

INFORMATION CHECKLIST

THE FOLLOWING INFORMATION IS REQUIRED TO PROCESS YOUR LOAN APPLICATION. SOME INFORMATION MAY NOT BE APPLICABLE TO YOUR BUSINESS. IF YOU ARE UNCERTAIN, PLEASE CONTACT THE LOAN OFFICER.

- 1. **Brief History of Your Business** – (form enclose if desired) the nature of business, number of employees, location, and how long you have operated. If this is a loan request for a start up business and you have developed a business plan, much of this information is probably incorporated in that document. Please provide a copy if one has been prepared.
- 2. **Brief Resume of Management** – (primarily yourself) to demonstrate that you have the skills to operate this business. Include any information on special licenses or degrees obtained.
- 3. **Personal Financial Statement** – (form enclosed) one for each 20% or greater owner of the business.
- 4. **Personal Tax Returns** – three years for all persons completing the personal financial statement form, even if income and circumstances have changed substantially.
- 5. **Interim Business Financial Statement** – this should include a balance sheet and an income statement and be dated within 60 day of application.
- 6. **Year End Business Financial Statements** – three years if applicable and both balance sheet and income statements if available.
- 7. **Business Tax Returns** – if you do not operate as a sole proprietor – submit 3 years.
- 8. **Form 912** – (form enclosed) one for each 20% or greater owner of the business.
- 9. **Form 4506-T** – (to follow) request for transcript of tax return.
- 10. **Projections** – financial projections for 3 years if the business is a start up or is substantially changing its strategy.
- 11. **Debt Schedule/Previous Government Financing/Schedule of Affiliates**
- 12. **Organizational Documents** – fictitious name statement, partnership agreement and/or articles for incorporation, whichever is appropriate for your business.
- 13. **Description of Project** – include all costs associated with project and all sources of funding. Also include any purchase agreements, cost breakdowns or vendor's estimates as applicable.
- 14. **Copy of Lease Contracts** – include a copy of all land leases.

YOU MAY BE REQUESTED TO PROVIDE ADDITIONAL INFORMATION DEPENDENT UPON YOUR PARTICULAR SITUATION.



LOAN APPLICATION

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Address (if not same as above): _____

Email: _____

Principal in Charge: _____ Phone: _____ Fax: _____

Secondary Contact: _____ Phone: _____ Fax: _____

Type of Business: _____ Date Established: _____

Type of Entity: Proprietorship Partnership Corporation LLC

If Corporation:

President: _____

Vice President: _____

Secretary: _____

Name: _____ %Ownership: _____

Name: _____ %Ownership: _____

Name: _____ %Ownership: _____

Total Projects Costs

Amount applied for: _____ Purpose of loan: _____

Employees

Number of Current Employees: _____ Full-time: _____ Part-time: _____

Estimated Number of Employees in

Two Years as a Result of this Project: Full-time: _____ Part-time: _____

Miscellaneous Questions

Have you or any of your company ever been involved in bankruptcy or insolvency proceedings?
If yes, please provide details on separate sheet.

Yes No

Are you and your business involved in any pending or prior lawsuits?

Yes No

Have you ever received an SBA loan?

If yes, please provide a copy of the SBA Loan Authorization and the following:

Yes No

Original Amount: \$ _____ Date of Loan: _____

Current Balance: \$ _____ Status of Loan: _____

Name and nearest relative not living with you: _____

Address: _____

Phone number: _____

IMPORTANT INFORMATION ABOUT IDENTIFICATION PROCEDURES FOR PROCESSING AN SBA 504 LOAN

To help the government fight the funding of terrorism and money laundering activities, Federal law requires Certified Development Companies to obtain, verify, and record information that identifies each person who applies for a 504 loan.

What this means for you: When you apply for a 504 loan, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

Authorization to Release Information

I/We hereby authorize any financial corporations, insurance companies, investors, credit bureaus, employers, banks, etc., to release any and/or all information on my/our records and/or accounts to **Credifinance & Mortgage** at its request.

I/We hereby authorize any information to be released by my/our original or photocopied signature.

I/We hereby certify that the enclosed information, including any attachments or exhibits provided here within or at a later date, is valid and correct to the best of my/our knowledge.

By: _____ Date: _____

By: _____ Date: _____

By: _____ Date: _____

Note: A signed hard-copy of this document will need to be provided before final loan can be processed.



RESUME FORM

Name of Applicant Company: _____

Your Name (first, mid, maiden, last): _____

Spouse's Name: _____

Are you employed by the Italian Government? Yes No

If yes, give name of agency and position: _____

Military Service Background

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Honorable? Yes No

Note: You will need to provide a copy of an unexpired government-issued photo ID such as a driver's license or passport photo page before application is complete.

Work Experience

List chronologically, beginning with present employment

Name of Company: _____ % of Business Owned: _____

Full Address: _____
Street City State Zip

From: _____ To: _____ Title: _____

Duties: _____

Name of Company: _____ % of Business Owned: _____

Full Address: _____
Street City State Zip

From: _____ To: _____ Title: _____

Duties: _____

Name of Company: _____ % of Business Owned: _____

Full Address: _____
Street City State Zip

From: _____ To: _____ Title: _____

Duties: _____

Education

Name of School: _____

Attended From: _____ To: _____

Major: _____ Degree: _____

Comments: _____

Name of School: _____

Attended From: _____ To: _____

Major: _____ Degree: _____

Comments: _____

Name of School: _____

Attended From: _____ To: _____

Major: _____ Degree: _____

Comments: _____

Submitted by: _____ Date: _____



HISTORY AND NATURE OF BUSINESS

Company Name: _____

When and by whom was your company established?

When did you get control of the business?

Please describe nature of your business and primary products and services?

What is the geographic market served by your business?

List key customers:

List major competitors:

Please provide a narrative history of the business including any benefits that will result from obtaining a loan?

Submitted by: _____

Date: _____



**EXHIBIT 10
DEBT SCHEDULE**

Business Obligations only, no personal loans

As of _____, 20_____

Original Date	Original Amount	Interest Rate	Monthly Payment	Present Balance	Maturity Date	Creditor	Collateral	Up to Date?

Signed: _____

Date: _____



EXHIBIT 12
SCHEDULE OF AFFILIATES

As of _____, 20____

Company Name/Address	Principals and % Ownership	Date Company Formed	Company Description	Federal Tax Returns For the past 2 years

Signed: _____

Date: _____



Client Intake Form

CLIENT NAME (Last, First, MI)			EMAIL			
POSITION <input type="checkbox"/> Owner/Sole Proprietorship <input type="checkbox"/> Employee <input type="checkbox"/> President <input type="checkbox"/> Vice President <input type="checkbox"/> Partner <input type="checkbox"/> Other: _____						
WORK PHONE			CELL PHONE			
HOME PHONE			FAX			
MAILING ADDRESS			CITY, STATE ZIP CODE			
GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	RACE (mark one or more) <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native American or Alaska Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White		ETHNICITY <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Hispanic	MILITARY STATUS <input type="checkbox"/> None <input type="checkbox"/> Reserve <input type="checkbox"/> Active Duty <input type="checkbox"/> Active Reserve <input type="checkbox"/> Military Spouse <input type="checkbox"/> Veteran <input type="checkbox"/> National Guard <input type="checkbox"/> Service Disabled Veteran <input type="checkbox"/> Active National Guard		DISABLED? <input type="checkbox"/> Yes <input type="checkbox"/> No

COMPANY INFORMATION

CURRENTLY IN BUSINESS? <input type="checkbox"/> Yes Indicate Month/Year established business _____ / _____ / _____ <input type="checkbox"/> No If in business but you want to explore a new business, please specify the area of interest: _____ (REQUIRED FIELD) If in business, are you currently EXPORTING? <input type="checkbox"/> Yes Please indicate the Countries below <input type="checkbox"/> No <input type="checkbox"/> Not yet but interested Export Countries: _____					
COMPANY NAME (IF APPLICABLE)			WEBSITE		
PHYSICAL ADDRESS OF THE BUSINESS			CITY, STATE ZIP		
WHAT PROMPTED YOU TO CONTACT US (REFERRED FROM) <input type="checkbox"/> Advertising/Marketing <input type="checkbox"/> College/University <input type="checkbox"/> Lender <input type="checkbox"/> Procurement Tech. Assist. Centers (PTAC) <input type="checkbox"/> Training Event/Conference <input type="checkbox"/> Social Media (please list) <input type="checkbox"/> Chamber of Commerce <input type="checkbox"/> Email <input type="checkbox"/> Local EDC <input type="checkbox"/> SBA Network <input type="checkbox"/> Veteran Business Outreach Center (VBOC) <input type="checkbox"/> Other: _____ <input type="checkbox"/> Client Word of Mouth <input type="checkbox"/> Media/TV/Radio <input type="checkbox"/> News Outlet <input type="checkbox"/> SBDC <input type="checkbox"/> Website					
BUSINESS OWNERSHIP Business ownership gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Male/Female Owners	BUSINESS SIZE <input type="checkbox"/> Disadvantaged- Small <input type="checkbox"/> Large <input type="checkbox"/> Minority Owned Small <input type="checkbox"/> Other Small	BUSINESS LEGAL ENTITY <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> S-Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Corporation	HOME-BASED? <input type="checkbox"/> Yes <input type="checkbox"/> No DO YOU CONDUCT BUSINESS ONLINE? <input type="checkbox"/> Yes <input type="checkbox"/> No	8(A) CERTIFIED <input type="checkbox"/> Yes <input type="checkbox"/> No	SBA RELATIONSHIP <input type="checkbox"/> Applicant <input type="checkbox"/> Borrower <input type="checkbox"/> COC <input type="checkbox"/> Procurement Asst. <input type="checkbox"/> Technical Asst.
TYPE OF BUSINESS <input type="checkbox"/> Manufacturing <input type="checkbox"/> Wholesale <input type="checkbox"/> Construction <input type="checkbox"/> Retail <input type="checkbox"/> Services <input type="checkbox"/> Other: _____					
PRODUCT/ SERVICES: _____			NAICS CODE(S): _____ (SBDC staff can assist with NAICS code determination)		
WHAT ARE YOUR CURRENT TOTAL NUMBER OF EMPLOYEES _____ Full Time _____ Part Time How many are engaged in the exporting aspect of the business? _____			FOR THE MOST RECENT FULL BUSINESS YEAR, PLEASE PROVIDE Gross Revenue/Sales (GRS) € _____ +Profits/-Losses € _____		
CLIENT SIGNATURE				DATE	