



LOAN APPLICATION

Please fax or email completed form to:
 fax: 703.352.9100 • info@businessfinancegroup.org

OPERATING COMPANY INFORMATION *(information about your operating business)*

Name of Business:			
Physical Address:			
Website:		Cell:	
Telephone:		Fax:	
DUNS #:		Date Started:	
→ (Visit http://fedgov.dnb.com/webform to get your free 9-digit DUNS # in a matter of minutes) ←			
Type of Business:	<input type="checkbox"/> LLC	<input type="checkbox"/> Corporation	<input type="checkbox"/> Sole Proprietorship
	<input type="checkbox"/> Partnership		
Primary Competitors:			
Main Clients:			

JOB INFORMATION

# of current F/T employees + F/T 1099-contractors:	
# of current FTE employees + FTE 1099-contractors based on average # of hours worked by P/T employees:	
Total # of current FTE employees + FTE 1099-contractors:	
Estimated number of new FTE employees + FTE 1099-contractors that will be hired to work at the project property's location in next 2 years:	

OWNERSHIP / OFFICERS

IMPORTANT! Have there been any changes in the last six months? Yes No
 If the answer is "Yes," provide details on a separate sheet.

Name:		Title:		% Owned:	
Name:		Title:		% Owned:	
Name:		Title:		% Owned:	
Name:		Title:		% Owned:	

CERTIFICATIONS

IMPORTANT! If any question below is answered "Yes," provide details below or in a separate exhibit. Ask your Business Finance Group representative for the specific information required.

<input type="checkbox"/> Yes	<input type="checkbox"/> No	1.	Does the business have any ownership interest in, or control of, any other business?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	2.	Is the business involved in any other lawsuits at this time?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	3.	Has the business ever filed for bankruptcy protection?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	4.	Does the business now have, or has it ever had, an SBA loan?



<input type="checkbox"/> Yes	<input type="checkbox"/> No	5.	Does the business have any liens, IRS payment plans, past due taxes, or judgments?		
CURRENT LEASE INFORMATION					
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is your business renting space on a month-to-month basis?			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Does your business have a lease for the space that it currently occupies?			
Monthly Rent?		Lease Maturity:		Square Feet:	
Will your business be <input type="checkbox"/> moving or <input type="checkbox"/> expanding to the new project property?					
NEW PROJECT PROPERTY INFORMATION					
Project Property Address:					
Total Square Footage:		Square footage your business will occupy:			
Tenant: If there will be any tenants (other than your business) in the property, provide the following information below:					
Name of Tenant			S/F Leased	Lease Expiration	Rent
Source of Down Payment:	<input type="checkbox"/> Business Cash		<input type="checkbox"/> Personal Cash		<input type="checkbox"/> Gift
<input type="checkbox"/> If down payment is borrowed, state source:					
Expected Closing Date:					
NEW PROJECT PROPERTY OWNERSHIP INFORMATION					
Owner(s):					
Type of Ownership:	<input type="checkbox"/> LLC	<input type="checkbox"/> Corporation	<input type="checkbox"/> Individual(s)	<input type="checkbox"/> Partnership	
	<input type="checkbox"/> Trust	<input type="checkbox"/> Other:			
If the owner of the project property will be a legal entity, list the owners of the entity below:					
Name:		Title:		% Owned:	
Name:		Title:		% Owned:	
Name:		Title:		% Owned:	
Name:		Title:		% Owned:	