

ACCG Lending

Loan Application

BUSINESS INFORMATION

Company Name and DBA (if applicable) _____

Phone _____ Fax _____ Cell _____ Email _____

Address _____ City _____ State _____ ZIP _____

Date Company Founded _____ Date of Current Ownership _____

Tax Identification No. _____ Number of Current Employees _____ After Financing _____

Type of Organization (indicate one) Sole Proprietor C Corp S Corp LLC Partnership

OWNERSHIP INFORMATION

List all owners, partners, LLC members and stockholders totaling 100% of ownership. For corporations, identify all corporate officers regardless of ownership. For Partnerships or LLC's, identify the managing/general partner or managing member. Attach separate sheet if necessary.

Name/Title _____ Ownership % _____ Social Security Number _____

Address _____ City _____ State _____ ZIP _____

Name/ Title _____ Ownership % _____ Social Security Number _____

Address _____ City _____ State _____ ZIP _____

Name/Title _____ Ownership % _____ Social Security Number _____

Address _____ City _____ State _____ ZIP _____

Name/Title _____ Ownership % _____ Social Security Number _____

Address _____ City _____ State _____ ZIP _____

AFFILIATES

List below all business concerns in which the applicant company or any of the individuals listed in the Ownership Section above have 20% ownership or controlling interest. Affiliation also exists when an individual(s) has control of the Small Business Company and another concern(s) even though the ownership of one or both is small.

Attach separate sheet if necessary.

Company Name _____ Owned By _____ Ownership % _____

Address _____ # Employees _____

Company Name _____ Owned By _____ Ownership % _____

Address _____ # Employees _____

Company Name _____ Owned By _____ Ownership % _____

Address _____ # Employees _____

Company Name _____ Owned By _____ Ownership % _____

Address _____ # Employees _____

REFERENCES AND PROFESSIONAL SERVICES

Bank _____

Contact _____ Phone _____

Accounting Firm _____

Contact _____ Phone _____

Attorney Firm _____

Contact _____ Phone _____

Insurance Firm _____

Contact _____ Phone _____

PREVIOUS SBA OR OTHER FEDERALLY GUARANTEED FINANCING

Federal Agency _____ Date of Application _____ Original Amount \$ _____

Current Balance _____ Status of Loan (Current or Delinquent) _____

BUSINESS PROFILE

Please answer the questions below or provide the information on a separate attachment.

Nature of business, products, services and locations:

Who are your major customers?

Who are your major suppliers?

Who are your major competitors?

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Required Document Checklist

1. Authorization to Release Credit* (form attached)
2. Personal Financial Statement* (SBA Form 413 or Equivalent)
3. Personal Income Tax Returns for past three years*
4. Corporate Income Tax Returns for past three years**
5. Interim Financial Statement (Current within 60 days) **
6. Aging Summary of Accounts Receivable and Accounts Payable (form attached) **
7. Proposed Cost Breakdown (form attached)
8. Business Schedule of Debt (form attached)
9. Personal Resume* (form attached)
10. Copy of Real Estate and/or Business Purchase Agreement (if applicable)
11. Copy of all Promissory Notes for any debt being refinanced
12. Environmental Questionnaire (form attached, complete when real estate is being purchased or used as collateral)
13. Articles of Incorporation/Organization and Bylaws **
14. Copy of Franchise Agreement and Franchisor's Disclosure Statement (if applicable)
15. Copy of cost documents (i.e. construction contract, vendor quotes, professional fees, etc.)
16. Copy of existing or proposed lease agreement (if applicable)
17. For a new business, a projected annualized Income Statement for two years with detailed assumptions attached
18. For a new business, a monthly cash flow analysis for the first 12 months of operations or for three months beyond the breakeven point (whichever is longer) together with detailed assumptions attached.
19. Other

*Needed for all owners of 20% or more in the operating company and/or a real estate holding company.

**Needed for the operating company, real estate holding company and any affiliated companies.

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Authorization to Release Information

I/We hereby authorize the release to ACCG Lending and/or assigns any and all information ACCG Lending and/or assigns may require at any time for any purpose related to our credit application/loan transaction with ACCG Lending and/or assigns.

I/We hereby authorize ACCG Lending to release any and all information and/or data (including but not limited to personal and/or business financial statements, personal and/or business income tax returns, payment and/or credit history) to any entity ACCG Lending deems necessary for any purpose related to our credit application/loan transaction with ACCG Lending and/or assigns.

I/We hereby acknowledge that all loan approvals will be in writing and subject to the terms and conditions set forth in the loan authorization materials.

_____	_____
Authorized Signature, Title	
_____	_____
Authorized Signature, Title	
_____	_____
Authorized Signature, Title	
_____	_____
Authorized Signature, Title	

NOTICES: Intentional falsification of information, statements or values for any purpose including, but not limited to, the purpose of obtaining any loan, money, property, or anything of value from ACCG Lending, the United States Small Business Administration, and/or the United States Department of Agriculture may lead to the disqualification of the applicant and possible criminal prosecution.

To help the Federal Government fight the funding of terrorism and money laundering activities, Federal law requires all Government program lenders to obtain, verify, and record information that identifies each person who applies for a loan under a Federal Government program. This means that when you apply for a loan under a Federal Government program, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.



PERSONAL FINANCIAL STATEMENT

U.S. SMALL BUSINESS ADMINISTRATION

As of _____, _____

Complete this form for: (1) each proprietor, or (2) each limited partner who owns 20% or more interest and each general partner, or (3) each stockholder owning 20% or more of voting stock, or (4) any person or entity providing a guaranty on the loan.

Name	Business Phone
Residence Address	Residence Phone
City, State, & Zip Code	
Business Name of Applicant/Borrower	

ASSETS	(Omit Cents)	LIABILITIES	(Omit Cents)
Cash on hand & in Banks	\$ _____	Accounts Payable	\$ _____
Savings Accounts	\$ _____	Notes Payable to Banks and Others	\$ _____
IRA or Other Retirement Account	\$ _____	(Describe in Section 2)	
Accounts & Notes Receivable	\$ _____	Installment Account (Auto)	\$ _____
Life Insurance-Cash Surrender Value Only	\$ _____	Mo. Payments \$ _____	
(Complete Section 8)		Installment Account (Other)	\$ _____
Stocks and Bonds	\$ _____	Mo. Payments \$ _____	
(Describe in Section 3)		Loan on Life Insurance	\$ _____
Real Estate	\$ _____	Mortgages on Real Estate	\$ _____
(Describe in Section 4)		(Describe in Section 4)	
Automobile-Present Value	\$ _____	Unpaid Taxes	\$ _____
Other Personal Property	\$ _____	(Describe in Section 6)	
(Describe in Section 5)		Other Liabilities	\$ _____
Other Assets	\$ _____	(Describe in Section 7)	
(Describe in Section 5)		Total Liabilities	\$ _____
Total	\$ _____	Net Worth	\$ _____
		Total	\$ _____

Section 1. Source of Income	Contingent Liabilities
Salary	As Endorser or Co-Maker
Net Investment Income	Legal Claims & Judgments
Real Estate Income	Provision for Federal Income Tax
Other Income (Describe below)*	Other Special Debt

Description of Other Income in Section 1.

*Alimony or child support payments need not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income.

Section 2. Notes Payable to Banks and Others. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

Name and Address of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	How Secured or Endorsed Type of Collateral

Section 3. Stocks and Bonds. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed).

Number of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value

Section 4. Real Estate Owned. (List each parcel separately. Use attachment if necessary. Each attachment must be identified as a part of this statement and signed.)

	Property A	Property B	Property C
Type of Property			
Address			
Date Purchased			
Original Cost			
Present Market Value			
Name & Address of Mortgage Holder			
Mortgage Account Number			
Mortgage Balance			
Amount of Payment per Month/Year			
Status of Mortgage			

Section 5. Other Personal Property and Other Assets. (Describe, and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment and if delinquent, describe delinquency)

Section 6. Unpaid Taxes. (Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches.)

Section 7. Other Liabilities. (Describe in detail.)

Section 8. Life Insurance Held. (Give face amount and cash surrender value of policies - name of insurance company and beneficiaries)

I authorize SBA/Lender to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of either obtaining a loan or guaranteeing a loan. I understand FALSE statements may result in forfeiture of benefits and possible prosecution by the U.S. Attorney General (Reference 18 U.S.C. 1001).

Signature: _____ Date: _____ Social Security Number: _____

Signature: _____ Date: _____ Social Security Number: _____

PLEASE NOTE: The estimated average burden hours for the completion of this form is 1.5 hours per response. If you have questions or comments concerning this estimate or any other aspect of this information, please contact Chief, Administrative Branch, U.S. Small Business Administration, Washington, D.C. 20416, and Clearance Officer, Paper Reduction Project (3245-0188), Office of Management and Budget, Washington, D.C. 20503. **PLEASE DO NOT SEND FORMS TO OMB.**

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Aging Summary of Accounts Receivable and Accounts Payable

Aging

Accounts Receivable

Accounts Payable

Under 30 Days

30 – 59 Days

60 – 89 Days

Over 90 Days

A/R Detail

List any customer concentrations that are greater than or equal to 10% of total A/R:

Name

Percentage

List any customers with A/R over 90 Days and indicate whether account is collectable:

Name

Collectable (Y/N)

Extended Terms

A/P Detail

List any A/P over 90 days and indicate whether you have extended terms and list terms:

Name

Extended Terms

Terms

Applicant Signature

Date

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Proposed Cost Breakdown

<u>Purpose</u>	<u>Amount (\$)</u>
Real Estate Purchase:	_____
New Construction:	_____
Machinery & Equipment:	_____
Furniture & Fixtures:	_____
Professional Fees:	_____
Purchase Business:	_____
Leasehold Improvements:	_____
Debt Refinance:	_____
Payment of Accounts Payable:	_____
Purchase of Inventory:	_____
Working Capital:	_____
Other Expenses (Describe Below):	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
Total	_____

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Personal Resume Form

Name _____
First Full Middle Maiden Last

Previous Name(s) Used _____
(attach separate sheet if necessary) First Full Middle Last Years Used

Date of Birth _____ Place of Birth _____ Race _____

Social Security Number _____ US Citizen (Y/N) _____
Alien Registration Number _____
Please attach a copy of your alien registration card

Home Address _____
Note: Home Address for the past 10 years are required. City State Zip

Previous Address _____
Street Address City State Zip

Years at this address _____
Year Moved-In Year Moved-Out

Previous Address _____
Street Address City State Zip

Years at this address _____
Year Moved-In Year Moved-Out

Phone (Home) _____ Phone (Office) _____ Phone (Wireless) _____

Have you ever been involved in bankruptcy proceedings?	Yes	No	Briefly explain on Page 3
Have you ever had property foreclosed upon?	Yes	No	Briefly explain on Page 3
Any pending lawsuits or outstanding judgments?	Yes	No	Briefly explain on Page 3
Are any of your federal, state, or local taxes delinquent?	Yes	No	Briefly explain on Page 3
Are you currently delinquent with any child support?	Yes	No	Briefly explain on Page 3

Employed by the US Government (Y/N) _____ If so, Agency Name _____

Spouse's Name _____
First Full Middle Maiden Last

Previous Name(s) Used _____
(attach separate sheet if necessary) First Full Middle Last Years Used

Date of Birth _____ Place of Birth _____ Race _____

Social Security Number _____

Personal Information – Be sure to answer the next three questions correctly as they are very important. The fact that you have an arrest or conviction record will not necessarily disqualify you; an incorrect answer will probably cause your application to be turned down.

Are you presently under indictment, on parole, or probation? _____

Have you ever been charged with or arrested for any criminal offense other than a minor vehicle violation? Include offenses which have been dismissed, discharged, or not prosecuted. (All arrests and charges must be disclosed and explained on an attach sheet) _____

Have you ever been convicted, placed on pretrial diversion, or placed on any form of probation; including adjunction withheld pending probation, for any criminal offense other than a minor vehicle violation? _____

If yes to any of the above, furnish details in a separate exhibit, list name(s) under which held.

Military Service Background (please provide certified copy of DD-214 or DOD Photo Card and DD 2648 for Reservist or Form 2648-1 for active duty)

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Honorable Discharge (Y/N): _____

Job Description: _____

Work Experience (List chronologically, beginning with present employment)

Name of Company: _____ Percent Owned: _____

Full Address: _____

Employed From: _____ Employed To: _____ Title: _____

Duties: _____

Name of Company: _____ Percent Owned: _____

Full Address: _____

Employed From: _____ Employed To: _____ Title: _____

Duties: _____

Name of Company: _____ Percent Owned: _____

Full Address: _____

Employed From: _____ Employed To: _____ Title: _____

Duties: _____

Education (College or Technical Training)

Name and Location

Dates Attended

Major

Degree or Certificate

Comments (Bankruptcies, Pending Lawsuits, Judgments, Arrests, Convictions, Probation, Previous Names Used & Previous Addresses)

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Environmental Questionnaire

The following shall be used a guide to determine if further environmental investigation is needed, and is to be completed during an on-site inspection by the current property owner and the loan applicant (if different from the current property owner) when commercial real estate is to be taken as collateral (residential real estate excluded).

Loan Applicant: _____ Telephone: _____

Contact Person: _____ Telephone: _____

Current Property Owner: _____ Telephone: _____

Questionnaire Completion Date: _____

Property Address: _____

1. What is the past, present and planned use of the subject property (describe below). Does the past or present use(s) of the subject property involve an environmentally sensitive Industry? (if yes, then list NAICS code(s) from SOP 50-10(5), Appendix 4)

Yes

No

2. To the extent possible, determine the prior, current and planned uses of all adjoining property. Do historical or current operations on any adjoining property involve industrial uses or the use of any toxic chemicals (gas stations, manufacturing operations, dry cleaners, printing operations, junkyards, landfills, auto repairs, etc)?

Yes

No

Please describe adjoining uses in all four directions (If a road or street abuts any side of the subject property, please identify the land use beyond the road or street)

3. Is the subject property structure a multi-tenant residential dwelling, nursing home, or daycare center constructed prior to 1978?

Yes

No

If yes, please describe:

4. Is there any historical or archeological significance to the subject property? **Yes** **No**
5. Is the subject property structure to be significantly renovated or demolished? **Yes** **No**
6. Is there Asbestos Containing Material in the materials of the subject property? **Yes** **No**
7. Are there any transformers or other stationary hydraulic equipment on the subject property which are owned by the subject property owner? **Yes** **No**

8. Are there any underground storage tanks (UST's) currently on the subject property? If yes, attach copies of the registration, spill insurance certificate, recent tank and line tightness test results (within last six months) and verification that UST's meet all current compliance requirements. **Yes** **No**
9. Have any UST's ever been removed from the subject property or abandoned in place? If yes, state the year removed and attach a copy of all removal documents and the "No Further Action" letter issued by the appropriate state agency. **Yes** **No**
10. Are there currently or have there ever been any fill pipes, vent pipes, or access ways protruding from the ground on the subject property? **Yes** **No**
11. Are there any above ground storage tanks without secondary containment on the subject property? **Yes** **No**
12. Is the subject property registered with the EPA regarding any permits or for hazardous waste generation, treatment, storage or disposal? If yes, attach a copy of permit or registration. **Yes** **No**
13. Is any hazardous waste including petroleum products currently being treated or dispensed at the subject property? **Yes** **No**

If yes, describe the type and method of treatment, storage or disposal:

14. Is any hazardous waste including petroleum products currently being disposed of off-site? If yes, attach a copy of the most recent waste manifest for the disposed waste. **Yes** **No**
15. Are there any present or past enforcement actions by a regulatory agency for the subject property? **Yes** **No**

If yes, describe:

16. Are there any existing environmental liens, lawsuits, administrative actions, or environmental easements associated with the use of the subject property? **Yes** **No**

If yes, describe:

17. Are there now or have there ever been pits, ponds, or lagoons used for dumping waste located on the subject property? **Yes** **No**

18. Are there any groundwater monitoring wells (for groundwater contamination) located on the subject property? **Yes** **No**

If yes, state how many and describe their purpose:

19. Does the subject property discharge waste (or wastewater) to an on-site sewer, on-site septic system, ditch or other waterway? **Yes** **No**

If yes, state the nature of the discharge and attach copy of the permit:

20. Are there any outstanding Fire and/or Health Department violations for the subject property? **Yes** **No**

If yes, describe:

21. Does the subject property have any Wetlands? **Yes** **No**

22. Is the subject property or portion thereof used for agriculture? **Yes** **No**

23. Is there any evidence that toxic chemicals are used at the subject property? **Yes** **No**

24. Are there any discarded chemical containers on the subject property? **Yes** **No**

25. Are there waste piles of any type on the subject property? **Yes** **No**

26. Is there any evidence of distressed vegetation at the subject property? **Yes** **No**

27. Is there evidence of oily film on standing water at the subject property? **Yes** **No**

28. Is there evidence of any discolored soils at the subject property? **Yes** **No**

29. Are there any unusual odors at the subject property? **Yes** **No**

Signature of Current Property Owner

Date of Visual Inspection

Signature of Loan Applicant (if different)

Date of Visual Inspection