers and what are their credit sales terms? _____

How do you determine the price of your products or services? _____

How will or do you advertise? What promotional activities will you or do you conduct to generate sales? _____



Business History

(Continued)

Competition: Briefly list and describe your major competitors. _____

What advantage will or does your business have over your competitor's operation? _____

What is the approximate distance of your competitors, relative to your current/proposed location? _____

Location: If a retail business, describe the area and the customer base. _____

Describe your business locations' advantages and disadvantages. _____

Facilities: Describe the type and condition of the building, if applicable. _____

What improvements are needed, if any? _____



Credit Check Authorization

I/We the undersigned hereby authorize The Business Loan Center: to make any credit inquiries, that the bank may deem necessary, in connection with our application for a business loan. This authorization also applies to inquiries regarding employment history, bank accounts, and follow-up credit inquiries/checks that the Bank may deem necessary in the future, in connection with the servicing of our loan.

Applicant

Spouse (If Applicable)

Signature

Signature

Print Full Legal Name

Print Full Legal Name

Street Address

Street Address

City, State, ZIP

City, State, ZIP

Social Security Number

Social Security Number

Date of Birth

Date of Birth