

# Business Loan Application

**Applicant** (You may apply for credit in your name alone, regardless of your marital status.)

FULL LEGAL NAME OF COMPANY/BORROWER:				TELEPHONE NUMBERS:	
PRIMARY CONTACT:				BUSINESS: ( )	
TAX ID # OR SSN:				HOME: ( )	
				FAX: ( )	
STREET ADDRESS:		CITY	COUNTY	STATE	ZIP CODE
...BILLING ADDRESS (IF DIFFERENT FROM ABOVE):		CITY	COUNTY	STATE	ZIP CODE
...PROPOSED BUSINESS ADDRESS:		CITY	COUNTY	STATE	ZIP CODE
E-MAIL ADDRESS:					
NATURE OF BUSINESS:				DATE ESTABLISHED:	
TYPE OF ENTITY: ... CORPORATION ... PARTNERSHIP ... SOLE PROPRIETORSHIP ... OTHER (DESCRIBE) ... SUBCHAPTER S CORPORATION ... LIMITED LIABILITY COMPANY					

## Company Ownership (List below all owners, principals and officers.)

NAME	TITLE	% OF OWNERSHIP

## Affiliates (List below all business concerns in which the applicant company or any of the individuals listed in the ownership section above have any ownership. Attach current financial statements.)

COMPANY NAME	OWNER (APPLICANT COMPANY OR INDIVIDUALS)	% OF OWNERSHIP

## Project Cost

	Enter Dollar Amounts
Real Estate Acquisition	
New Construction/Expansion/Repair	
Acquisition and/or Repair of Machinery and Equipment	
Payoff Bank Loan	
Other Debt Payment	
TOTAL PROJECT	
EQUITY/CAPITAL INJECTION/DOWN PAYMENT	
LOAN AMOUNT	
Source of Equity Injection (Please Describe)	

## Lease Information

DO YOU HAVE A LEASE FOR THE PROPERTY YOUR BUSINESS NOW OCCUPIES?			... YES ... NO
MONTHLY RENTAL	YEARS REMAINING ON LEASE	RENEWAL OPTION	... YES ... 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?		O YES O NO
Has your business ever filed bankruptcy or defaulted on any debts?		O YES O NO
Is the business an endorser, guarantor, or co-maker for obligations Not listed in its financial statements?		O YES O NO
Does your business use or store any hazardous/toxic materials, or Produce hazardous/toxic waste?		O YES O NO
Is the business a party to any claim or lawsuit?		O YES O NO
Does the business owe any taxes for years prior to the current year?		O YES O NO
Does your company maintain key person life insurance on any owner, officer or Shareholder?		O YES O 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
Certified development corporation		Telephone
Real estate agent		Telephone

**AGREEMENT**

- By signing below, you certify that all the information you've given 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, including but not limited to true and complete federal income tax returns, employment verification and income verification.
- By signing below, you agree that HBS Finance, its subsidiaries, parent company, affiliates, lending partners, employees and independent contractors may share your personal data with other companies or individuals, including but not limited to insurance companies, financial institutions, title companies, and escrow companies, in order to obtain the requested financing.
- You also agree to reimburse HBS Finance for its expenses incurred in connection with any credit commitment. These expenses include without limitation the Bank's appraisal, environmental services and legal costs and are payable even though the extension of credit may not be consummated.

Authorized Signature

\_\_\_\_\_

Print Name, Title

\_\_\_\_\_

Street Address

City State Zip Code

Tax ID # or SSN

Date

Authorized Signature

\_\_\_\_\_

Print Name, Title

\_\_\_\_\_

Street Address

City State Zip Code

Tax ID # or SSN

Date

# Management Profile *(Duplicate as Needed)*

To be completed for each owner, partner, or shareholder and key management personnel.

Please fill in all spaces, using full first, middle and maiden names - no initials. List all former names used, and dates each name was used. If an item is not applicable, please indicate. Please include additional relevant information on a separate exhibit.

Name: \_\_\_\_\_ SSN#: \_\_\_\_\_  
First Middle Last

Former Name: \_\_\_\_\_  
First Middle Last When Used

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Residence Telephone: ( ) Business Telephone: ( )

Residence Address: \_\_\_\_\_  
Street City State Zip From To

Previous Address: \_\_\_\_\_  
Street City State Zip From To

Are you employed by the U.S. Government? \_\_\_\_\_ Agency/Position: \_\_\_\_\_

Are you a U.S. Citizen?  Yes  No

*If No, please provide your Alien Registration Number.*

Are you presently under indictment, on parole, or probation?  Yes  No

*If yes, furnish details in separate exhibit. List name(s) under which held, if applicable.*

Have you ever been charged with or arrested for any criminal offense other than a minor motor vehicle violation?  Yes  No

*If yes, furnish details in a separate exhibit. List name(s) under which charged, if applicable.*

Have you ever been convicted of any criminal offense other than a minor motor vehicle violation?  Yes  No

*If yes, furnish details in separate exhibit. List name(s) under which convicted, if applicable.*

## Military Service Background

Branch \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Honorable Discharge?  Yes  No

Vietnam Veteran?  Yes  No

Rank at Discharge \_\_\_\_\_ Major Assignment/Accomplishment \_\_\_\_\_

## Work Experience *(List chronologically, beginning with present employment. Attach separate exhibit if necessary.)*

1) Company Name/Location \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Title: \_\_\_\_\_

Duties: \_\_\_\_\_

2) Company Name/Location \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Title: \_\_\_\_\_

Duties: \_\_\_\_\_

3) Company Name/Location \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Title: \_\_\_\_\_

Duties: \_\_\_\_\_

# Management Profile *(Continued)*

*(Duplicate as Needed)*

<b>Education: College or Technical Training Name and Location</b>	<b>Date Attended From/To</b>	<b>Major</b>	<b>Degree / Certificate</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please include additional relevant information:

---

---

---

---

---

---

**Signature**

**Date**

---

# Business Profile

*(Use Separate Attachments to Answer Questions if Necessary)*

**Company Name:** \_\_\_\_\_

**What is your principal activity?** *(Describe what you do and how/why you became involved.)*  
\_\_\_\_\_  
\_\_\_\_\_

**What makes the future of your business bright?** *(What is your outlook concerning the business activity in which you are engaged?)*  
\_\_\_\_\_  
\_\_\_\_\_

**How will this loan make your business more successful?**  
\_\_\_\_\_  
\_\_\_\_\_

**Will funding this loan create new employment opportunities?**  Yes  No  
If Yes, state how: \_\_\_\_\_  
\_\_\_\_\_

**Customer Profile:** *(What are the primary markets who use your products?)*  
\_\_\_\_\_  
\_\_\_\_\_

**Top 3 Customers**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Geographic Sales Area**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Top 3 Competitors**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Top 3 Suppliers**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Describe where you see your business heading?** *(What is your growth strategy? Rapid growth, moderate, or maintain market position. What are the impediments that may impact your success?)*  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Help us understand how your business is different from your competitors. What makes you successful?**  
\_\_\_\_\_  
\_\_\_\_\_

**How do you get the word out about your business?** *(Explain your promotional, pricing, and distribution strategies.)*  
\_\_\_\_\_  
\_\_\_\_\_

## Business Profile *(Continued)*

**1. Primary Business Bank:** \_\_\_\_\_

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

**2. Number of Employees:**

*(Including subsidiaries and affiliates)*

A. At time of application \_\_\_\_\_

B. If loan is approved \_\_\_\_\_

C. Subsidiaries or affiliates \_\_\_\_\_ (Separate from A & B)

**3. Previous SBA or other Federal Government Debt:**

<u>Name of Agency</u>	<u>Original Amount of Loan</u>	<u>Date of Request</u>	<u>Approved or Declined</u>	<u>Current Balance</u>	<u>Current or Past Due</u>
A. _____					
B. _____					
C. _____					

4. Have you or any officer of your company ever been involved in bankruptcy or insolvency proceedings? If yes, please provide details.  Yes  No

5. Are you or your business involved in any pending lawsuits? If yes, please provide details.  Yes  No

6. Do you or your spouse or any member of your household, or anyone who owns, manages, or directs your business or their spouses or members of their households work for the Small Business Administration, Small Business Advisory Council, SCORE, ACE, any Federal Agency, or the participating lender? If yes, please provide the name and address of the person and the office where employed.  Yes  No

7. Do you buy from, sell to, or use the services of any concern in which someone in your company has a significant financial interest? If yes, please provide details.  Yes  No

8. Does your business presently engage in export trade?  Yes  No

9. Do you have plans to begin exporting as a result of this loan?  Yes  No

10. Would you like information on exporting?  Yes  No

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