



EVERYBODY MATTERS

## GENERAL LOAN APPLICATION FOR FINANCING

### I. INFORMATION ABOUT YOU

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

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

If less than three years, please provide prior address(s): \_\_\_\_\_

\_\_\_\_\_

E-mail: \_\_\_\_\_ How did you hear about SMOC? \_\_\_\_\_

### II. INFORMATION ABOUT YOUR BUSINESS

Name of Business: \_\_\_\_\_ County: \_\_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Website: \_\_\_\_\_ Telephone: \_\_\_\_\_

Type of Entity (check one): Sole Proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_ S Corp \_\_\_\_\_ C Corp \_\_\_\_\_ LLC \_\_\_\_\_

Date Established: \_\_\_\_\_ IRS Employer I.D. #: \_\_\_\_\_

### III. BUSINESS OWNERSHIP: List the names of all owners, officers, and/or partners. Provide the percent of ownership and annual compensation. (Attach additional pages if necessary.)

Name and Title: \_\_\_\_\_ % of Ownership: \_\_\_\_\_

Address: \_\_\_\_\_ Annual Compensation: \_\_\_\_\_

Name and Title: \_\_\_\_\_ % of Ownership: \_\_\_\_\_

Address: \_\_\_\_\_ Annual Compensation: \_\_\_\_\_

Name and Title: \_\_\_\_\_ % of Ownership: \_\_\_\_\_

Address: \_\_\_\_\_ Annual Compensation: \_\_\_\_\_

### VI. PROPOSED SOURCES AND USES OF FINANCING (Please be specific)

#### Sources

Bank \_\_\_\_\_

SMOC \_\_\_\_\_

Equity \_\_\_\_\_

Owner Cash Contribution \_\_\_\_\_

Other \_\_\_\_\_

Total Project \$ \_\_\_\_\_

#### Uses

Equipment \_\_\_\_\_

Inventory \_\_\_\_\_

Furniture & Fixtures \_\_\_\_\_

Working Capital \_\_\_\_\_

Other \_\_\_\_\_

Total Project \$ \_\_\_\_\_

VII. SUMMARY OF COLLATERAL

Please list identifying name, market value, and existing liens for each asset. (attach additional if necessary)

Land & Bldgs \_\_\_\_\_

Inventory \_\_\_\_\_

Accts. Receivable \_\_\_\_\_

Machinery/Equipment \_\_\_\_\_

Furniture & Fixtures \_\_\_\_\_

Other \_\_\_\_\_

VIII. BUSINESS EMPLOYMENT AND BENEFITS

Current Employment:                    # Full-Time \_\_\_\_\_                    # Part-Time \_\_\_\_\_

(Full-time= 35 or more hrs/week)    (Part-time= less than 35 hrs/week)

Projected Employment Increases Over Next 12 Months:

# Full-Time \_\_\_\_\_                    # Part-Time \_\_\_\_\_

IX. MISCELLANEOUS

Have you or any officers of your company ever been involved in bankruptcy or insolvency proceedings?

\_\_\_ Yes \_\_\_ No If yes, please attach a description of the situation.

Is your business or any of its owners involved in any pending lawsuits?

\_\_\_ Yes \_\_\_ No If yes, attach a description of the details.

Are any of the owners of this business related to any SMOC employees or board members?

\_\_\_ Yes \_\_\_ No If yes, please describe below:

Are any of the owners of this business receiving other services from SMOC?

\_\_\_ Yes \_\_\_ No If yes, please describe below:

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided that the applicant has the capacity to enter into a binding contract); or whether all or parts of the applicant's income is derived from any public assistance program; or because the applicant has, in good faith, exercised any rights under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning South Middlesex Opportunity Council (SMOC) is the Federal Trade Commission. If a person believes that he or she was denied assistance in violation of this law, they should contact the Federal Trade Commission, Washington, DC 20580.

I/We understand that by signing this application I/we authorize SMOC to make inquiries as needed to verify the accuracy of the information and to determine creditworthiness. I/We certify the information is true and accurate and is provided for the purpose of obtaining a loan. SMOC will maintain the confidentiality of this information and it will not be released without authorization.

If Applicant is proprietor or general partner, sign here.

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Date

If Applicant is a corporation, sign below.

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Corporate Name

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Signature of President or duly authorized officer

Date

## BUSINESS PLAN CHECKLIST

Please provide the following information. Please mark BP in the space next to each item whether the information requested is included in the business plan (BP); mark not applicable (N/A) if it's not in the Business Plan.

\_\_\_ 1. A history of your company and description of your business, including the products and/or services offered. List of key management, title, and years with the business.

\_\_\_ 2. A paragraph describing the amount of financing you seek, the specific uses of the money and its expected benefits.

\_\_\_ 3. A marketing plan and a description of your market(s), including geographic and key customers.

\_\_\_ 4. An analysis of present and future competition in the market.

\_\_\_ 5. Financial information:

- a. Current Balance Sheet
- b. Year-to-date Profit and Loss Statement
- c. Tax returns for the past three years
- d. Cash flow projections (one year) by month
- e. Aging of accounts receivable and accounts payable

\_\_\_ 6. Resumes of all owners and management.

\_\_\_ 7. If you are buying machinery or equipment with the money from this financing, include a list of the equipment and its cost.

\_\_\_ 8. A personal financial statement (see enclosed form), and the previous three years' personal tax returns for each stockholder, partner, or officer with 20% or greater ownership.

\_\_\_ 9. If you have any cosigners and/or guarantors for this financing application, please submit their names, addresses, personal financial statements, and their previous three years' personal tax returns.

\_\_\_ 10. If your business is:

- a partnership: please provide a copy of your partnership agreement.
- a limited liability company: please provide a copy of the operating agreement.
- a corporation: please provide a copy of the articles of incorporation.

\_\_\_ 11. If your business has any subsidiaries or affiliates, please provide their names and the relationship to your company, along with a current balance sheet and income statement for each.

\_\_\_ 12. If you are buying a business, please include a purchase and sale agreement.

\_\_\_ 13. If you had professional assistance in preparing this application, list the names, addresses and telephone numbers of those who helped you.

\_\_\_ 14. Please provide a list of trade, bank and/or customer references. Include contact person(s)

and the account and telephone numbers.

\_\_\_\_ 15. Other items requested by loan officer.

Construction or Renovation loans only:

\_\_\_\_ 16. If you are doing a construction or renovation project, please include project bids and quotes and construction plans and specifications. An independent appraisal may be required during the application process.

***Failure to include an item may result in a delay in processing your application.***

***Thank you for choosing us!***