



# Application To Establish Private Relations

## General Information

|                                                  |                              |                                                 |                     |
|--------------------------------------------------|------------------------------|-------------------------------------------------|---------------------|
| Name of Applicant Business                       |                              | Nature of Business Product or Service           |                     |
| Full Street Address of Business                  |                              | City                                            | State      Zip Code |
| Mailing Address <i>(if different than above)</i> |                              | 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

|                                                    |                                              |                                      |                 |
|----------------------------------------------------|----------------------------------------------|--------------------------------------|-----------------|
| <input type="checkbox"/> Sole Proprietorship       | <input type="checkbox"/> General Partnership | <input type="checkbox"/> Corporation | State Organized |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> 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 | <input type="checkbox"/> | <input type="checkbox"/> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|



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

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 \$                                      |    |



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TOTAL LOAN REQUEST \$

## Project Overview

|                                              |                                                    |                                              |
|----------------------------------------------|----------------------------------------------------|----------------------------------------------|
| Purpose of Loan request                      |                                                    |                                              |
| Collateral Description                       |                                                    |                                              |
| Percentage of Owner Occupancy                |                                                    |                                              |
| Proposed Real Property Vesting               |                                                    |                                              |
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Corporation               | <input type="checkbox"/> Limited Partnership |
| <input type="checkbox"/> General Partnership | <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> 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.



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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 <sup>\*</sup>

| 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?



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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 |



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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                  |
|---------------------------------------------------|----------------------|----------------------|----------------------|
| <input type="text"/>                              | <input type="text"/> | <input type="text"/> | <input type="text"/> |

| Full Street Address of Previous Personal Residence | City                 | State                | Zip                  |
|----------------------------------------------------|----------------------|----------------------|----------------------|
| <input type="text"/>                               | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Resided there from

to

| Home Phone Number    | Business Phone Number | Primary Contact Email |
|----------------------|-----------------------|-----------------------|
| <input type="text"/> | <input type="text"/>  | <input type="text"/>  |

| Are you a U.S. government employee? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, | Agency               | Position             |
|-------------------------------------|----------------------------------------------------------|---------|----------------------|----------------------|
|                                     |                                                          |         | <input type="text"/> | <input type="text"/> |

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   |
|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |



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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

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|



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

Duties and Responsibilities

By completing and submitting this application, the applicant acknowledges and understands that this application does not constitute a solicitation, offer, recommendation, or guarantee of approval.

No advice, guidance, explanation, structuring, facilitation, negotiation, or representation is provided regarding any credit instrument, including but not limited to Standby Letters of Credit (SBLCs), Bank Guarantees (BGs), Medium-Term Notes (MTNs), or similar private credit instruments. Any advisory, brokerage, or representative role in connection with such instruments is expressly disclaimed.

All applications are subject to membership eligibility, review, verification, and approval. Submission of an application does not create any obligation to approve, arrange, or provide any product or service.

The applicant further acknowledges that application information may be shared with appropriate third parties, when necessary, for the purpose of reviewing, processing, or evaluating the application.

Signature \_\_\_\_\_

Date \_\_\_\_\_