



# SBA LOAN APPLICATION

## General Business and Project Information

FULL LEGAL NAME OF COMPANY/BORROWER:		<b>TELEPHONE</b>		
PRIMARY CONTACT: TAX ID # OR SSN:		BUSINESS: ( )	HOME: ( )	
		FAX: ( )		
STREET ADDRESS:	CITY:	COUNTY:	STATE:	ZIP:
BILLING ADDRESS (IF DIFFERENT FROM ABOVE):	CITY:	COUNTY:	STATE:	ZIP:
PROPOSED BUSINESS ADDRESS:	CITY:	COUNTY:	STATE:	ZIP:
NATURE OF BUSINESS:		DATE ESTABLISHED:	NUMBER OF EMPLOYEES: <u>Now</u> <u>After Loan Funding</u>	
TYPE OF ENTITY:				
<input type="checkbox"/> CORPORATION		<input type="checkbox"/> LIMITED LIABILITY COMPANY		<input type="checkbox"/> PARTNERSHIP
<input type="checkbox"/> SUBCHAPTER S CORPORATION		<input type="checkbox"/> SOLE PROPRIETORSHIP		<input type="checkbox"/> OTHER(DESCRIBE) _____
LOAN TYPE: <input type="checkbox"/> SBA 504 <input type="checkbox"/> SBA 7a <input type="checkbox"/> OTHER (DESCRIBE) _____				

**Company Ownership** (List below all owners, principals and officers. If more than three people, please list on separate sheet in same format)

NAME	TITLE	% OF OWNERSHIP

**Affiliates** (List below all business concerns in which the applicant or any of the individuals listed in the ownership section above have any ownership. If more than four affiliates exist, please list on separate page in same format as below)

Name of Business concern	Fictitious Bus. Name (dba)	Number of employees	Type of business	Name of Owner	% of Ownership

### Project Cost

	Enter dollar amounts
Real Estate Acquisition	
New Construction/Expansion Repair	
Acquisition and /or Repair of Machinery Equipment	
Inventory Purchase	
Working Capital	
Acquisitions of Existing Business	
Payoff SBA Loan	
Payoff Bank Loan (Non SBA Associated)	
Other Debt Payment (Non SBA Associated)	
Loan Costs and Fees	
Total Project:	
(Less) Capital Injection	
Total Loan Amount	

**CDC USE ONLY**

Notes:

---

---

---

---

---

---

---

---

---

---

# ADVANTAGE CDC

## Lease Information

(GENERAL BUSINESS & PROJECT INFORMATION, CONT.)

DO YOU HAVE A LEASE WITH EITHER A LANDLORD OR AFFILIATE BUSINESS FOR THE PROPERTY YOUR BUSINESS NOW OCCUPIES?				<input type="checkbox"/> YES <input type="checkbox"/> NO
MONTHLY RENTAL	YEARS REMAINING ON LEASE	RENEWAL OPTION	<input type="checkbox"/> YES <input type="checkbox"/> NO	

## Miscellaneous – *(If answered “Yes” provide detail: attach a separate sheet if necessary)*

IS ANY LOAN APPLICANT, OR ANY DIRECTOR, EXECUTIVE OFFICER OR PRINCIPAL SHAREHOLDER OF LOAN APPLICANT, AN EXECUTIVE OFFICER, DIRECTOR OR PRINCIPAL SHAREHOLDER OF A FINANCIAL INSTITUTION?			<input type="checkbox"/> YES <input type="checkbox"/> NO
HAS YOUR BUSINESS EVER FILED BANKRUPTCY OR DEFAULTED ON ANY DEBTS?			<input type="checkbox"/> YES <input type="checkbox"/> NO
IS THE BUSINESS AN ENDORSER, GUARANTOR, OR CO-MAKER FOR OBLIGATIONS NOT LISTED IN ITS FINANCIAL STATEMENTS?			<input type="checkbox"/> YES <input type="checkbox"/> NO
DOES YOUR BUSINESS USE OR STORE ANY HAZARDOUS/TOXIC MATERIALS OR PRODUCE HAZARDOUS/TOXIC WASTE?			<input type="checkbox"/> YES <input type="checkbox"/> NO
IS THE BUSINESS A PARTY TO ANY CLAIM OR LAWSUIT?			<input type="checkbox"/> YES <input type="checkbox"/> NO
DOES THE BUSINESS OWE ANY TAXES FOR YEARS PRIOR TO THE CURRENT YEAR?			<input type="checkbox"/> YES <input type="checkbox"/> NO
DOES YOUR COMPANY MAINTAIN KEY PERSON LIFE INSURANCE ON ANY OWNER, OFFICER OR SHAREHOLDER?			<input type="checkbox"/> YES <input type="checkbox"/> NO
LIFE INSURANCE AGENT	INSURANCE COMPANY	TELEPHONE	
NAME OF INSURED	BENEFICIARY	\$ AMOUNT	
ACCOUNTANT NAME		TELEPHONE	
ATTORNEY NAME		TELEPHONE	
BUSINESS INSURANCE AGENT		TELEPHONE	
RESIDENTIAL INSURANCE AGENT		TELEPHONE	
BUSINESS BANKING WITH:		TELEPHONE	
REAL ESTATE AGENT		TELEPHONE	

## Agreement

- By signing below, you certify that all the information you’ve given us with this application is true and complete. You authorize us to verify all your statements with any source, obtain credit and employment history, (including your spouse’s, if you live in a community property state) and exchange information with others about your credit and account experience with us. You agree to provide additional information that we may require to process this application.
- You also agree to reimburse Advantage CDC for its expenses in connection with any credit commitment as detailed in the Assistance Agreement

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# ADVANTAGE CDC

## Authorization To Release Information

By signing below, you certify that all the information you've given with this application is true and complete. You authorize Advantage CDC to verify all your statements with any source, obtain credit and employment history, (including your spouse's, if you live in a community property state) and exchange information with others about your credit and account experience with Advantage CDC. You agree to provide additional information that Advantage CDC may require to process this application, including but not limited to true and complete federal income tax returns, employment verification and income verification.

Please list company name. Must be signed by an appropriate officer of the company. All individuals guaranteeing the proposed loan must sign this document.

Company/Business/Entity: \_\_\_\_\_ Date: \_\_\_\_\_

By: \_\_\_\_\_  
(Company/Business Entity/Officer)

Print Name: \_\_\_\_\_

## Principals and Guarantors

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

SSN: \_\_\_\_\_

SSN: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

SSN: \_\_\_\_\_

SSN: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

# ADVANTAGE CDC

## History of Business

(Use Separate Attachments to Answer Questions if Necessary)

Company Name: \_\_\_\_\_ Date and State of Organization \_\_\_\_\_

Nature of Business: (Describe the type of business you are in and how/why you became involved; include date and place of business organization and location of facilities and branches.)

Outlook: (What is your outlook concerning the business activity in which you are engaged?)

How will this loan benefit your company?

Customer Profile: (What are the primary markets for your products?)

List Key Customers

Geographic Sales Area

List Major Competitors

Major Suppliers

List Any Trade Association(s) or Regulatory Agencies \_\_\_\_\_

Future Plans: (What is your growth strategy? Rapid growth, moderate, or maintain market position?  
What are the impediments that may impact your success?)

Major Past Accomplishments, how your business differs from the competition, and your competitive advantages:

Marketing Analysis and Strategy: (Explain your promotional, pricing, and distribution strategies)

ADVANTAGE CDC

**Source of Capital Injection**

Amount of Capital Injection: \_\_\_\_\_

Capital Sources:

Personal Finances

Cash/Savings .....	\$ _____
IRA-liquid value if any .....	\$ _____
Stocks .....	\$ _____
Home Equity.....	\$ _____
Credit Card Advance .....	\$ _____
Loan from Relative or Others .....	\$ _____
Other _____ .....	\$ _____
Other _____ .....	\$ _____

Business Finances

Cash/Savings .....	\$ _____
Sale of Assets .....	\$ _____
Other _____ .....	\$ _____
Other _____ .....	\$ _____
TOTAL .....	\$ _____

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date