

# Union Capital Finance Corporation

2 Kings Court

Little Rock, AR 72211

(501) 224-9050 fax (501) 224-9048

[www.unioncapitalfinance.net](http://www.unioncapitalfinance.net)

## Budget Assumptions

**Sales:** Sales projections are based upon sales for this type and size of store in similar demographic areas. A number of \_\_\_\_\_ franchisees were surveyed for sales of their stores and for validation to the reasonableness of these projections. Median sales for all \_\_\_\_\_ stores are about \$\_\_\_\_\_ per year. Note that \_\_\_\_\_ franchisees tend to have sales above the \_\_\_\_\_ average benchmarks.

**Cost of Goods Sold:** These figures are based upon surveys of \_\_\_\_\_ franchisees and of another national franchise. While the franchisees believe it does not take long to maintain a ratio in the \$\_\_\_\_\_, for conservative purposes, it is assumed the average will be \_\_\_\_% over the first year. Most franchisees feel it can reasonably be expected to be lower than this.

**Rent:** For these projections, rent is estimated based on \_\_\_\_\_ square feet at \$\_\_\_\_\_ base per square foot yearly, plus \$\_\_\_\_\_ CAM, taxes, merchant association fees and all other rent related costs. This reflects the actual asking cost of the center.

**Royalties:** The contractual payment to the franchisor is \_\_\_\_% of sales.

**Advertising Fee:** The contractual payment to the franchisor is \_\_\_\_% of sales

### Payroll Costs:

**Hourly Wages:** Initially, volume requirements will require only part-time help. The budget calls for \_\_\_\_ part-time employees who work a total of \_\_\_\_ hours each week at an hourly rate of \$\_\_\_\_\_.

**Owner's Salary:** A managerial salary of \$\_\_\_\_\_ is projected. The managerial function will be performed by \_\_\_\_\_.

**Marketing:** Additional marketing for promotions and direct mail campaigns have been calculated at \_\_\_\_% of revenues.

**Insurance, Utilities & Office supplies:** All estimates are based upon interviews with existing franchises and their actual costs.

**Professional Fees:** These fees are estimated to be \$\_\_\_\_\_/month for accounting and legal advice.

**Loan Payment:** The loan payment is calculated on a loan amount of \$\_\_\_\_\_ over 10 years at \_\_\_\_% interest rate.

Please Call Our Office with any Questions

(501) 224-9050



# CERTIFICATE OF

- CORPORATION
- LIMITED LIABILITY COMPANY
- PARTNERSHIP (General, Limited or Limited Liability)

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The following information is correct:

## **OFFICERS**

President

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Vice President

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Secretary

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Treasurer

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## **MEMBERS/PARTNERS**

**List all**

Date when last  
acquired

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## **SHAREHOLDERS**

Name

Number of  
shares

% of shares  
outstanding

Date when last  
acquired

Name	Number of shares	% of shares outstanding	Date when last acquired
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## **DIRECTORS**

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# HISTORY OF BUSINESS

(Use a separate sheet to answer questions if necessary.)

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## BACKGROUND AND HISTORY OF COMPANY/BUSINESS (Including Business to be Acquired)

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## NATURE OF BUSINESS, TYPES OF PRODUCTS/SERVICES

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## CUSTOMER PROFILE

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## LIST KEY CUSTOMERS

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## LIST MAJOR COMPETITORS

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## MAJOR PAST ACCOMPLISHMENTS

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## FUTURE EXPANSION

Does your company currently have plans for future expansion?

Number of locations?\_\_

Over what period of time?\_\_

How many new company locations are planned for this market?

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## HOW WILL THIS LOAN BENEFIT YOUR COMPANY?

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## WILL THE FUNDING OF THIS LOAN CREATE NEW EMPLOYMENT OPPORTUNITIES?

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Signature \_\_\_\_\_ Date \_\_\_\_\_

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**Refinance Pre-Qualification Worksheet**

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Franchise:** \_\_\_\_\_

**What is your current rate?** \_\_\_\_\_

**What is your current monthly payment?** \_\_\_\_\_

**What is your balance?** \_\_\_\_\_

**What is your term?** \_\_\_\_\_

**How much do you want to refinance?** \_\_\_\_\_

**Do you wish to request any additional working capital?** \_\_\_\_\_

**Please fax last year's financials along with this worksheet to:**

**Union Capital Finance Corporation**

**Fax: (501) 224-9048**

Please Call Our Office with any Questions

(501) 224-9050

**AGING OF ACCOUNTS RECEIVABLE AND  
ACCOUNTS PAYABLE SUMMARY**

(Please attach actual schedules to support summary information)

NOTE: Accounts Receivable (A/R) and Accounts Payable (A/P) must reconcile with the current business balance sheet that is provided with the application.

ATTACH A DETAILED LISTING OF LARGE ACCOUNTS (OVER \$5,000)

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<b>AGING</b>	<b>ACCOUNTS RECEIVABLE</b>	<b>ACCOUNTS PAYABLE</b>
UNDER 30 DAYS	\$ _____	\$ _____
30-59 DAYS	\$ _____	\$ _____
60-89 DAYS	\$ _____	\$ _____
90-119 DAYS	\$ _____	\$ _____
120-180 DAYS	\$ _____	\$ _____
OTHER	\$ _____	\$ _____
TOTALS	\$ _____	\$ _____

A/R Concentration greater than or equal to 10% of total:

\_\_\_\_\_

A/R Percentage greater than or equal to 90 days:

\_\_\_\_\_

A/P Concentration greater than or equal to 10% of total:

\_\_\_\_\_

A/P Percentage greater than or equal to 90 days:

\_\_\_\_\_

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EXPLAIN COLLECTION / PAYMENT PROCESS:

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Signature \_\_\_\_\_

Date \_\_\_\_\_