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General Information

Name of Applicant Business	Nature of Business Product or Service		
Full Street Address of Business	City	State	Zip Code
Mailing Address *(if different than above)*	City	State	Zip Code
Address of proposed collateral for this loan	City	State	Zip Code

Business Phone Number	Business Fax Number	Business Website
Primary Contact Name	Primary Contact Phone Number	Primary Contact Email

Tax I.D. Number or SSN		Number of Employees at Time of Application	
Date Business Established		Number of Employees if loan is Approved	
How Long Under Current Management		Subsidiaries & Affiliates (Separate from above)	

Business Organization

☐ Sole Proprietorship	☐ General Partnership	☐ Corporation	State Organized
☐ Limited Liability Company	☐ Limited Partnership	☐ Trust	

Owners/Principals

	Name	Ownership %	Title	Social Security #
1.				
2.				
3.				
4.				
5.				

Miscellaneous Information

	YES	NO
1. Is the applicant an endorser, guarantor or co-maker for obligations (including any lease obligation, e.g. vehicle, equipment, etc.) not listed on financial statements	☐	☐

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2.	Is the applicant party to any claim or lawsuit?	☐	☐
3.	Have you and/or the applicant ever filed for bankruptcy? *CHAPTER:* *FILING DATE:*	☐	☐
4.	Does the applicant's business activity involve the generation, use, transportation, storage or disposal of any hazardous material?	☐	☐
5.	Does the applicant owe any taxes that are past due? *AMOUNT:* *OWED TO:*	☐	☐
6.	Are any assets pledged or mortgaged other than stated on business and personal financial statements submitted?	☐	☐

The following section relates to your planned use for funds from this loan request. Please be as specific as possible. In those instances where funds are expected to be used in different ways, it is important to be accurate in breaking out anticipated expenditures by category. If you are using the "other" category below, please provide a complete description of the planned use.

Use of Proceeds

Project Costs		Applicant(s) Equity Injection (if applicable)	
Land Acquisition	$	Business Cash	$
Building Acquisition	$		
Building Construction/Improvements	$	Personal Cash	$
Contingency (10%)	$		
Machinery and Equipment	$	Proceeds from Sale of Assets	$
Furniture and Fixtures	$		
Inventory Purchase	$	Gift	$
Working Capital	$		
Acquisition of Existing Business	$	Personal Loan	$
Payoff Loan 1	$		
Payoff Loan 2	$	Other	$
Other Debt Payment	$		
Closing Costs	$	Other	$
Other	$		
TOTAL	$	TOTAL	$

NEW RIVER SA

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TOTAL LOAN REQUEST $

Project Overview

Purpose of Loan request		
Collateral Description		
Percentage of Owner Occupancy		
Proposed Real Property Vesting		
☐ Sole Proprietorship	☐ Corporation	☐ Limited Partnership
☐ General Partnership	☐ Limited Liability Company	☐ Trust

The following section will outline key elements to assist us in creating a snapshot of your business. Providing as much detail as possible will help expedite your loan request. Include any brochures, advertising materials or printed history of the business if available. (Use separate attachments if necessary.)

Business Profile

Type of business including products and services offered.

Complete history of business including startup dates, analysis of industry to include trends and seasonality of the business, if applicable. Also discuss future plans for growth or expansion, if applicable.

Application *

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Who are your top 5 Customers?

Name	Customer Since	% of Sales	Comments
1.			
2.			
3.			
4.			
5.			

What is your target market?

What is the general geographic market served?

What is your marketing strategy? What activities generate sales?

Business Profile (Continued)

Who are your major competitors?

Name	Competing Product	Comments
1.		
2.		
3.		
4.		
5.		

What are your advantages over competitors?

Application *

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Who are your major Suppliers?

Name	General Terms	Comments
1.		
2.		
3.		
4.		
5.		

How will the proposed loan benefit your company?

How will the proposed loan facilitate new employment opportunities, if applicable?

Hotels and Motels

	Year to Date	One Year Prior	Two Years Prior	Three Years Prior
ADR				
ADO				
RevPar				

Management Resume

Proprietor or each partner, holding a 20% interest or more of common stock in the Small Business Concern, and/or key management, must complete this form.

Name of Applicant			
	First	Middle	Last

Application *

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Social Security Number		Drivers License Number	
Date of Birth		Place of Birth	

U.S. Citizen? ☐ Yes ☐ No If no, please attach a copy of your legal permanent resident card.

Full Street Address of Current Personal Residence	City	State	Zip

Full Street Address of Previous Personal Residence	City	State	Zip

Resided there from ____ to ____

Home Phone Number	Business Phone Number	Primary Contact Email

Are you a U.S. government employee?	☐ Yes	☐ No	If yes,	Agency	Position

If the answer to any of the following three questions is yes, provide a detailed exhibit explaining the incident(s).

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

Have you ever been charged with and/or arrested for any criminal offense other than a minor motor vehicle violation? This includes offenses which have been dismissed, discharged or not prosecuted. ☐ Yes ☐ No

Have you ever been convicted, placed on pretrial diversion or on any form of probation, including adjudication without pending probation for any criminal offense other than a minor motor vehicle violation? ☐ Yes ☐ No

Education (College or Technical Training)

Name and Location	Dates Attended	Major	Degree/Certificate

Application *

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Military Service and Background

Branch | From | to

☐ Non-Veteran ☐ Veteran-other ☐ Service-Disabled Veteran

Discharge Honorable? ☐ Yes ☐ No

Rank

Professional Work Experience

List chronologically beginning with present employment for a **minimum of 10 years**. Add pages if necessary.

1. Name of Company/Business | Employed From | Employed To | Title/Position

Full Street Address of Company/Business | City | State | Zip

Duties and Responsibilities

2. Name of Company/Business | Employed From | Employed To | Title/Position

Full Street Address of Company/Business | City | State | Zip

Duties and Responsibilities

3. Name of Company/Business | Employed From | Employed To | Title/Position

Application *

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Full Street Address of Company/Business	City	State	Zip

Duties and Responsibilities

Signature _____ Date _____