

APPLICANT/BORROWER

Business Name _____

Phone _____ Fax _____ E-mail _____

Address _____

City _____ State _____ Zip _____

Type of Business _____ Date Established _____

Type of Entity Corporation Partnership Sole Proprietorship Limited Liability Company/ Partnership
 Other _____

Number of Employees: Existing _____ Expected After This Loan _____

Complete as much as possible for quick processing of your loan:

Bank Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

Accountant's Name _____ Phone _____ E-mail _____

Attorney's Name _____ Phone _____ E-mail _____

Seller's Name _____ Phone _____ E-mail _____
(If Real Estate Broker)

ESTIMATED PROJECT COSTS

Land and building acquisition

Acquisition of existing business

New building construction

Building improvements or repairs

Land Acquisition

Acquisition of machinery / equipment

Inventory purchase

Working capital (including accounts payable)

Payoff bank loan

Other debt

Closing costs for loan (if applicable)

Other

Seller Carry

Down Payment

Total Loan Amount Requested

OWNERSHIP

List below all officers, directors, partners, owners, co-owners, and stockholders.

Name	Title	Percentage of Ownership	Phone
		100 %	

AFFILIATES

List below **all** business concerns in which the applicant Company or **any** of the individuals listed in the ownership section have any ownership. Use additional sheets if necessary.

Company Name	Owner (applicant, company, or individuals)	Percentage of Ownership

GOVERNMENT DEBT

Complete the chart below if (applicant or any affiliates) have current / previous SBA and other Government debt - including:

- 1) Federal debt, including SBA, received by the applicant including loans that have been paid in full or charged off;
 - 2) Federal debt (including student loans and disaster loans) borrowed by any principal of the applicant;
 - 3) Federal debt borrowed by and other business currently or previously owned by any principal of the applicant.
- If there has been a loss to the government as a result of a charge off, compromise, or discharge due to bankruptcy for any of the listed debt, it must be identified below. LOSS is the outstanding principal balance of the loan that the government agency had to write off after all collection activities (including compromises) were finalized.

Agency Name	Borrower Name	Original Amount	Origin Date	Outstanding Balance	Loss to Government

I certify that all of the above information is true and correct to the best of my knowledge and belief. I hereby authorize the release to USAIA/CA of all credit history and information required for the purpose of processing and applicant's evaluating the credit transaction. The undersigned also permits USAIA/CA to release the applicant's credit information and otherwise exchange information regarding applicant's credit transaction to various business professionals involved in the transaction, including but not limited to, commercial real estate brokers, real estate agents, accountants, attorneys, the U.S. Small Administration Administration, and third party financial institutions.

Applicant Signature _____ **Title** _____ **Date** _____

Describe your business operations (include types of products and or services, business plan if start-up):

Customer profile, % of sales (i.e. Retail 45%, Wholesale 55%) Main customers / Target market:

How is product or service marketed? Does product or service have a stable or cyclical demand? Sensitive to economy?

Future plans for growth / expansion:

How will this loan benefit your company?

Discuss recent industry trends:

Currently Exporting? Yes No Planning to Export? Yes No Exporting Information Needed? Yes No

Customers and competitors:

Key Customers	All Major Competitors

If Real Estate Acquisition, please answer the following:

How many square feet are you currently occupying? _____

When does your current lease expire? _____

How many square feet is the subject building or proposed building? _____

How many square feet is the lot? _____

How far is current location to proposed location? _____

Will any of it be leased to another occupant? Yes No

If yes, how many tenants? _____ Total Square footage to be leased? _____ (Attach rent roll and fill out table below)

If multiple tenants, detail here, using square footage, percentage of occupancy, and lease terms:

Tenant Name / Unit	Sq. Ft.	Percent	Rent Amount	Term (months)	Matures (mm/dd/yy)
Totals:					

ADDITIONAL COMMENTS:

BUSINESS DEBT SCHEDULE

Company Name: _____

Balance Sheet Date: _____

This form must have the same date(s) and note balances as the current Balance Sheet.

Attach copies of notes, including all revolving and term loans to be paid with loan proceeds.

Creditor Name/Address	Date of Origin (mm/dd/yy)	Original Amount	Present Balance* Refinance: Y/N**	Interest Rate	Maturity Date (mm/dd/yy)	Monthly Payment Past Due: Y/N***	Collateral	Original Use of Loan
			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Total present balance as of _____								

* As of interim balance sheet.

** If you are requesting refinancing for any debt, indicate and complete the Refinance Addendum in the Miscellaneous Information section of this application.

*** Indicate any notes that have at any time been 30 days or more past due.

Signature _____ Title _____

SOURCE OF CASH INJECTION

_____ (Borrower), in relation to the loan being sought from Paradise Bank and to be guaranteed by the U. S. Small Business Administration (SBA), hereby agrees to provide suitable cash injection in the aggregate amount of _____. The source(s) of this cash will be (indicate source, such as bank & account number, and dollar amount of each source):

Source of Funds	Account Number (if applicable)	Amount

Borrower agrees to provide, or assist Lender in obtaining, documentation to verify that each cash injection amount is fulfilled. (Examples of documentation requested might be in the form of appropriate cancelled checks, verification of wire transfer of funds, or other forms which clearly show that said funds were tendered from Borrower to escrow or other intermediary in proper amounts. Additionally, Lender may require copies of bank statements, or other such records, before and after tender of funds. Furthermore, on a refinance transaction, indication of the amount down supported by final settlement statement, cancelled checks into escrow, copies of notes, and current loan statements or other such records may be requested. If prepaid construction items, indicate amount above and attach control summary sheet listing and describing each item, and attach matched copies of cancelled checks and invoices for items listed).

Signature _____ Name _____ Date _____

MANAGEMENT RÉSUMÉ

Please fill in all spaces. If an item is not applicable, please indicate. Include any additional relevant information on a separate exhibit.

PERSONAL INFORMATION

Name _____ Social Security Number _____

Date of Birth _____ Place of Birth _____

Home Phone _____ Business Phone _____

Present Address _____ City _____

State _____ Zip _____ From _____ To _____

Spouse's Name _____ Social Security Number _____

Are you employed by the U.S. Government? Yes No Agency/Position: _____

Are you a U.S. Citizen? Yes No If no, give Alien Registration Number: _____

Are you or your business involved in any pending lawsuits? Yes No.

Have you or any officer of your company ever been involved in bankruptcy or insolvency? Yes No

Have any of the owners been arrested or convicted of any criminal offense other than a minor traffic violation? Yes No

EDUCATION

College/Technical Training (Name and Location)	Attended From:	Attended To:	Major:	Degree/Certificate

MILITARY SERVICE BACKGROUND

Branch of Service _____ From _____ To _____

WORK EXPERIENCE

List chronologically beginning with present employment.

1. Company Name/Location _____

From _____ To _____ Title _____

Duties _____

2. Company Name/Location _____

From _____ To _____ Title _____

Duties _____

Signature _____ Name _____ Date _____

Information for Government Monitoring Purposes: The following information is requested by the Federal Government for certain types of loans in order to monitor the Lender's compliance with equal credit opportunity laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a Lender may neither discriminate on the basis of this information, nor on whether you choose to furnish it. However, if you choose not to furnish it, under Federal regulations this Lender is required to note race and sex on the basis of visual observation or surname. If you do not wish to furnish the above information, please check the following box. **Applicant:** I do not wish to furnish this information.

With what race do you most closely identify: (Choose only one)

African American Puerto Rican Native American Hispanic Asian or Pacific Islander Eskimo or Aleut White Multi-Group

Sex: Female Male

REVENUE & EARNINGS PROJECTION (Complete for Start-Up or Expansion)

Company Name: _____

MONTH	1 st	2 nd	3 rd	4 th	5 th	6 th	7 th	8 th	9 th	10 th	11 th	12 th	TOTAL
Sales													
Cost of Sales													
GROSS PROFIT													
Accounting/Legal													
Advertising													
Auto/Truck													
Bad Debts													
Depreciation													
Entertainment/Travel													
Equipment Rental													
Insurance													
Interest													
Office Expense													
Office/Owner Salary													
Rent Property													
Repairs/Maintenance													
Supplies													
Taxes & Licenses													
Telephone/Utilities													
Wages													
Miscellaneous													
Total Expenses													
NET PROFIT													
Loan Payment													
Balance Retained													

Signature _____ Title _____ Date _____

EXPLANATION OF ESTIMATED INCOME / EXPENSES

Provide a detailed description for each of the following income/expense items. Include industry information and market analysis, attach information supporting your assumptions or business plan:

Sales: _____

Cost of Sales: _____

Accounting/Legal: _____

Advertising: _____

Auto/Truck: _____

Bad Debts: _____

Depreciation: _____

Entertainment/Travel: _____

Equipment Rental: _____

Insurance: _____

Interest: _____

Office Expense: _____

Office/Owner Salary: _____

Rent Property: _____

Repairs/Maintenance: _____

Supplies: _____

Taxes & Licenses: _____

Telephone/Utilities: _____

Wages: _____

Miscellaneous: _____