

**REGIONAL LOAN CORPORATION/ BUSINESS RESOURCE CAPITAL**  
**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: \_\_\_\_\_

E-Mail Address:

## 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 IRS Tax Transcripts, personal and/or business credit reports) to obtain financing with Regional Loan Corporation or Business Resource Capital Specialty BIDCO, Inc.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

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



## PERSONAL FINANCIAL STATEMENT

### U.S. SMALL BUSINESS ADMINISTRATION

The purpose of this form is to collect information about the Business Applicant and its owners' financial condition. SBA uses the information required by this Form 413 as one of a number of data sources in analyzing the repayment ability and creditworthiness of an applicant for an SBA loan or, with respect to a surety bond, to assist in recovery in the event that the contractor defaults on the contract. SBA also uses the information to assess whether an individual meets the economic disadvantage threshold for the Women-Owned Small Business (WOSB) Program and the 8(a) Business Development (BD) Program. Submission of this information is required as part of your application for assistance. Failure to provide the information would impact the agency's decision on your application.

To complete this form

- 1) Check all that apply.
- 2) Complete the form in its entirety (attached a separate sheet, if necessary)
- 3) Review the applicable certifications and sign (spousal signature, if required)

<input type="checkbox"/> <b>7(a) loan / 504 loan / Surety Bonds</b> Complete this form for: (1) each proprietor; (2) general partner; (3) managing member of a limited liability company (LLC); (4) each owner of 20% or more of the equity of the Applicant; and (5) any person providing a guaranty on the loan (including the assets and liabilities of the owner's spouse and any minor children).  <b>Return completed form to:</b> <b>For 7(a) loans:</b> the Lender processing the application for SBA guaranty <b>For 504 loans:</b> the Certified Development Company (CDC) processing the application for SBA guaranty <b>For Surety Bonds:</b> the Surety Company or Agent processing the application for surety bond guarantee
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<input type="checkbox"/> <b>Disaster Business Loan Application (Excluding Sole Proprietorships)</b> Complete this form for: (1) each applicant; (2) each general partner; (3) each managing member of a limited liability company (LLC); (4) each owner of 20% or more of the equity of the Applicant business; and (5) any person providing an unlimited guaranty on the loan.  <b>Return completed form to: Disaster Processing and Disbursement Center at 14925 Kingsport Road, Fort Worth, TX 76155-2243 or FAX to 1-202-481-1505 or <a href="mailto:disasterloans@sba.gov">disasterloans@sba.gov</a></b>
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<input type="checkbox"/> <b>Women Owned Small Business (WOSB) Federal Contracting Program</b> This form must be completed by each individual claiming economic disadvantage in connection with the SBA's Women-Owned Small Business (WOSB) Federal Contracting Program. A separate form must be completed by the individual's spouse, unless the individual and the spouse are legally separated. Use attachments if necessary. Each attachment must be identified as a part of this statement and signed. In addition, each individual claiming economic disadvantage must update the form as changes arise, but at least annually, to ensure the information is current, accurate and complete.  SBA's regulations state that to be considered economically disadvantaged for purposes of the WOSB Program, a woman must have an adjusted gross income averaged over the three prior fiscal years of \$350,000 or less; less than \$6 million in the fair market value of all her assets (to include her primary residence and value of the business concern); and less than \$750,000 in personal net worth (excluding equity interest in her personal residence and ownership interest in the business, and funds invested in a retirement account that are unavailable until retirement age). 13 C.F.R. §127.203. The information contained in this form must be submitted and certified through <a href="http://beta.certify.sba.gov">beta.certify.sba.gov</a>
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<input type="checkbox"/> <b>8(a) Business Development Program</b> 8(a) applicants must show that 51% of the firm is owned by one or more individuals determined by the SBA to be socially and economically disadvantaged. The information contained in this form must be submitted by each socially and economically disadvantaged individual using their one time 8(a) eligibility to qualify this firm for 8(a) certification. If married, the spouse must complete a separate SBA Form 413, except when the individual and the spouse are legally separated. If separated, provide copy of separation document.  SBA's regulations state that to be considered economically disadvantaged for purposes of the 8(a) Business Development Program, an individual must have an adjusted gross income averaged over the three prior fiscal years of \$350,000 or less; less than \$6 million in the fair market value of all assets (to include primary residence and value of the business concern); and less than \$750,000 in personal net worth (excluding equity interest in the personal residence and ownership interest in the business, and funds invested in a retirement account that are unavailable until retirement age). 13 C.F.R. §124.104.  <b>Note:</b> Please complete this form with Personal Information not Business Information and divide all jointly owned assets and liabilities, as appropriate with spouse or others. The information contained in this form must be submitted and certified through <a href="http://certify.sba.gov">certify.sba.gov</a> . For additional information go to: <a href="http://www.sba.gov/8abd">http://www.sba.gov/8abd</a>
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<b>Name</b>	<b>Business Phone</b> (xxx-xxx-xxxx)
<b>Home Address</b>	<b>Home Phone</b> (xxx-xxx-xxxx)
<b>City, State, &amp; Zip Code</b>	
<b>Business Name of Applicant/Borrower</b>	
<b>Business Address</b> (if different than home address)	
<b>Business Type:</b> ___ Corporation ___ S-Corp. ___ LLC ___ Partnership ___ Sole Proprietor (does not apply to ODA applicant)	

**This information is current as of [month/day/year]**  
*(within 90 days of submission for 7(a)/504/SBG/ODA/WOSB or within 30 days of submission for 8(a) BD)*

**WOSB applicant only, Married** \_\_\_ Yes \_\_\_ No

<b>ASSETS</b>	<b>LIABILITIES</b>
(Omit Cents)	(Omit Cents)
Cash on Hand & in banks..... _____	Accounts Payable..... _____
Savings Accounts..... _____	Notes Payable to Banks and Others..... _____ (Describe in Section 2)
IRA or Other Retirement Account..... _____ (Describe in Section 5)	Installment Account (Auto)..... _____ Mo. Payments _____
Accounts & Notes Receivable..... _____ (Describe in Section 5)	Installment Account (Other)..... _____ Mo. Payments _____
Life Insurance – Cash Surrender Value Only..... _____ (Describe in Section 8)	Loan(s) Against Life Insurance..... _____
Stocks and Bonds..... _____ (Describe in Section 3)	Mortgages on Real Estate..... _____ (Describe in Section 4)
Real Estate..... _____ (Describe in Section 4)	Unpaid Taxes..... _____ (Describe in Section 6)
Automobiles..... _____ (Describe in Section 5, and include Year/Make/Model)	Other Liabilities..... _____ (Describe in Section 7)
Other Personal Property..... _____ (Describe in Section 5)	Total Liabilities..... _____
Other Assets..... _____ (Describe in Section 5)	Net Worth..... _____
<b>Total</b> _____	<b>Total</b> _____ Must equal total in assets column.

<b>Section 1. Source of Income.</b>	<b>Contingent Liabilities</b>
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 should 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 part of this statement and signed.)

Names and Addresses 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 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 Real Estate (e.g. Primary Residence, Other Residence, Rental Property, Land, etc.)			
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.)

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**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 the SBA/Lender/Surety Company to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness.

**CERTIFICATION:** (to be completed by each person submitting the information requested on this form and the spouse of any 20% or more owner when spousal assets are included)

By signing this form, I certify under penalty of criminal prosecution that all information on this form and any additional supporting information submitted with this form is true and complete to the best of my knowledge. I understand that SBA or its participating Lenders or Certified Development Companies or Surety Companies will rely on this information when making decisions regarding an application for a loan, surety bond, or participation in the WOSB or 8(a) BD program. I further certify that I have read the attached statements required by law and executive order.-

Signature \_\_\_\_\_

Date \_\_\_\_\_

Print Name \_\_\_\_\_

Social Security No. \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Print Name \_\_\_\_\_

Social Security No. \_\_\_\_\_

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**NOTICE TO 7(a) LOAN, 504 LOAN AND SURETY BOND APPLICANTS: CRIMINAL PENALTIES AND ADMINISTRATIVE REMEDIES FOR FALSE STATEMENTS:**

Knowingly making a false statement on this form is a violation of Federal law and could result in criminal prosecution, significant civil penalties, and a denial of your loan or surety bond application. A false statement is punishable under 18 U.S.C. §§ 1001 and 3571 by imprisonment of not more than five years and/or a fine of up to \$250,000; under 15 U.S.C. § 645 by imprisonment of not more than two years and/or a fine of not more than \$5,000; and, if submitted to a Federally-insured institution, a false statement is punishable under 18 U.S.C. § 1014 by imprisonment of not more than thirty years and/or a fine of not more than \$1,000,000. Additionally, false statements can lead to treble damages and civil penalties under the False Claims Act, 31 U.S.C. § 3729, and other administrative remedies including suspension and debarment.

**NOTICE TO DISASTER BUSINESS LOAN APPLICANTS: CRIMINAL PENALTIES AND ADMINISTRATIVE REMEDIES FOR FALSE STATEMENTS:**

Whoever wrongfully misapplies the proceeds of an SBA disaster loan shall be civilly liable to the Administrator in an amount equal to one-and-one half times the original principal amount of the loan under 15 U.S.C. § 636(b). In addition, any false statement or misrepresentation to SBA may result in criminal, civil or administrative sanctions including, but not limited to: 1) fines and imprisonment, or both, under 15 U.S.C. § 645, 18 U.S.C. § 1001, 18 U.S.C. § 1014, 18 U.S.C. § 1040, 18 U.S.C. § 3571, and any other applicable laws; 2) treble damages and civil penalties under the False Claims Act, 31 U.S.C. § 3729; 3) double damages and civil penalties under the Program Fraud Civil Remedies Act, 31 U.S.C. § 3802; and 4) suspension and/or debarment from all Federal procurement and non-procurement transactions. Statutory fines may increase if amended by the Federal Civil Penalties Inflation Adjustment Act Improvements Act of 2015.

**NOTICE TO APPLICANTS OR PARTICIPANTS IN THE WOSB FEDERAL CONTRACTING PROGRAM: CRIMINAL PENALTIES AND ADMINISTRATIVE REMEDIES FOR FALSE STATEMENTS:**

Any person who misrepresents a business concern's status as a WOSB or EDWOSB, or makes any other false statement in order to influence the WOSB Program eligibility determination or other review process in any way (e.g., protest), shall be: (1) subject to fines and imprisonment of up to 5 years, or both, as stated in Title 18 U.S.C. § 1001; (2) subject to fines of up to \$500,000 or imprisonment of up to 10 years, or both, as stated in Title 15 U.S.C. § 645; (3) subject to civil and administrative remedies, including suspension and debarment; and (4) ineligible for participation in programs conducted under the authority of the Small Business Act.

**NOTICE TO APPLICANTS OR PARTICIPANTS IN THE 8(a) BUSINESS DEVELOPMENT PROGRAM: CRIMINAL PENALTIES AND ADMINISTRATIVE REMEDIES FOR FALSE STATEMENTS:**

Any person who misrepresents a business concern's status as an 8(a) BD Program participant or SDB concern, or makes any other false statement in order to influence the 8(a) certification or other review process in any way (e.g., annual review, eligibility review), shall be: (1) subject to fines and imprisonment of up to 5 years, or both, as stated in Title 18 U.S.C. § 1001; (2) subject to fines of up to \$500,000 or imprisonment of up to 10 years, or both, as stated in Title 15 U.S.C. § 645; (3) subject to treble damages and civil penalties under the False Claims Act, 31 U.S.C. § 3729; (4) subject to administrative remedies, including suspension and debarment; and (5) ineligible for participation in programs conducted under the authority of the Small Business Act.

PLEASE NOTE: According to the Paperwork Reduction Act, you are not required to respond to this request for information unless it displays a valid OMB Control Number. The estimated average burden hours for the completion of this form is 1.5 hour per response. If you have questions or comments concerning this estimate or any other aspect of this information collection, please contact: Director, Records Management Division, Small Business Administration, 409 Third Street SW, Washington, D.C. 20416, and SBA Desk Officer, Office of Management and Budget, New Executive Office Building, Room 10202, Washington, D.C. 20503. PLEASE DO NOT SEND COMPLETED FORMS TO OMB.

## PLEASE READ, DETACH, AND RETAIN FOR YOUR RECORDS

### **Privacy Act (5 U.S.C. 552a) and Debt Collection Improvement Act (31 U.S.C. 7701)**

*Authorities and Purpose for Collecting Information:* SBA is collecting the information on this form, including social security numbers and other personal information, to make a character and credit or other eligibility decision in connection with you or your company's application for SBA assistance. SBA may also use social security numbers for the purpose of collecting and reporting on any delinquent fees or other amounts owed SBA, where applicable.

For purposes of SBA's financial assistance programs, 31 U.S.C. 7701 requires loan applicants and guarantors, or any indemnitor of a surety bond to provide their social security numbers, or other taxpayer identification numbers. Failure to provide this information would affect your ability to obtain an SBA loan or bond. For other individuals signing this form, the submission of the social security number is voluntary and failure to provide your social security number may not affect any right, benefit or privilege to which you are entitled. However, your social security number or other taxpayer identification number helps SBA to distinguish you from other individuals with the same or similar name or other personal identifier. This use is permitted under Executive Order 9397. Personal information collected is protected to the extent permitted by law, including the Freedom Information Act, 5 U.S.C. 552, and the Privacy Act 5 U.S.C. 552. Such information is maintained pursuant to SBA's Privacy Act System of Records at <https://www.sba.gov/sites/default/files/2020-01/sba-sorns.pdf>.

**Right to Financial Privacy Act of 1978 (12 U.S.C. 3401)** -- This is notice to you as required by the Right to Financial Privacy Act of 1978, of SBA's access rights to financial records held by financial institutions that are or have been doing business with you or your business, including any financial institutions participating in a loan or loan guaranty. The law provides that SBA shall have a right of access to your financial records in connection with its consideration or administration of assistance to you in the form of a Government guaranteed loan or guaranteed bond. SBA is required to provide a certificate of its compliance with the Act to a financial institution in connection with its first request for access to your financial records, after which no further certification is required for subsequent accesses. The law also provides that SBA's access rights continue for the term of any approved loan guaranty agreement or any approved bond agreement. No further notice to you of SBA's access rights is required during the term of any such agreement. The law also authorizes SBA to transfer to another Government authority any financial records included in an application for a loan or bond guarantee, or concerning an approved loan or loan guaranty or bond guaranty, as necessary to process, service or foreclose on a loan guaranty or collect on a defaulted loan guaranty, or to process or service the bond guaranty. No other transfer of your financial records to another Government authority will be permitted by SBA except as required or permitted by law.

### **Freedom of Information Act (5 U.S.C. 552)**

This law provides, with some exceptions, that SBA must supply information contained in agency files and records to a person requesting it. Information about approved loans that will be automatically released includes, among other things, statistics on our loan programs (individual borrowers are not identified in the statistics), and other information such as the names of the borrowers (and their officers, directors, stockholders or partners), the collateral pledged to secure the loan, the amount of the loan, its purpose in general terms, and the maturity. With respect to SBA's bond guarantee program, SBA will release, among other things, statistics on the Surety Bond Guarantee (SBG) programs and other information such as the names of small businesses (and their officers, directors, stockholders or partners) and the amount of the bond guarantees. Proprietary data on a borrower would not routinely be made available to third parties. All requests under this Act are to be addressed to the nearest SBA office and be identified as a Freedom of Information request.

**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  
3801 Canal St. Suite 320  
New Orleans, LA 70119  
(504) 524-6172 fax 524-0002

Thank you for your prompt cooperation.

\_\_\_\_\_  
Name of Firm/Individual (Please Print)

\_\_\_\_\_  
Authorized Signature & Title

\_\_\_\_\_  
Date

## CREDIT REPORT AUTHORIZATION

Regional Loan Corporation/Business Resource Capital Specialty BIDCO, Inc  
3801 Canal Street, Suite 320, New Orleans, Louisiana 70119  
Office: (504)524-6172 Fax: (504)524-0002 Website: www.rlcsbidco.com

**By my signature below I, \_\_\_\_\_, authorize Regional Loan Corporation/Business Resource Capital Specialty BIDCO, Inc. of 3801 Canal Street, Suite 320, New Orleans, Louisiana, 70119 to obtain a Business Credit and/or Consumer Credit Report on my business and me.**

**This authorization is valid for the purposes of verifying information given pursuant to obtaining a business loan with me as the guarantor and/or any other lawful purpose covered under the Fair Credit Reporting Act (FCRA). This form will also serve as my authorization to obtain updated reports as long as there is an outstanding obligation by the borrower and/or guarantor.**

**The Report may contain information available in the Public Domain but may not include interviews with persons other than previous employers or their agents.**

**By my signature below, I hereby authorize all corporations, former employers, credit agencies, educational institutions, law enforcement agencies, city, state, county and federal courts and agencies, military services and persons to release all information they may have about me including criminal and driving history. This authorization shall be valid in original or copy form.**

Business Name: \_\_\_\_\_

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

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

Federal Tax ID: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Guarantor Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

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

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Loan Officer: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*Please include a copy of a valid driver's license or state/federal identification card.**

**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