

Vision International Alliance Personal Micro Loan Application

Head Office 3440 Wilshire Blvd. #845 Los Angeles, CA 90010-2128
Telephone (213)381-2384 Fax (213) 559-8909 acc@viamission.org

E-Mail this to VIA Accounting Office. vialaoffice@gmail.com

Notes: Loan request must accompany approval of organization head's signature and VIA Board's Approval. Loan must be paid back to VIA per agreed terms and conditions. 3 pages

Please attach Following Document with this application:

- A. () LOAN APPLICATION –This form
- B. () PERSONAL TESTIMONY
- C. () PASTOR'S RECOMMENDATION LETTER
- D. () MISSIONARY'S RECOMMENDATION LETTER
- E. () Copy of Government issued ID with Photo

Request Date	Chk # Office use Only	Amount Approved: office use only	Reference No: Office use only
Request by: Name: _____			Board Approval No.
Mission Organization Name: Address: Authorized Signatory's Name: Signature:		Payment agreement Describe method of payment:	

Funding Method

<i>Electronic Fund Transfer</i> Account Name: _____ Account Number: _____ Bank Address: _____ Bank Telephone Number: _____	Funding Method: Amount to be paid Monthly: Starting Date _____ Ending Date _____ Quarterly: Starting Date _____ Ending Date _____
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Total Amount Requested			
Date	Position	Name	Signature
	Field Coordinator		
	Finance Approval		
	Board Approval		

SHORT-TERM LOAN AGREEMENT BETWEEN THE

()

AND THE

()

The () hereinafter called the Lender, agrees to loan to

() hereinafter called the Borrower,

To lend sum of () US Dollars,

beginning on _____ and ending on _____,

This short-term loan is with no interest charges or prepayment penalty.

The Borrower agrees to assume full responsibility for insuring the payment on time.

Borrower

Witness:
