

504 Loan Application

Company Information			
Company name			
Address		City	State Zip
Principal in charge		Phone	Fax
Secondary contact person (IN-HOUSE CONTROLLER OR BOO	KEEPER)	Phone	Fax
Type of business			Date established
Type of entity (check one):	rietorship Partnership	Corporation	
Company Ownership			
Name		Title	% of Ownership
Name		Title	% of Ownership
Name		Title	% of Ownership
Affiliate Businesses IF APPLICABLE			
Name	7	— Owner(APPLICANT COMPANY OR INDIVIDUA	% of Ownership
Name			
		— Owner_ (APPLICANT COMPANY OR INDIVIDUA	sus) % of Ownership
Existing Business Locations			
Address		Square feet Lease pa	yment Replaced by new facility?
Address		Square feet Lease pa	yment Replaced by new facility?
References		A THE PARTY OF THE	
Bank name	Acct. no.	Acct. officer	Phone
Accountant	_ Firm name		Phone
Attorney	Firm name		Phone
Trade references	Contact Person		Phone

Nature of Your Business			
Nature of your business			
	-		
Type of products or services (include any catalogs or brochures)	e all		
Geographic market area		-	
List key customers			
List major competitors			<i>-</i>
Project Information		4 1 4 4 6 6 7	
Street address of project			
City State	Zip	County	
What is the square footage of the new building?	What is the square	footage your company will occu	py?*
* Please note We require your company to occupy 51% of an existing building and	d 67% of a new building.		
Escrow closing date Realtor's na	me	Phone	
If known, how will the property be vested (i.e. individually, partnership, LLC, corporate	ation, trust)		
Please provide appropriate document (i.e. Partnership Agreement, LLC documents	, Articles of Incorporation, Tru	st Agreement)	
Total Project Costs		Register to the second	
Purchase existing building or Equipment only	Construction		
Purchase price \$	Construction Pro Land acquisition		\$
Tenant improvements \$			
Equipment*\$	Architects, permit	s, other soft costs	s
Other\$	Equipment*		\$ <u></u>
Total\$	Other		\$
		Total	\$
* Please note equipment to be financed must have a useful life of 10 years or gre			
If there are any tenants that will remain in the building, please provide the following.	owing information: Also, p	lease have your realtor provide	copies of all existing leases.
Tenant name	Square footage	Lease expiration	Rent amount

Employee Questionaire				STATE WELL
Number of current employees	Estimated number of new employees within the next two years as a result of this project			
Key employees				
Name	Title	Responsibilities	Years with company	Years in the industry
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Miscellaneous Questions			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Have you or any officer of your company ever been invo	lved in bankruptcy or insolvenc	y proceedings?		
Are you or your business involved in any pending or price	or lawsuits?	If yes, please provide details on a	a separate sheet.	
Have you ever received a SBA loan?	if yes, please provide a copy of	f the SBA Loan Authorization Docum	nent and the following:	
Original Amount \$	Date of t	he loan	_	
Current Balance \$	Status _		_	

PLEASE LIST ALL EXISTING BUSINESS DEBTS

DEBT SCHEDULE	

Date:

CREDITOR NAME/ADDRESS	ORIGINAL AMOUNT	ORIGINAL DATE	PRESENT BALANCE	INT. RATE	MATURITY DATE	MONTHLY PAYMENT	SECURITY	CURRENT OR DELINQUENT

I/We hereby certify that the enclosed information, including any attachments or exbest of my/our knowledge.	chibits provided herewithin or at a later date, is valid and correct to the
Name of applicant(s)	
Signature of applicant(s)	Date
Name of applicant(s)	
Signature of applicant(s)	Date —