

**APPLICANT/BORROWER**

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

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Type of Business \_\_\_\_\_ Date Established \_\_\_\_\_

Type of Entity  Corporation  Partnership  Sole Proprietorship  Limited Liability Company/ Partnership  
 Other \_\_\_\_\_

Number of Employees: Existing \_\_\_\_\_ Expected After This Loan \_\_\_\_\_

Complete as much as possible for quick processing of your loan:

**Bank Name** \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Accountant's Name** \_\_\_\_\_ Phone \_\_\_\_\_ E-mail \_\_\_\_\_

**Attorney's Name** \_\_\_\_\_ Phone \_\_\_\_\_ E-mail \_\_\_\_\_

**Seller's Name** \_\_\_\_\_ Phone \_\_\_\_\_ E-mail \_\_\_\_\_  
(If Real Estate Broker)

**ESTIMATED PROJECT COSTS**

Land and building acquisition .....

Acquisition of existing business .....

New building construction .....

Building improvements or repairs .....

Land Acquisition .....

Acquisition of machinery / equipment .....

Inventory purchase .....

Working capital (including accounts payable) .....

Payoff bank loan .....

Other debt .....

Closing costs for loan (if applicable) .....

Other .....

Seller Carry .....

Down Payment .....

**Total Loan Amount Requested** .....

**OWNERSHIP**

List below all officers, directors, partners, owners, co-owners, and stockholders.

| Name | Title | Percentage of Ownership | Phone |
|------|-------|-------------------------|-------|
|      |       |                         |       |
|      |       |                         |       |
|      |       |                         |       |
|      |       |                         |       |
|      |       |                         |       |
|      |       | 100 %                   |       |

**AFFILIATES**

List below **all** business concerns in which the applicant Company or **any** of the individuals listed in the ownership section have any ownership. Use additional sheets if necessary.

| Company Name | Owner (applicant, company, or individuals) | Percentage of Ownership |
|--------------|--|-------------------------|
|              |  |                         |
|              |  |                         |
|              |  |                         |

**GOVERNMENT DEBT**

Complete the chart below if (applicant or any affiliates) have current / previous SBA and other Government debt - including:

- 1) Federal debt, including SBA, received by the applicant including loans that have been paid in full or charged off;
  - 2) Federal debt (including student loans and disaster loans) borrowed by any principal of the applicant;
  - 3) Federal debt borrowed by and other business currently or previously owned by any principal of the applicant.
- If there has been a loss to the government as a result of a charge off, compromise, or discharge due to bankruptcy for any of the listed debt, it must be identified below. LOSS is the outstanding principal balance of the loan that the government agency had to write off after all collection activities (including compromises) were finalized.

| Agency Name | Borrower Name | Original Amount | Origin Date | Outstanding Balance | Loss to Government |
|-------------|---------------|-----------------|-------------|---------------------|--------------------|
|             |               |                 |             |                     |                    |
|             |               |                 |             |                     |                    |
|             |               |                 |             |                     |                    |

I certify that all of the above information is true and correct to the best of my knowledge and belief. I hereby authorize the release to USAIA/CA of all credit history and information required for the purpose of processing and applicant's evaluating the credit transaction. The undersigned also permits USAIA/CA to release the applicant's credit information and otherwise exchange information regarding applicant's credit transaction to various business professionals involved in the transaction, including but not limited to, commercial real estate brokers, real estate agents, accountants, attorneys, the U.S. Small Administration Administration, and third party financial institutions.

**Applicant Signature** \_\_\_\_\_ **Title** \_\_\_\_\_ **Date** \_\_\_\_\_

Describe your business operations (include types of products and or services, business plan if start-up):

Customer profile, % of sales (i.e. Retail 45%, Wholesale 55%) Main customers / Target market:

How is product or service marketed? Does product or service have a stable or cyclical demand? Sensitive to economy?

Future plans for growth / expansion:

How will this loan benefit your company?

Discuss recent industry trends:

Currently Exporting?  Yes  No    Planning to Export?  Yes  No    Exporting Information Needed?  Yes  No

Customers and competitors:

| Key Customers | All Major Competitors |
|---------------|-----------------------|
|               |                       |
|               |                       |
|               |                       |
|               |                       |
|               |                       |

If Real Estate Acquisition, please answer the following:

How many square feet are you currently occupying? \_\_\_\_\_

When does your current lease expire? \_\_\_\_\_

How many square feet is the subject building or proposed building? \_\_\_\_\_

How many square feet is the lot? \_\_\_\_\_

How far is current location to proposed location? \_\_\_\_\_

Will any of it be leased to another occupant?  Yes  No

If yes, how many tenants? \_\_\_\_\_ Total Square footage to be leased? \_\_\_\_\_ (Attach rent roll and fill out table below)

If multiple tenants, detail here, using square footage, percentage of occupancy, and lease terms:

| Tenant Name / Unit | Sq. Ft. | Percent | Rent Amount | Term (months) | Matures (mm/dd/yy) |
|--------------------|---------|---------|-------------|---------------|--------------------|
|                    |         |         |             |               |                    |
|                    |         |         |             |               |                    |
|                    |         |         |             |               |                    |
|                    |         |         |             |               |                    |
|                    |         |         |             |               |                    |
| Totals:            |         |         |             |               |                    |

**ADDITIONAL COMMENTS:**

# BUSINESS DEBT SCHEDULE

Company Name: \_\_\_\_\_

Balance Sheet Date: \_\_\_\_\_

This form must have the same date(s) and note balances as the current Balance Sheet.

Attach copies of notes, including all revolving and term loans to be paid with loan proceeds.

| Creditor Name/Address                    | Date of Origin (mm/dd/yy) | Original Amount | Present Balance*<br>Refinance: Y/N**                     | Interest Rate | Maturity Date (mm/dd/yy) | Monthly Payment<br>Past Due: Y/N***                      | Collateral | Original Use of Loan |
|--|---------------------------|-----------------|--|---------------|--------------------------|--|------------|----------------------|
|  |                           |                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |               |                          | <input type="checkbox"/> Yes <input type="checkbox"/> No |            |                      |
|  |                           |                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |               |                          | <input type="checkbox"/> Yes <input type="checkbox"/> No |            |                      |
|  |                           |                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |               |                          | <input type="checkbox"/> Yes <input type="checkbox"/> No |            |                      |
|  |                           |                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |               |                          | <input type="checkbox"/> Yes <input type="checkbox"/> No |            |                      |
|  |                           |                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |               |                          | <input type="checkbox"/> Yes <input type="checkbox"/> No |            |                      |
|  |                           |                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |               |                          | <input type="checkbox"/> Yes <input type="checkbox"/> No |            |                      |
|  |                           |                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |               |                          | <input type="checkbox"/> Yes <input type="checkbox"/> No |            |                      |
|  |                           |                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |               |                          | <input type="checkbox"/> Yes <input type="checkbox"/> No |            |                      |
|  |                           |                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |               |                          | <input type="checkbox"/> Yes <input type="checkbox"/> No |            |                      |
|  |                           |                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |               |                          | <input type="checkbox"/> Yes <input type="checkbox"/> No |            |                      |
|  |                           |                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |               |                          | <input type="checkbox"/> Yes <input type="checkbox"/> No |            |                      |
|  |                           |                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |               |                          | <input type="checkbox"/> Yes <input type="checkbox"/> No |            |                      |
|  |                           |                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |               |                          | <input type="checkbox"/> Yes <input type="checkbox"/> No |            |                      |
|  |                           |                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |               |                          | <input type="checkbox"/> Yes <input type="checkbox"/> No |            |                      |
| <b>Total present balance as of _____</b> |                           |                 |  |               |                          |  |            |                      |

\* As of interim balance sheet.

\*\* If you are requesting refinancing for any debt, indicate and complete the Refinance Addendum in the Miscellaneous Information section of this application.

\*\*\* Indicate any notes that have at any time been 30 days or more past due.

Signature \_\_\_\_\_ Title \_\_\_\_\_

## SOURCE OF CASH INJECTION

\_\_\_\_\_ (Borrower), in relation to the loan being sought from Paradise Bank and to be guaranteed by the U. S. Small Business Administration (SBA), hereby agrees to provide suitable cash injection in the aggregate amount of \_\_\_\_\_. The source(s) of this cash will be (indicate source, such as bank & account number, and dollar amount of each source):

| Source of Funds | Account Number (if applicable) | Amount |
|-----------------|--------------------------------|--------|
|                 |                                |        |
|                 |                                |        |
|                 |                                |        |
|                 |                                |        |
|                 |                                |        |
|                 |                                |        |

Borrower agrees to provide, or assist Lender in obtaining, documentation to verify that each cash injection amount is fulfilled. (Examples of documentation requested might be in the form of appropriate cancelled checks, verification of wire transfer of funds, or other forms which clearly show that said funds were tendered from Borrower to escrow or other intermediary in proper amounts. Additionally, Lender may require copies of bank statements, or other such records, before and after tender of funds. Furthermore, on a refinance transaction, indication of the amount down supported by final settlement statement, cancelled checks into escrow, copies of notes, and current loan statements or other such records may be requested. If prepaid construction items, indicate amount above and attach control summary sheet listing and describing each item, and attach matched copies of cancelled checks and invoices for items listed).

Signature \_\_\_\_\_ Name \_\_\_\_\_ Date \_\_\_\_\_

# MANAGEMENT RÉSUMÉ

Please fill in all spaces. If an item is not applicable, please indicate. Include any additional relevant information on a separate exhibit.

## PERSONAL INFORMATION

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Present Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Are you employed by the U.S. Government?  Yes  No Agency/Position: \_\_\_\_\_

Are you a U.S. Citizen?  Yes  No If no, give Alien Registration Number: \_\_\_\_\_

Are you or your business involved in any pending lawsuits?  Yes  No.

Have you or any officer of your company ever been involved in bankruptcy or insolvency?  Yes  No

Have any of the owners been arrested or convicted of any criminal offense other than a minor traffic violation?  Yes  No

## EDUCATION

| College/Technical Training<br>(Name and Location) | Attended<br>From: | Attended<br>To: | Major: | Degree/Certificate |
|---|-------------------|-----------------|--------|--------------------|
|   |                   |                 |        |                    |
|   |                   |                 |        |                    |
|   |                   |                 |        |                    |

## MILITARY SERVICE BACKGROUND

Branch of Service \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

## WORK EXPERIENCE

List chronologically beginning with present employment.

1. Company Name/Location \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Title \_\_\_\_\_

Duties \_\_\_\_\_

2. Company Name/Location \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Title \_\_\_\_\_

Duties \_\_\_\_\_

Signature \_\_\_\_\_ Name \_\_\_\_\_ Date \_\_\_\_\_

**REVENUE & EARNINGS PROJECTION (Complete for Start-Up or Expansion)**

Company Name: \_\_\_\_\_

| MONTH                   | 1 <sup>st</sup> | 2 <sup>nd</sup> | 3 <sup>rd</sup> | 4 <sup>th</sup> | 5 <sup>th</sup> | 6 <sup>th</sup> | 7 <sup>th</sup> | 8 <sup>th</sup> | 9 <sup>th</sup> | 10 <sup>th</sup> | 11 <sup>th</sup> | 12 <sup>th</sup> | TOTAL |
|-------------------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|------------------|------------------|------------------|-------|
| Sales                   |                 |                 |                 |                 |                 |                 |                 |                 |                 |                  |                  |                  |       |
| Cost of Sales           |                 |                 |                 |                 |                 |                 |                 |                 |                 |                  |                  |                  |       |
| <b>GROSS PROFIT</b>     |                 |                 |                 |                 |                 |                 |                 |                 |                 |                  |                  |                  |       |
|                         |                 |                 |                 |                 |                 |                 |                 |                 |                 |                  |                  |                  |       |
| Accounting/Legal        |                 |                 |                 |                 |                 |                 |                 |                 |                 |                  |                  |                  |       |
| Advertising             |                 |                 |                 |                 |                 |                 |                 |                 |                 |                  |                  |                  |       |
| Auto/Truck              |                 |                 |                 |                 |                 |                 |                 |                 |                 |                  |                  |                  |       |
| Bad Debts               |                 |                 |                 |                 |                 |                 |                 |                 |                 |                  |                  |                  |       |
| Depreciation            |                 |                 |                 |                 |                 |                 |                 |                 |                 |                  |                  |                  |       |
| Entertainment/Travel    |                 |                 |                 |                 |                 |                 |                 |                 |                 |                  |                  |                  |       |
| Equipment Rental        |                 |                 |                 |                 |                 |                 |                 |                 |                 |                  |                  |                  |       |
| Insurance               |                 |                 |                 |                 |                 |                 |                 |                 |                 |                  |                  |                  |       |
| Interest                |                 |                 |                 |                 |                 |                 |                 |                 |                 |                  |                  |                  |       |
| Office Expense          |                 |                 |                 |                 |                 |                 |                 |                 |                 |                  |                  |                  |       |
| Office/Owner Salary     |                 |                 |                 |                 |                 |                 |                 |                 |                 |                  |                  |                  |       |
| Rent Property           |                 |                 |                 |                 |                 |                 |                 |                 |                 |                  |                  |                  |       |
| Repairs/Maintenance     |                 |                 |                 |                 |                 |                 |                 |                 |                 |                  |                  |                  |       |
| Supplies                |                 |                 |                 |                 |                 |                 |                 |                 |                 |                  |                  |                  |       |
| Taxes & Licenses        |                 |                 |                 |                 |                 |                 |                 |                 |                 |                  |                  |                  |       |
| Telephone/Utilities     |                 |                 |                 |                 |                 |                 |                 |                 |                 |                  |                  |                  |       |
| Wages                   |                 |                 |                 |                 |                 |                 |                 |                 |                 |                  |                  |                  |       |
| Miscellaneous           |                 |                 |                 |                 |                 |                 |                 |                 |                 |                  |                  |                  |       |
| <b>Total Expenses</b>   |                 |                 |                 |                 |                 |                 |                 |                 |                 |                  |                  |                  |       |
| <b>NET PROFIT</b>       |                 |                 |                 |                 |                 |                 |                 |                 |                 |                  |                  |                  |       |
|                         |                 |                 |                 |                 |                 |                 |                 |                 |                 |                  |                  |                  |       |
| <b>Loan Payment</b>     |                 |                 |                 |                 |                 |                 |                 |                 |                 |                  |                  |                  |       |
| <b>Balance Retained</b> |                 |                 |                 |                 |                 |                 |                 |                 |                 |                  |                  |                  |       |

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_



**EXPLANATION OF ESTIMATED INCOME / EXPENSES**

Provide a detailed description for each of the following income/expense items. Include industry information and market analysis, attach information supporting your assumptions or business plan:

Sales: \_\_\_\_\_

Cost of Sales: \_\_\_\_\_

Accounting/Legal: \_\_\_\_\_

Advertising: \_\_\_\_\_

Auto/Truck: \_\_\_\_\_

Bad Debts: \_\_\_\_\_

Depreciation: \_\_\_\_\_

Entertainment/Travel: \_\_\_\_\_

Equipment Rental: \_\_\_\_\_

Insurance: \_\_\_\_\_

Interest: \_\_\_\_\_

Office Expense: \_\_\_\_\_

Office/Owner Salary: \_\_\_\_\_

Rent Property: \_\_\_\_\_

Repairs/Maintenance: \_\_\_\_\_

Supplies: \_\_\_\_\_

Taxes & Licenses: \_\_\_\_\_

Telephone/Utilities: \_\_\_\_\_

Wages: \_\_\_\_\_

Miscellaneous: \_\_\_\_\_