

BUSINESS CREDIT IMPROVEMENT PROGRAM APPLICATION

Legal Business Name:		Trade Nar	Trade Name (if any):				
Business Street Address:		City:		State:	Zip:	Own Rent	
Mailing Address (if different):		State of In	State of Incorporation/Formation: # of Employees:				
Business Contact (Please attach unexpired New York State driver's license/identification card):		Business	Business Phone:		Business Fax:		
Business Website Address:		Business	Business Contact E-mail Address:				
Tax ID #:	DUNS #:		Business Start Date:		Current Management Since:		
Annual Sales (last fiscal year):		Projected	Projected Sales (current fiscal year):				
Legal Type: Briefly describe your business:	Sole Proprietorship Limited Partnership	Corporation (C or S) Not For Profit	Limited Liabilit Limited Liabilit		General Partner Other:	ship	
Does your business or related entity currently borrow from Long Island Development Corporation (LIDC) or Long Island Small Business Assistance Corporation (LISBAC)? Yes No If "Yes", provide details:							
Business Credit Improvement Program Guaranteed Loan		Cycle A \$1,000	Cycle B \$2,500				
Business Type: Check all that ap Certified Business Entity: If "yes		Women-Owned Yes No	Minority-Owned	Veteran-O	wned New/S	tartup	
Applicant Disclosure and Certification The Applicant, by signing this application, certifies that all statements and information in this application and on each required document are true, correct and complete. The Applicant authorizes LISBAC to make inquiries and verify and gather any information deemed necessary about this application or any required document. This authorization includes the right to obtain consumer reports on each individual signing below and a business report on the Applicant. Applicant authorizes LISBAC to release information about Applicant to consumer and business reporting agencies and others whom we believe have a legitimate need for information. The Applicant agrees to notify LISBAC promptly of any material change in the business or the information provided. Applicant acknowledges receipt of the Equal Credit Opportunity Act – Regulation B disclosures made with this application.							
Authorized Signature, including Title				Date			

YOUR RIGHT TO REQUEST SPECIFIC REASONS FOR CREDIT DENIAL

Business Applicant Information

If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please write to:

Long Island Small Business Assistance Corporation (LISBAC), 175 Engineers Road, Suite 200, Hauppauge, NY 11788

Within sixty (60) days from the date of the decision, we will send you a written statement of reasons for the denial within thirty (30) days of receiving your request.

NOTICE: The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding a contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is:

FDIC - Consumer Response Center, 1100 Walnut Street, Box #11, Kansas City, MO 64106

PATRIOT ACT DISCLOSURE NOTICE: IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW BUSINESS LOAN

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens a business loan.

What that means for you: When you apply for a business loan, we will ask you 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, in accordance with LISBAC's Customer Identification Policy.