

LOAN APPLICATION

Business Information

Date of Application		Name of Applicant Business and Trade Name									
Other Affiliated Entity						Contact Person					
Full Street Address of Business						Website Address					
City			County			State		Zip	Tax I.D. No. or SSN		
Business Phone Number			Cell Number			Email Address					
Description of Business					No. of Years in Operation		Number of Employees				
Entity Type								At Time Of Application _____			
<input type="checkbox"/> "C" Corporation <input type="checkbox"/> "S" Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship								If Loan is Approved _____			
								(within 2 years) _____			

Use of Loan Proceeds

Attach contract of sales, preliminary construction plans, invoices and estimates to certify cost and use of proceeds.

Which loan program are you applying for?
 SBA 504
 Small Business Growth Fund
 Microenterprise Loan
 Contractor Cash Flow Fund (CCFF)
 Bowie Revolving Loan Fund
 Other

USE OF PROCEEDS:	FSC First	Owner's Contribution	Other/Bank	Total Project
Land Acquisition	\$	\$	\$	\$
New Construction/ Expansion Repair	\$	\$	\$	\$
Leasehold Improvements	\$	\$	\$	\$
Equipment and Machinery	\$	\$	\$	\$
Inventory Purchase	\$	\$	\$	\$
Working Capital (including Accounts Payable)	\$	\$	\$	\$
Furniture and Fixtures	\$	\$	\$	\$
Business Acquisition	\$	\$	\$	\$
Debt Repayment	\$	\$	\$	\$
Other	\$	\$	\$	\$
TOTAL	\$	\$	\$	\$

Questionnaire

1. Have you or any other owner of your company ever been involved in bankruptcy or insolvency proceedings? Yes No
If yes, please provide the details as an attachment.
2. Are you or your business or affiliated entity involved in any pending lawsuits? Yes No
If yes, provide the details as an attachment.
3. Does your business, its owners or majority stockholders own or have controlling interest in other businesses? Yes No
4. Do you buy from, sell to, or use the services of any concern in which someone in your company has a significant financial interest? Yes No
If yes, provide the details as an attachment.

5. Is your business a franchise? Yes No
If yes, provide a copy of the franchise agreement and a copy of the disclosure statement supplied to you by the Franchisor.
6. Are your federal and local taxes current? Yes No
If no, please provide the details as an attachment.
7. Equity Injection* – How much cash have you invested in the project already? \$ _____
How much cash will you contribute to the project? \$ _____
8. How did you hear about FSC First?

*A minimum 10% cash equity injection is required on all programs.

Ownership

List proprietor, partners, officers, directors, all holders of outstanding stock. 100% of ownership must be shown. Use separate sheet if necessary.

Name and SSN Position/Title	Complete Address	% Owned	*Gender
Date of Birth: _____ City/ State/ Country of Birth: _____ Race* <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African-American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White			
Date of Birth: _____ City/ State/ Country of Birth: _____ Race* <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African-American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White			
Date of Birth: _____ City/ State/ Country of Birth: _____ Race* <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African-American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White			
Date of Birth: _____ City/ State/ Country of Birth: _____ Race* <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African-American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White			

*This data is collected for statistical purposes only. It has no bearing on the credit decision. Disclosure is voluntary.

Business Indebtedness

List all business outstanding debts, contracts, notes, and mortgages payable. Indicate by an asterisk (*) items to be paid by loan proceeds.

Creditor	Original Debt Amount	Original Date	Outstanding Balance	Interest Rate	Maturity Date	Monthly Payment	Collateral	Current or Past Due
Acct.#	\$		\$			\$		
Acct.#	\$		\$			\$		
Acct.#	\$		\$			\$		
Acct.#	\$		\$			\$		
Acct.#	\$		\$			\$		

Summary of Collateral

List all assets to be pledged as collateral for the loan. Attach a copy of the deed(s) containing a full legal description of the land and show the location (street address) and city where the deed(s) is recorded. All items with an original value greater than \$5,000 listed herein must show manufacturer or make, model, year, and serial number.

Type of Collateral & Description	Year Acquired	Original Cost	Market Value	Amount of Lien	Name of Lien Holder

Disclosure of Interested Parties

During the loan underwriting process, FSC First may need to contact or be contacted by parties related to your business. By completing this portion of the application, you are granting FSC First permission to discuss the status of the loan with these interested parties.

	Name and Company	Address	Telephone Number
Attorney			
Developer/Broker			
Insurance Carrier			
CPA/Accountant			
Elected Officials			
Loan Packager/ Business Consultant			
Bank Relationship Manager			

Agreements and Certifications

All information in this application and in the attached exhibits, attachments, and addendums are true and complete to the best of my/our knowledge, information, and belief. **I/we agree to pay for the cost of any surveys, title or mortgage examinations, credit reports, lien searches, appraisals, etc. that are necessary for consideration of this application.** Further, I/we agree not to engage in employment practices which deny equal employment rights to persons by reason of (i) political or religious opinion or affiliation, marital status, race, color, creed or national origin; (ii) sex or age, except when sex or age constitutes a bona fide occupational qualification; or (iii) physical or mental disability of a qualified individual with a disability. I/we agree to comply with the State’s policy of maintaining a drug and alcohol free workplace. I/We hereby authorize all involved in the financing of this project to exchange freely without further authorization and consent, any and all financial information and reports provided in connection with this application and the processing of the loan request.

The undersigned agrees that banks, credit agencies, State agencies, IRS and other sources are hereby authorized now, or anytime in the future, to give FSC First, or their assigns and successors, any and all information in connection with matters addressed in this application, including information concerning the payment of taxes and credit information by the applicant.

Each of the undersigned agrees to notify us immediately, and in writing of any change in name, address, or employment of any material adverse change (1) in any of the information contained in these statements or (2) in the financial condition of any of the undersigned or (3) in the ability of any other undersigned to perform its (or their) obligations to us. In the absence of such notice or a new and full written statement, this should be considered as a continuing statement and substantially correct. If the undersigned fail(s) to notify us as required above, or if any of the information herein or in the statement should prove to be inaccurate or incomplete in any material respect, we may declare the indebtedness of the undersigned or the indebtedness guaranteed by the undersigned, as the case may be, immediately due and payable.

Photo, Video & Print Release Form; I, the undersigned, hereby give my permission to the Prince George’s Financial Services Corporation (FSC First), its agents and employees, to print, publish, videotape, reproduce or otherwise use my name, photograph, or photographs, and any descriptive text regarding my participation in FSC First programs in a publication or publications to be disseminated publicly by FSC First to publicize and promote FSC First activities in Prince George’s County and the State of Maryland. In order to participate in this promotional effort, I hereby release and agree to hold harmless and indemnify FSC First from any and all rights, claims, or interest which I may have or which may arise as a result of FSC First’s publication of my name, photographic likeness (print, video or electronic), or other personal information for the purposes above-described, and I agree to hold harmless and indemnify FSC First from any and all claims concerning my participation in the promotional effort by third parties relating thereto.

Signature

Date

Signature

Date

Signature

Date

Signature

Date

Signature

Date