

## Authorization for Direct Payment (optional)

Name of Financial Institution: \_\_\_\_\_

Branch Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Type of account    Checking    Savings    Other: \_\_\_\_\_

Routing Number: \_\_\_\_\_ Account Number \_\_\_\_\_

Transfer Amount\* \_\_\_\_\_ Loan Terms (in months) \_\_\_\_\_ Initial Transfer Date: \_\_\_\_\_

\*Transfer will be monthly on the 28<sup>th</sup> of each month to pay for next month's payment.

### Please attach voided check

I/We authorize Discover Downtown Hinesville Revolving Loan Fund and the financial institution listed above to initiate entries to my banking account. This authority will remain in effect until my loan is paid in full. The amount debited to my account shall equal the above listed transfer amount plus any past due interest and fees. I understand that I am required to have sufficient funds available to the date of transfer to cover this amount. The bank account listed above shall not be changed without 30 days prior written notice, and completion of a revised Authorization for Direct Payment. I authorize Non-Sufficient Funds charges to be debited from my account at \$35.00 (or the fee the HDDA is charged by the bank) for each occurrence.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

**Please return completed to HDDA at 115 East M. L. King Jr. Drive, Hinesville, GA, 31313**



## Discover Downtown Hinesville Revolving Loan Fund Application

### Please read and initial the following:

I/We understand that if I/We receive a loan from the Discover Downtown Hinesville Revolving Loan Fund (DDHRLF), I/We must make full monthly loan payments on or before each monthly due date. I understand that I cannot be delinquent in my repayment of this loan and that I must use the loan for business purposes specified in this application.

I/We request credit in the amount indicated and understand that it is a loan and requires repayment.

I/We authorize the DDHRLF to perform a credit check. I/We hereby authorize any financial corporations, insurance companies, investors, credit bureaus, employers and banks, to release any and/or all information on my/our records and/or accounts to Hinesville Downtown Development Authority. I/We further understand that this information may be reviewed by auditors, program monitors and others as appropriate.

I/We attest that if I/We receive a loan from DDHRLF it will be used for the business purposes specified in this application and not for personal use.

I/We understand that if I/We am/are delinquent in making my loan payments it can adversely affect my credit record. I understand that if I/we fulfill the above conditions, I/we have the opportunity to apply for future loans with the DDHRLF, subject to the review and approval of the DDHRLF committee.

I/We authorize the DDHRLF to investigate and verify the attached information, and to contact my personal and business references regarding this application. I/We understand that DDHRLF will keep this application whether I receive a loan. I/We will make myself available to respond to any questions that may arise from this application.

I/We attest, that to the best of our knowledge, all of the information on this application is true. I/We hereby certify the financial statements, including balance sheets, profit & loss statements and/or income statements and IRS returns, have been prepared from the books of account and, to the best knowledge of the undersigned, fairly represent the financial condition of the business(es) and the individual(s).

I/We, therefore, agree to have my picture taken, if needed, and to have it appear along with my/our name, in local media as part of marketing and public relations for the DDARLF.

I/We attest, that to the best of my/our knowledge, all of the information on this application is true and accurate as of the stated date(s). I/We understand FALSE statements may result in forfeiture of benefits and possible prosecution the U.S. Attorney General (Reference 18 U.S.C. 1001). I/We also authorize any information to be released by my/our original or photocopied signature.

Discover Downtown Hinesville Revolving Loan Fund realizes that our customers entrust us with personal Information, and it is our policy to maintain our customers' information in a confidential manner.

The signature(s) below authorizes Discover Downtown Hinesville Revolving Loan Fund, its agents or assignees to investigate my personal business financial credit history and to obtain all other necessary credit information including information on liens, debts, and other financial obligations for the purpose of loan and financial evaluation related to this application. I/We authorize any holder of credit information about me/us to answer any questions relating to this application. I/we agree to comply with all federal, state and local laws and regulations to the extent applicable. This authorization shall be a continuing authorization during the application process and during the entire period that I/we may have a loan, or any other form of indebtedness to DDHRLF, its Affiliates or Assigns. The signature(s) below assures the information contained herein as accurate and complete and that I/we have not willfully or knowingly omitted any information critical this credit application. If at any time during this credit application process I become aware of any additional information relating to my/our personal or business credit relationship, I/we will immediately disclose that information to the HDDA at 115 East M. L. King Jr. Drive, Hinesville, GA 31313 or call (912) 877-4332.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Discover Downtown Hinesville Revolving Loan Fund Application

### General Information

Applicant / Borrower Name:			
"Doing Business As" (DBA) Name, if any:			
Type of Entity: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> LLC / LLP <input type="checkbox"/> Other (describe)			
Date Established:	Tax ID #:	NAICS #:	
Nature of Business:			
Types of products / services:			
Address:		City:	State: Zip:
Primary Contact:	Telephone (office):	Telephone (cell):	Fax:
E-mail:		Business Website:	
Company Ownership (owners will be required to personally guaranty):			
Name:	Title:	% of ownership:	
Name:	Title:	% of ownership:	
Name:	Title:	% of ownership:	
Name:	Title:	% of ownership:	
Minority & Women Ownership (optional):			
Is your business >51% veteran owned?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is your business >51% minority owned?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is your business >51% woman owned?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

### Reason for Credit Request / Use of Funds (check all that apply)

<input type="checkbox"/> General or Capital Expenditures	<input type="checkbox"/> Business Improvements	<input type="checkbox"/> Refinance or Debt Consolidation	<input type="checkbox"/> Working Capital
Detail if asset purchase:	Purchase Price:	Down Payment:	Comments:
<input type="checkbox"/> Real Estate	\$	\$	
<input type="checkbox"/> Vehicle	\$	\$	
<input type="checkbox"/> Equipment	\$	\$	
<input type="checkbox"/> Other	\$	\$	

### Impact on Downtown Hinesville

Project Address:	Project Value (land & building):		
Job Creation: _____ # Part-Time _____ # Full-Time _____ # FTE			
Building Information / Type of Construction:	<input type="checkbox"/> Masonry <input type="checkbox"/> Metal <input type="checkbox"/> Other (describe)		
Building Use (by percentage):	Entertainment _____%	Restaurant _____%	Retail _____%
	Office _____%	Manufacturing/Warehouse _____%	Other _____%

Brief Narrative of Project, please include timeline:	
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Use of Funds		Source of Funds	
Use	Amount	Lender/Equity	Amount
Land	\$		\$
Construction	\$		\$
Furniture/Fixtures	\$		\$
Legal/Administration	\$		\$
Contingency	\$		\$
Demolition	\$		\$
TOTAL			\$

### Company Financials

Business' Annual Budget: \$ _____	Annual Personnel Budget: \$ _____	Weekly Personnel Budget: \$ _____				
Balance Sheet and Income Statement as of fiscal year ending: ___/___/___						
Cash	\$	Accounts	\$	Gross Revenue	\$	(+)
Accounts Receivable	\$	Notes Payable	\$	Cost of Goods Sold	\$	(-)
Inventory	\$	Credit Card Debt	\$	Owner's Salary	\$	(-)
Machinery/Equipment	\$	Automotive	\$	Interest Expense	\$	(-)
Automobiles	\$	Mortgages	\$	Depreciation	\$	(-)
Real Estate	\$	Other	\$	Other Operating Expense	\$	(-)
Other	\$	TOTAL LIABILITIES	\$			
TOTAL ASSETS	\$	NET WORTH	\$	NET INCOME / (NET LOSS)	\$	(=)

### Representations (applicant or guarantor, as applicable)

	Yes / No
Are you a U. S. Citizen?	
Are any assets pledged other than described on schedules?	
Is the business or any guarantor a defendant in any suits or legal action?	
Has the business or any guarantor ever had a judgement against it?	
Has the company or any of the guarantors declared bankruptcy in the last 10 years?	
Is the company a partner in any other venture?	
Does the company have any contingent liabilities?	
Please provide detail on any "yes" answers:	

### Required Documentation

	Description:	Date expected / in file /not applicable
<input type="checkbox"/>	Organizational documents (Articles of Incorporation / By-laws)	
<input type="checkbox"/>	Copy of sales contract, bill of sale, purchase agreement (as applicable)	
<input type="checkbox"/>	Current personal financial statement for all owners (≥ 20% ownership)	
<input type="checkbox"/>	Two (2) years personal tax returns - complete with all schedules for each owner (≥ 20% ownership)	
<input type="checkbox"/>	Two (2) years business federal tax returns (complete with all schedules) or accountant prepared financial statements	
<input type="checkbox"/>	Interim year-to-date company financial statements (balance sheet and income statement) if application date is more than six (6) months beyond fiscal year end	
<input type="checkbox"/>	Accounts Receivable aging report and Inventory schedule if loan is for working capital purposes	
<input type="checkbox"/>	Schedule of Debt	
<input type="checkbox"/>	Copy of Business Plan is new or substantially expanding	
<input type="checkbox"/>	Copy of Annual Budget	
<input type="checkbox"/>	CRE Investor Worksheet (might be required, if 10 or more properties owned)	
<input type="checkbox"/>	Signed Understanding of repayment policy, page 1 of application	
<input type="checkbox"/>	Automatic Debit Payment Authorization (if applicable), page 4 of application	
<input type="checkbox"/>	Commitment letter from a bank or lending institution	
<input type="checkbox"/>		
<input type="checkbox"/>	Other (describe):	
<input type="checkbox"/>		

**Certification:**  
 This information and the information provided on all accompanying financial statements and schedules is provided for the purposes of obtaining credit for the Applicant(s) guaranteeing credit for others. Applicant(s) acknowledge that representations made in this Statement will be relied upon by AmerisBank (the "Creditor") in its decision to grant such credit. This Statement is true and correct in every detail and accurately represents the financial condition of the Applicant(s) on the date given below. The Creditor is authorized to make all inquiries deemed necessary to verify the accuracy of the information contained herein and to determine the creditworthiness of the undersigned. Applicant(s) will promptly notify Creditor of any subsequent changes which would affect the accuracy of this Statement. Creditor is further authorized to answer any questions about Creditor's credit experience with Applicant(s). The undersigned declares that he / she has read and understands the statement above.

Applicant Signature	Date

**Please return completed application attachments to the HDDA, 115 East M.L.King, Jr., Drive, Hinesville, GA 31313**