

## 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 \_\_\_\_\_

**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) \_\_\_\_\_

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

Current Balance \_\_\_\_\_ Status of Loan (Current or Delinquent) \_\_\_\_\_

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?

How do you market your products or services?

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 \*\*
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.

# ACCG Lending

# 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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Signature, Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Signature, Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Signature, Title

\_\_\_\_\_  
Date

**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.

# ACCG Lending

# Proposed Cost Breakdown

**Purpose**

**Amount (\$)**

Real Estate Purchase:

\_\_\_\_\_

New Construction:

\_\_\_\_\_

Machinery & Equipment:

\_\_\_\_\_

Furniture and Fixtures:

\_\_\_\_\_

Professional Fees:

\_\_\_\_\_

Purchase Business:

\_\_\_\_\_

Leasehold Improvements:

\_\_\_\_\_

Debt Refinance:

\_\_\_\_\_

Payment of Accounts Payable:

\_\_\_\_\_

Purchase of Inventory:

\_\_\_\_\_

Working Capital:

\_\_\_\_\_

Other Expenses (describe below):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Total**

\_\_\_\_\_



# ACCG Lending

# Personal Resume Form

Name \_\_\_\_\_  
First Full Middle Maiden Last

Previous Name(s) Used \_\_\_\_\_  
(Attach separate sheet, if necessary) First Full Middle Last Date Last Used

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Race \_\_\_\_\_

Social Security Number \_\_\_\_\_ U. S. Citizen (Y/N) \_\_\_\_\_  
Alien Registration Number \_\_\_\_\_  
Please attach a copy of your alien registration card

Home Address \_\_\_\_\_  
Note: Home addresses for the past 10 years are required. City State Zip

Previous Address \_\_\_\_\_  
City State Zip  
Years at this address \_\_\_\_\_  
Day/Mo/Year Day/Mo/Year

Previous Address \_\_\_\_\_  
City State Zip  
Years at this address \_\_\_\_\_  
Day/Mo/Year Day/Mo/Year

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 U.S. Government (Y/N) \_\_\_\_\_ If so, Agency Name \_\_\_\_\_

Spouse's Name \_\_\_\_\_  
First Full Middle Maiden Last

Previous Name(s) Used \_\_\_\_\_  
(attached separate sheet, if necessary) First Full Middle Last Date Last 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 attached sheet) \_\_\_\_\_

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 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 and Previous Addresses)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# ACCG Lending

# Environmental Questionnaire

The following shall be used as 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 cleansers, 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)

North \_\_\_\_\_

South \_\_\_\_\_

East \_\_\_\_\_

West \_\_\_\_\_

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 wastes 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**



**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 .....	\$	_____
<b>Total</b>	\$	_____	Net Worth .....	\$	_____
			<b>Total</b>	\$	_____

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.**