

BUSINESS FUNDING APPLICATION



Funding Needs

Start by telling us about your funding needs in detail.

Current Goal

☐ Start a New Business

☐ Grow an Existing Business/Franchise

☐ Invest in Real Estate

☐ Open a New Franchise

☐ Buy an Existing Business/Franchise

Target Funding

Minimum Needed

Max Authorized

Now tell us what you will use the money for

☐ Working Capital

☐ Construction/Expansion

☐ Prep for Seasonal Growth/Slow Down

☐ Marketing

☐ Buy equipment

What type of equipment will you need to buy for your business within the next 12 months?

☐ Furniture/Fixtures

☐ Kitchen

☐ Spa/Salon

☐ Computers/Printers/POS

☐ Signage

☐ Restoration

☐ Manufacturing

☐ Medical

Approximate total value of anticipated equipment purchases _____

Money you currently have available to invest in your project _____

Describe anything unique to your situation or project that should improve your standing in the eyes of lenders (optional)

Supporting Documents

☐ Personal Credit Report - Sign up for the 7 day trial here www.checkmyreports.com to complete this step

☐ Current Year Profit & Loss Statement (existing businesses only)

☐ 6 Months Business Bank Statements (existing businesses only)

☐ 4 Months Merchant Account Statements (existing businesses only)

☐ 2 Years Business Tax Returns (existing Businesses only)

☐ 2 Years Personal Tax Returns (existing Businesses only)

APPLICANT INFO

Complete the entire page for any partner owning 20% or more of the business or any person co-signing for financing.

| | | |
|---|---------------|--|
| First Name | Middle Name | Last Name |
| Email | Mobile Phone | Home Phone |
| SS# | Date of Birth | Ownership % |
| Address | City | State |
| | | Zip Code |
| Have you ever filed for bankruptcy? | | Are you a US Citizen? |
| <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, when? _____ | | <input type="checkbox"/> YES <input type="checkbox"/> NO |

Personal Financial Statement

Assets

| | |
|--|----------|
| Cash, Savings, Checking, & in Banks..... | \$ _____ |
| IRA, or Other Retirement Account | \$ _____ |
| Stocks and Bonds..... | \$ _____ |
| Automobile/ Present Value | \$ _____ |
| Real Estate | \$ _____ |
| Other Assets | \$ _____ |
| Total Assets..... | \$ _____ |

Liabilities

| | |
|-----------------------------------|----------|
| Installment Account (Auto) | \$ _____ |
| Installment Account (Other) | \$ _____ |
| Mortgages on Real Estate | \$ _____ |
| Unpaid Taxes | \$ _____ |
| Other Liabilities | \$ _____ |
| Total Liabilities | \$ _____ |
| Net Worth | \$ _____ |

Section 1. Source of Income

| | | | |
|-----------------------------|----------|--|----------|
| Salary | \$ _____ | Real Estate Income..... | \$ _____ |
| Net Investment Income | \$ _____ | Other Income (Describe below) \$ _____ | |

Section 2. Real Estate Owned (List each parcel separately.)

| | Property A | Property B | Property C |
|----------------------------------|------------|------------|------------|
| Type of Property | | | |
| Address | | | |
| Present Market Value | | | |
| Mortgage Balance | | | |
| Home Equity Line of Credit | | | |
| Amount of Payment per Month/Year | | | |
| Status of Mortgage | | | |

I authorize Lessor or assignee to verify the accuracy of the statements made above and to determine my creditworthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date. These statements are made for the purpose of obtaining a lease or loan or advance or guaranteeing a lease or loan or advance. I understand FALSE statements may result in failure of benefits and possible prosecution by the U.S. Attorney General (Reference 18 U.S.C. 1001).

Print Name: _____ Signature: _____ Date: _____

BUSINESS INFO

Startups should skip fields they cannot answer. Acquisitions should complete this page using details from the to-be-acquired business. If leveraging a pre-existing business as means to acquire a new business, this application must be completed for each business.

Business Name

DBA

Business Phone (If Applicable)

Address

City

State

Zip Code

EIN

Date Established

Industry

Entity Type

☐ None Yet

☐ Sole Proprietorship

☐ C Corporation

☐ Partnership

☐ S Corporation

☐ Limited Liability Company

Incorporation State

Date Incorporated

Business Bank

Average Balance

Monthly CC Volume

Current Year

Gross Revenues

Net profit

Last Year

Gross Revenues

Net profit

-2 Year

Gross Revenues

Net profit

Any UCC filing on the business? ☐ YES ☐ NO If yes, please explain below.

Describe on the lines below any business assets, along with their approximate values, that could be offered as collateral.

Business Debt Schedule

Please include all known current business debt and debt from other companies if you are the guarantor for that debt. This includes all loans, leases, credit cards or substantial net term providers.

| Creditor | Open Since | Limit | Balance | Collateral Used | Current/Delinquent? |
|----------|------------|-------|---------|-----------------|---------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Total Business Debt Balance \$

By signing below, the undersigned individual, who is either a principal of the credit applicant or a personal guarantor of its obligations, provides written instruction to Lessor or its designee (and any assignee or potential assignee thereof) authorizing review of his/her personal credit profile from a national credit bureau, as well as obtaining bank and/or other credit information as required. Such authorization shall extend to obtaining a credit profile in consideration of this application for the purposes of updating, renewal or extension of such credit or additional credit and for reviewing or collecting the resulting account. A Photostat or facsimile copy of this authorization shall be valid as the original. By signature below, I/we affirm my/our identity as the respective individual/s identified in the application received.

Print Name: Signature: Date: