

LOAN REQUEST FORM

APPLICANT COMPANY

Company Name _____
DBA (if applicable) _____
Name of Franchise (if applicable) _____
Telephone _____
Fax _____
Address _____
City _____ State _____ Zip _____
Email Address _____
Date Established _____
Tax ID# _____
State of Incorporation or Organization _____
State Organization number _____

Is the Applicant Company:

the Operating Entity; or Real Estate Holding Company

Will you incorporate before funding? Yes ___ No ___

Type of Applicant Company Organization:

Corporation Sole Proprietorship General Partnership

Limited Partnership or Limited Liability Partnership

Limited Liability Corporation

of Employees: Existing _____
After this Financing _____
Affiliates _____

OWNERSHIP OF APPLICANT COMPANY

List below all owners, partners, LLC members, and stockholders totaling 100% of ownership.

Name _____
Title _____
Address _____
City, State, Zip _____
Telephone _____
Email Address _____
Percent of Ownership _____
Social Security No. _____
Most recent date of acquisition of any ownership interest _____
Name _____
Title _____
Address _____
City, State, Zip _____
Telephone _____
Email Address _____
Percent of Ownership _____
Social Security No. _____
Most recent date of acquisition of any ownership interest _____

Name _____
Title _____
Address _____
City, State, Zip _____
Telephone _____
Email Address _____
Percent of Ownership _____
Social Security No. _____
Most recent date of acquisition of any ownership interest _____

Name _____
Title _____
Address _____
City, State, Zip _____
Telephone _____
Email Address _____
Percent of Ownership _____
Social Security No. _____
Most recent date of acquisition of any ownership interest _____

(If additional owners, please attach on a separate sheet).

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.*

Name _____
Individual Name _____
Address _____
City, State, Zip _____
Telephone _____
Percent of Ownership _____
Name _____
Individual Name _____
Address _____
City, State, Zip _____
Telephone _____
Percent of Ownership _____

(If additional affiliates, please attach a separate sheet).

*Affiliation does also exist where an individual(s) has control of the Small Business Company and another concern(s) even though the ownership of one or both is small.

Franchisor Contact _____
Phone _____
E-mail _____