

Business Contact Information

Business Name:		Date Established:		Tax I.D.:	12-3456789
Business Address:		City:		State:	
	How long at current address:	Year(s)		Zip:	
Principal in Charge:		Work Phone:		Work Fax:	
Secondary Contact Person:		Work Phone:		Work Fax:	
Cell Phone (Primary):		Cell Phone (Secondary):		Website:	
Nature of Business:					
Business Type (choose one):					
Name of Owner:		Title:		% Ownership:	
Name of Owner:		Title:		% Ownership:	
Name of Owner:		Title:		% Ownership:	
Amount of Loan Requested:					
General Purpose of Loan:					

Bank Information

Bank Name:		Contact Name:		Phone:	
Bank Address:		City:		State:	
Account Type 1:	Checking	Account Number:		Current Balance:	\$ -
Account Type 2 (optional):		Account Number:		Current Balance:	\$ -
Account Type 3 (optional):		Account Number:		Current Balance:	\$ -

Business/Trade References (at least one is required)

Company Name:		Contact Name:		Account Type:	
Company Address:		City:		State:	
Phone:		Fax:		Email:	
Company Name:		Contact Name:		Account Type:	
Company Address:		City:		State:	
Phone:		Fax:		Email:	
Company Name:		Contact Name:		Account Type:	
Company Address:		City:		State:	
Phone:		Fax:		Email:	

Applicant(s) Information

Name:		Date of Birth:		SSN:	
Address:		City:		State:	
Employer:		Position:		Time with Employer:	Year(s)
Employer Address:		City:		State:	
Business Phone:		Residence Phone:		Drivers License #:	
<b>Other Party Information (Co-Borrower, Guarantor, etc.)</b>		Is there another applicant?			
Name:		Date of Birth:		SSN:	
Address:		City:		State:	
Employer:		Position:		Time with Employer:	
Employer Address:		City:		State:	
Business Phone:		Residence Phone:		Drivers License #:	

Business Pro Forma (next 12 months)

Revenue	Monthly Amount	Annual Amount	Description	Monthly Amount	Annual Amount
Service Revenues	\$ -	\$ -	Cost of Goods Sold	\$ -	\$ -
Merchandise Revenues	\$ -	\$ -	Salaries and Wages	\$ -	\$ -
Other Revenues	\$ -	\$ -	Rent and Utilities	\$ -	\$ -
<b>TOTAL REVENUES</b>	<b>\$ -</b>	<b>\$ -</b>	Insurance	\$ -	\$ -
			Debt Service	\$ -	\$ -
			Advertising	\$ -	\$ -
			Outside Services (accountants, lawyers)	\$ -	\$ -
			Maintenance Costs (facilities, equipment)	\$ -	\$ -
			All Other Expenses	\$ -	\$ -
			<b>TOTAL COSTS</b>	<b>\$ -</b>	<b>\$ -</b>
<b>Assets</b>	<b>Current Value</b>		<b>Liabilities</b>	<b>Current Value</b>	
Inventory	\$ -		Line of Credit: Amount Requested	\$ -	
Equipment (including vehicles)	\$ -		Equipment-related Debt	\$ -	
Accounts Receivable	\$ -		Accounts Payable	\$ -	
All Other Assets	\$ -		All Other Liabilities	\$ -	
<b>TOTAL ASSETS</b>	<b>\$ -</b>		<b>TOTAL LIABILITIES</b>	<b>\$ -</b>	

<b>CHECK YOUR ACCURACY</b>
TOTAL REVENUES
TOTAL COSTS
TOTAL ASSETS
TOTAL LIABILITIES

Required Schedules

Schedule A - Deposit Relationships (Bank Accounts) - at least one required

Checking or Savings Account	Registered in Name of	Bank	Current Balance
			\$ -
			\$ -
			\$ -

Schedule B - Securities - at least one required

# Shares	Security (Name of Company)	Current Value
		\$ -
		\$ -
		\$ -
		\$ -

Schedule C - Real Estate & Related Mortgages - at least one required

Type	Description / Year Acquired	Market Value	Current Balance	Mortgage Holder	Monthly Payment	Monthly Rent
		\$ -	\$ -		\$ -	\$ -
		\$ -	\$ -		\$ -	\$ -
		\$ -	\$ -		\$ -	\$ -
		\$ -	\$ -		\$ -	\$ -

Schedule D - Notes Payable other than Real Estate - at least one required

Type	Creditor	Date of Loan	Maturity	Current Balance	Monthly Payment
				\$ -	\$ -
				\$ -	\$ -

				\$	-	\$	-
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**Schedule E - All Other Expenditures (all line items must have either a monthly or an annual amount, even if it is \$0)**

Description	Monthly Amount	Annual Amount	Description	Monthly Amount	Annual Amount
<b>Housing</b>	\$ -	\$ -	<b>Transportation</b>	\$ -	\$ -
Insurance	\$ -	\$ -	Gas	\$ -	\$ -
Taxes	\$ -	\$ -	Insurance	\$ -	\$ -
Electricity	\$ -	\$ -	License/Taxes	\$ -	\$ -
Gas (Heating)	\$ -	\$ -	Maintenance/Repairs/Replace	\$ -	\$ -
Water	\$ -	\$ -			
Sanitation	\$ -	\$ -	<b>Entertainment/Recreation</b>	\$ -	\$ -
Telephone/Cell Phone	\$ -	\$ -	Dining Out	\$ -	\$ -
Maintenance	\$ -	\$ -	Babysitting	\$ -	\$ -
			Activities/Trips	\$ -	\$ -
<b>School/Child Care</b>	\$ -	\$ -	Vacation	\$ -	\$ -
Tuition	\$ -	\$ -	Other	\$ -	\$ -
Materials	\$ -	\$ -			
Transportation	\$ -	\$ -	<b>Insurance</b>	\$ -	\$ -
Day Care	\$ -	\$ -	Life	\$ -	\$ -
Other	\$ -	\$ -	Medical	\$ -	\$ -
			Other	\$ -	\$ -
<b>Medical Expenses</b>	\$ -	\$ -			
Doctor	\$ -	\$ -	<b>Miscellaneous</b>	\$ -	\$ -
Dentist	\$ -	\$ -	Toiletries/Cosmetics	\$ -	\$ -
Medicines/Prescriptions	\$ -	\$ -	Beauty/Barber	\$ -	\$ -
Other	\$ -	\$ -	Laundry/Cleaning	\$ -	\$ -
			Allowances/Cash	\$ -	\$ -
<b>Groceries</b>	\$ -	\$ -	Lunches	\$ -	\$ -
			Subscriptions	\$ -	\$ -
<b>Clothing</b>	\$ -	\$ -	Pets/Food/Veterinary	\$ -	\$ -
			Gifts (include Christmas)	\$ -	\$ -
<b>Investments</b>	\$ -	\$ -	Cable/Satellite/Internet	\$ -	\$ -
			Other	\$ -	\$ -
<b>Savings</b>	\$ -	\$ -			
			<b>TOTAL EXPENSES:</b>	\$ -	\$ -
			<b>TOTAL ANNUAL EXPENSES</b>	\$ -	\$ -

Statement of Financial Condition

Assets	In Dollars	Liabilities	In Dollars
Cash: (Schedule A)	\$ -	Notes Payable: (Schedule D)	\$ -
Securities: (Schedule B)	\$ -	Mortgage Payable: (Schedule C)	\$ -
Real Estate: (Schedule C)	\$ -	All Other Liabilities:	\$ -
Automobiles:	\$ -	<b>TOTAL LIABILITIES:</b>	\$ -
Household & Personal Assets:	\$ -		
All Other Assets:	\$ -	<b>NET WORTH:</b>	\$ -
<b>TOTAL ASSETS:</b>	\$ -	<b>Liabilities / Net Worth:</b>	<b>0.00</b>
<b>Annual Income</b>		<b>Annual Expenditures</b>	
Salaries & Wages (individual):	\$ -	Installment Payments*:	\$ -
Salaries & Wages (spouse):	\$ -	Lease Obligations:	\$ -
Bonuses & Commissions:	\$ -	Mortgage/Rental Payments:	\$ -
Net Real Estate Income:	\$ -	Other Debt Payments:	\$ -
Dividend Income:	\$ -	Alimony, Child Support, etc.:	\$ -
All Other Income:	\$ -	All Other Expenditures: (Sch. E)	\$ -
<b>TOTAL INCOME:</b>	\$ -	<b>TOTAL EXPENDITURES:</b>	\$ -
<b>Annual Savings/Deficit (Total Income - Total Expenditures)</b>	\$ -		

\*auto, credit cards, etc.

<b>CHECK YOUR ACCURACY</b>
TOTAL ANNUAL EXPENSES
NET WORTH
ANNUAL SAVINGS/DEFICIT

**AGREEMENT**

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING: This statement is submitted to obtain credit and I/we certify that all information herein is true and correct. I/We agree that inquiries may be made to verify information and that credit references or verification may be given based on inquiries from other parties. This offer is subject to the credit policies of this institution. I/We agree to be bound by the terms and conditions of the loan agreement, a copy of which will be mailed to the applicant if this application is granted, receipt of such agreement and acceptance of such terms to be conclusively presumed by the applicant's use. If you intend to apply for joint credit, the undersigned shall be jointly and severally liable for any and all credit extended from time to time. We may report information about your account to the credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.

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Type Name Above for Electronic Signature