

Connecting Businesses to Non-Conventional Funding

504 Loan Application

Information			
Company name			
Address		City State	Zip
Principal in charge			
			Fax ()
Secondary contact person (IN-HOUSE CONTROLLER OR BOOKEEPER Type of business			ablished
-			ablistieu
Type of entity (check one): Proprietor	rship Partnership	Corporation LLC	
Company Ownership			
Name		Title	% of Ownership
Name		Title	% of Ownership
Name		Title	% of Ownership
Affiliate Businesses IF APPLICABLE			
Name		— Owner_	% of Ownership
		(APPLICANT COMPANY OR INDIVIDUALS)	·
Name If a corporation, please indicate who is President and	Secretary	Owner_ (APPLICANT COMPANY OR INDIVIDUALS)	% of Ownership
Existing Business Locations			
		A	
Address		Square feet Lease payment Replaced by new facility?	Lease expiration
Address		Square feet Lease payment	Lease expiration
References		Replaced by new facility?	
Bank name	Acct. no.	Acct. officer	Phone
			_
Accountant	Firm name		Phone
			Phone
Attorney	Firm name		
Trade references	Contact Person		Phone

Nature of Your Business				
Nature of your business				
Type of products or services (include any catalogs or brochu	res)			
Geographic market area				
List key customers				
List major competitors				
Project Information				
Street address of project City			County	
What is the square footage of the new building?		What is the square	footage your company will occu	ipy?*
* Please note We require your company to occupy at least	st 51% of an existing bu	ilding and 60% of a new buil	ding.	
Escrow closing date	Realtor's nar	ne	Phone	1
If known, how will the property be vested (i.e. individually, h	nusband and wife, partn	ership, LLC, corporation, true	st)	
Please provide appropriate corporate document (i.e. Partner	ership Agreement, LLC	documents, Articles of Incorp	poration, Trust Agreement)	
Total Project Costs				
Purchase existing building		Construction Pro	oject	
Purchase price\$				\$
Improvements \$		Construction bid.		\$
Equipment*\$		Architects, permi	ts, other soft costs	\$
Other\$		Equipment*		\$
Total\$		Other		\$
				\$ <u></u>
* Please note equipment to be financed must have a use	eful life of 10 years or gr	eater.		
If there are any tenants that will remain in the building	, please provide the fo	ollowing information: Also,	olease have your realtor provid	e copies of all existing leases.
Tenant name		Square footage	Lease expiration	Rent amount
		i e		

	iness		

ndebtedness. Turnish the following information on all installment debts, contracts, notes,		
and mortgages payable. Do not include accounts payable or accrued liabilities.	Company Name	Date

Creditor Name/address	Original amount	Original date	Present balance	Interest rate	Maturity date	Monthly payment	Security	Current or delinquent
					4			
				7	4	- "		
	A							
-								
	Total p	resent balance**		Total r	monthly payment			

^{*} Should be the same date as current financial statement.

^{**} Total must agree with balance shown on current financial statement.

Employee Questionnaire								
Number of current employees	Estimated number of new	employees w	ithin the next two yea	ars as a result of this project.				
Key employees								
Name	Title	Re	sponsibilities	Years with company	Years in the industry			
,					_			
Miscellaneous Questions								
Have you or any officer of your company ever been involved are you or your business involved in any pending or prio Have you ever received a SBA loan? Original Amount \$ Current Balance \$ Is any owner a U.S. military veteran? If yes Has the applicant business, or busnesses owned or cor a Federal loan, causing a loss to the government (including the control of th	r lawsuits? Date of the status, name of owner and what brintrolled by the applicant or an	If yes, plead of the SBA Locathe loananch of service yo of it's asso	ase provide details on an Authorization Doc ce?	n a separate sheet. cument and the following: Dates of the property	of service: blled a busness defaulted o			
If yes, please provide details including					ne govenment.			
Checklist	ig name or agency, roan amo	arit, original	ara amount, and	a the amount of the loss to the	io government.			
			100					
Business Information		Pers	onal information (fo	or each owner of 20% or gre	eater)			
Business financial statements for the last three ful	ll years		Personal tax return	ns for the last three years				
Projections (if business is less than three years of	d or expanding)	=	Personal resume (form attached)				
Financial statements dated within the last 45 days, with A/R & A/P agings			Personal financial statement (form attached)					
Business debt schedule (form attached)			Photocopy of driver's license/I.D. card					
Federal tax returns for the last three years								
Articles of Incorporation, Amendments thereto, a	nd By-Laws (if corporation)	Rea	estate information					
Articles of Organization and Operating Agreemen	it (if LLC)	=	Real Estate Purch	nase Agreement or settlemen	t sheet			
Partnership Agreement (if partnership)		-	Construction cost	budget and/or equipment inv	oices			
Business License and Fictitious Business Name	Statement (if proprietorship)	-	Existing environm	ental studies				
Franchise Agreement								
Authorization to Delegas Information								
Authorization to Release Information I/We hereby authorize the release to South Central Termy/our credit transaction with them. I/We further authorize South Central Tennessee Busine to my/our credit transaction with them. I/We hereby certify that the enclosed information, includest of my/our knowledge. Name of applicant(s)	ess Development Corporation	to release su	ch information to any	y entity they deem necessary	y for any purpose related			
Signature of applicant(s)		ate						
Name of applicant(s)								
Signature of applicant(s)	D	ate						