

N. O. REGIONAL BUSINESS DEVELOPMENT LOAN CORPORATION

LOAN APPLICATION FORM

COMPANY NAME: _____

ADDRESS: _____

NATURE OF BUSINESS: _____ DATE ESTABLISHED: _____

PRINCIPAL IN CHARGE: _____

POSITION: _____

BUS. PHONE #: _____ CONTACT PHONE #: _____ FAX#: _____

STREET ADDRESS OF PROJECT (IF DIFFERENT FROM ABOVE):

Street: _____ City: _____ Parish: _____

BUSINESS FEDERAL TAX I.D. #: _____

TYPE OF ENTITY (CHECK ONE): PROPRIETORSHIP PARTNERSHIP
 CORPORATION LLC

ESTIMATE ALL INDIVIDUAL PROJECT COSTS:

DESCRIPTION	AMOUNT
Purchase real estate (Land with or without building).....	\$ _____
Construction cost (new building) or renovation costs (existing building).....	\$ _____
Machinery and Equipment.....	\$ _____
Inventory.....	\$ _____
Working Capital.....	\$ _____
Other (provide details).....	\$ _____
 TOTAL PROJECT COSTS ("USES").....	 \$ _____
 EQUITY (INVESTOR'S CONTRIBUTION).....	 \$ _____

PROPOSED COLLATERAL:

EMPLOYEE INFORMATION: NUMBER OF CURRENT EMPLOYEES: _____

ESTIMATED NUMBER OF NEW EMPLOYEES WITHIN THE NEXT TWO YEARS AS A RESULT OF THIS PROJECT _____

OWNERS AND CORPORATE OFFICERS (OWNERSHIP PERCENTAGES MUST TOTAL 100%)
Please List all Corporate Officers regardless of Ownership Percentage

NAME: _____

TITLE: _____ % OWNERSHIP: _____

WILL THIS PERSON GIVE A PERSONAL GUARANTEE FOR THIS LOAN? _____

NAME: _____

TITLE: _____ % OWNERSHIP: _____

WILL THIS PERSON GIVE A PERSONAL GUARANTEE FOR THIS LOAN? _____

NAME: _____

TITLE: _____ % OWNERSHIP: _____

WILL THIS PERSON GIVE A PERSONAL GUARANTEE FOR THIS LOAN? _____

NAME: _____

TITLE: _____ % OWNERSHIP: _____

WILL THIS PERSON GIVE A PERSONAL GUARANTEE FOR THIS LOAN? _____

NAME: _____

TITLE: _____ % OWNERSHIP: _____

WILL THIS PERSON GIVE A PERSONAL GUARANTEE FOR THIS LOAN? _____

NAME: _____

TITLE: _____ % OWNERSHIP: _____

WILL THIS PERSON GIVE A PERSONAL GUARANTEE FOR THIS LOAN? _____

If more space is needed to list owners/officers, please list on separate sheet and attach.

STATEMENT OF UNDERSTANDING

APPLICATION PROCESS: For determination of eligibility, the applicant should submit information requested in the Application Checklist.

APPLICATION DEPOSIT: SBA 504 loan applications require a deposit in the amount of \$2,500 payable to Regional Loan Corporation (RLC) to be presented at the time the application is submitted. The deposit will be refundable in full if the Small Business Concern (SBC) does not withdraw its application and the SBA fails to issue an Authorization and Debenture Guarantee. The deposit is also refundable in full once the loan is funded by the SBA. The deposit will not be refunded if the SBA issues an Authorization for Debenture Guarantee and the application is withdrawn by the SBC. Furthermore, should the SBC withdraw its application prior to any SBA approval, said deposit will be refunded less out of pocket expenses incurred by RLC.

In the event that additional information not included with the initial application checklist is required to obtain an approval on the credit request, the undersigned agrees to provide that information in a timely manner to the loan officer processing the request.

The undersigned gives permission to RLC to confidentially discuss any application information with prospective private lenders. The applicant also gives permission to RLC to use its name in its Annual Report and in its marketing materials. No financial details will be released.

The undersigned authorizes RLC to obtain personal credit reports and business credit reports, and also acknowledges that all information relative to this loan request, including the application and related documentation, becomes the property of RLC and will not be returned to the applicant.

The undersigned has read this application and Statement of Understanding and acknowledges the information contained herein. The undersigned agrees that all information furnished is true, accurate, and complete to the best of his/her knowledge and that any regulations relative to the loan program will be complied with.

The undersigned acknowledges that **NO RLC LOAN COMMITMENT EXISTS UNTIL SUCH TIME AS THE RLC BOARD OF DIRECTORS HAS APPROVED A LOAN REQUEST AND A SIGNED COMMITMENT LETTER IS ISSUED TO THE BORROWING ENTITY.**

APPLICANT BUSINESS NAME: _____.

SIGNED: _____

NAME/TITLE: _____

DATE: _____

LOAN APPLICATION CHECKLIST

Please Submit the Following Information with the Completed Application:

Existing businesses furnish:

1. Fiscal year-end balance sheets and income statements for previous three years (or since business inception if less than three years old).
2. Current interim balance sheet and income statement dated within 60 days of the date of the application. Please include accounts receivable and payable aging schedules.
3. Business tax returns for previous three years.
4. The name and address of affiliates and/or subsidiary firms. Include the latest fiscal year financial statement and/or a current financial statement.

Any stockholders or partners owning 20% or more of the company must also provide:

1. Current personal financial statement (SBA Form 413)
2. Last 3 years income tax returns.
3. Individual Profile Form.
4. Photocopy of driver's license (front and back).

New Businesses Provide:

1. Executive summary of the proposed business operations, including products and/or services offered, target market, and marketing plan.
2. Pro-forma opening balance sheet showing the effect of the proposed loan.
3. Projected income statements for the first three years of operations, including assumptions used to estimate revenues and expenses.
4. Projected monthly cash flow for the first two years.
5. Projected break-even analysis for the first two years.
6. Market study, surveys, or research used to determine the proposed market area's feasibility.
7. Resumes on all key management personnel and owners.

INDIVIDUAL PROFILE FORM

This form must be filled out and submitted by: The Proprietor, if a sole proprietorship; By each partner, if a partnership; By each officer, director, and additionally by each holder of 20% or more of the ownership stock, if a corporation or limited liability company.

1. Business Name Applying for Assistance: _____

2. Individual's Full Name: _____

3. Present Residence Street
Address: _____

City, State, Zip: _____

Lived at this address since (MONTH AND YEAR): _____

4. Most Recent Prior Street Address (Omit if over 10 years ago), include City, State, and Zip:

Lived at this address from (MONTH AND YEAR): _____ TO _____

5. Home Telephone Number: _____ Business: _____

6. Social Security Number: _____

7. Date of Birth (month, date, year): _____

8. Place of Birth (City and State or Foreign Country): _____

9. U. S. Citizen? YES _____ NO _____

If NO, are you a Lawful Permanent Resident Alien? YES _____ NO _____

If Non- U.S. Citizen provide alien registration number and a front and back copy of the Resident Alien Card: _____

10. If applicable, provide the following information on any previous government financing received:

Agency Name, Loan Number, High Borrowing, Current Balance, Date Incurred

11. Provide a listing of all businesses in which you now have, or have had, an equity interest: (include any interests in the last five years).

12. **If any of the following questions are answered yes, please furnish details on a separate sheet and attach. Include dates, location, fines, sentences, whether misdemeanor or felony, dates of parole/probation, unpaid fines or penalties, name(s) under which charged, and any other pertinent information.** Answering yes will not necessarily disqualify you; however, an incorrect answer may cause disqualification.

- a. Are you presently under indictment, on parole or probation? YES NO
- b. Have you ever been charged with or arrested for any criminal offense other than a minor motor vehicle violation? Include offenses which have been dismissed, discharged, or not prosecuted (all arrests and charges must be disclosed and explained on attached sheet). YES NO
- c. Have you ever been convicted, placed on pretrial diversion, or placed on any form of probation, including adjudication withheld pending probation, for any criminal offense other than a minor motor vehicle violation? YES NO
- d. Have you ever filed bankruptcy personally or have any of the businesses that you have or had an ownership interest in ever filed bankruptcy? YES NO
- e. Do you or your company currently have any suits, judgments or liens filed against you or any of your assets? YES NO

I hereby certify that the above information is correct to the best of my knowledge. I also authorize the release of any information to Regional Loan Corporation that is necessary (including, but not limited to, obtaining personal and/or business credit reports) to obtain financing with that organization.

Signed

Date

Please attach a photocopy of Driver's License (front and back) to this form.

BANKING INFORMATION RELEASE FORM

Date _____

Bank Name: _____

Address: _____

City, State, Zip _____

RE: Loan(s) # and/or Account(s) # _____

Dear Sir or Madam:

This form officially authorizes _____ to immediately release any banking information regarding the above listed account(s) as requested by Regional Loan Corporation/Business Resource Capital Specialty BIDCO.

Please forward a credit rating on the above account(s) either verbally or written to:

Loan Officer _____
Regional Loan Corporation/Business Resource Capital
330 Camp Street
New Orleans, LA 70130
(504) 524-6172 fax 524-0002

Thank you for your prompt cooperation.

Name of Firm/Individual (Please Print)

Authorized Signature & Title

Date

REGIONAL LOAN CORPORATION
ESTIMATE OF CREDIT CAPACITY
YOUR CURRENT MONTHLY EXPENDITURES

	<u>PRESENT EXPENSE</u> <u>(PER MONTH)</u>	<u>INTERNAL</u> <u>RLC use only</u>
FOOD		
Regular grocery bills, dining out, candy, snacks and soft drinks: personal items such as toothpaste and cosmetics bought at supermarket	\$ _____	\$ _____
HOUSE PAYMENT		
Principal and interest only	\$ _____	\$ _____
RENT PAYMENT		
ADDITIONAL HOUSING EXPENSE		
Taxes, household insurance, utilities, maintenance and furnishings	\$ _____	\$ _____
CAR PAYMENTS AND OTHER CREDIT PAYMENTS		
ADDITIONAL TRANSPORTATION EXPENSES		
Car insurance, repairs, maintenance, gas and oil; parking and tolls; public transportation	\$ _____	\$ _____
CLOTHING		
New clothing and accessories; laundry, dry cleaning, repairs and alterations	\$ _____	\$ _____
PERSONAL CARE		
Barber and hairdresser, toiletry articles and cosmetics not included in supermarket bills	\$ _____	\$ _____
LIFE AND HEALTH INSURANCE PREMIUM		
Family medical insurance premium	\$ _____	\$ _____
ADDITIONAL MEDICAL EXPENSE		
Visits to physicians, provisions for dental and eye care prescriptions	\$ _____	\$ _____
OTHER FAMILY CONSUMPTION		
Books, movies, entertainment, newspaper and magazine subscriptions, hobbies and vacations, tobacco products, alcoholic beverages	\$ _____	\$ _____
OTHER ITEMS		
Religious and charitable contributions; Christmas; wedding, graduation gifts, personal allowances; miscellaneous items	\$ _____	\$ _____
DAY CARE	\$ _____	\$ _____
SCHOOL TUITION	\$ _____	\$ _____
CHILD SUPPORT	\$ _____	\$ _____
ALIMONY	\$ _____	\$ _____
TOTAL MONTHLY EXPENSES	\$ _____	\$ _____

SCHEDULE OF BUSINESS DEBTS

AS OF _____

NOTES AND MORTGAGES PAYABLE TO WHOM/ADDRESS/ACCOUNT #	ORIGINAL AMOUNT	ORIGINAL DATE	PRESENT BALANCE	RATE OF INTEREST	MATURITY DATE	MONTHLY PAYMENTS	PRIORITY COLLATERAL	CURRENT/PAST DUE
<i>(FOR OFFICE USE ONLY)</i>								
TOTAL FROM FINANCIAL STATEMENT								
SURPLUS (DEFICIT)								

_____ NAME OF BUSINESS

BY: _____ OWNER/OFFICER

_____ DATE



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.**