

CONVENTIONAL / SBA LOAN APPLICATION BUSINESS LOAN APPLICATION CHECKLIST

Please use this checklist as a guide to the documentation necessary to complete the processing of your business loan. If certain items are not readily available, please forward as much as possible and identify which items are to follow.

NOTE: Personal Forms/Information must be provided for each owner holding 20% or more of applicant business.

Complet	e and Sign the attached forms:
	Credit Check Authorization. Must be signed and dated by each Borrower/Guarantor
	Conventional / SBA Loan Application
	Business Projected Profit / Loss Statement with Assumptions to Projections
	Business Debt Schedule
	History of Business
	Personal Financial Statements on all Borrowers/Guarantors (dated within 60 days)
	Personal Budget / Cash Flow Statement
	IRS Form 4506 (one for each business and each borrower/guarantor)
	Resumes on each Borrower, Guarantor and Key Management Personnel
ln additi	on, please provide the following:
	Accountant-Prepared Business Financial Statements (Profit & Loss, Balance Sheet)
	Business Federal Tax Returns for the past three fiscal years
	Interim Financial Statements within the past 60 days (if available)
	Affiliate Information. Interim income statement, balance sheet, debt schedule and past 3 years Federal Tax Returns. If you own 20% or more of any other business; that business is considered to be an affiliate.
	Personal Federal Tax Returns (for last 3 years) on all Borrowers/Guarantors
	Copies of Driver's Licenses and evidence of citizenship/residency for all principals
	Legal Entity Documents:
	 Sole Proprietorship: Copy of Ficititious Business Name Statement and Business License Corporation: Articles of Incoporation and Bylaws
	Partnerships (General or Limited): Partnership Agreement (with all exhibits)
	Limited Liability Company: Articles of Organization (LLC-1) and Operating Agreement
	 Trust: Cerification of Trust and copy of pages reflecting the name of the Trust, the names of the Trustees and their powers and the executed signature page.
Miscella	neous (as applicable):
	Executed Copy of Purchase Agreement and Escrow Instructions for purchase (if applicable).
	Copy of Preliminary Title Report (for purchase only). If available.
	Proof of Capital Injection (if applicable)
	Certificate of Trust (if applicable)
	Business Plan (for new business only)
	Copy of Current lease or proposed lease on Facility to be occupied
	Copy of Contract/Bid for work to be completed by Contractor; Construction Budget/Plans and Specifications



CREDIT CHECK AUTHORIZATION

I/We the undersigned hereby authorize you to make any credit inquiries that the Bank may deem necessary in connection with our application for a business loan. This authorization also applies to inquiries regarding employment history, bank accounts, and follow-up credit inquiries/checks that the Bank may deem necessary in the future, in connection with the servicing of our loan.					
Signed	Date				
Signed	Date				
Signed	Date				
Signed	Date				
Signed	Date				
Signed	Date				



CONVENTIONAL / SBA LOAN APPLICATION

1								
BUSINESS INFORMATION								
Company Name / DBA			Date Established			Tax ID		
Business Street Address]			Telephone				
City		State		Zip		Fax		
Use of Proceeds Address (if different	ent from business address)		City	1		State	Zip	
Business Structure:								
OWNERSHIP DISTRIBUTION Note: Attach separate sheet if a		rs, partners and	d all holders of	f outstanding s	tock 100% (ownership mus	t be shown)	
NAM		TI	TLE	# OF YRS	% OWI	NERSHIP	SOCIAL SECURITY #	
NAM	<u> </u>	''	166	# 01 110	70 OWI	4LIXOTIII	GOOIAL GLOOKITT#	
AFFILIATES (List below any Note: Attach separate sheet if a		nich the app	licant comp	oany or any o	of the indivi	duals have	any ownership) % ownership	
Nature of Business			Year Es	Established Yrs at Present Locat			Own or Rent?	
# of Employees: Before Loan:		After Loan:			Business Tax	k ID#:		
Current Bank & Address:								
Accountant: Contact Name				Telephone # (with area code)				
Insurance Agent: Contact Name				Telephone # (with area code)				
Attorney: Contact Name					Telephone # (with area code)			
Proposed Vesting if Real Estate Pu	urchase			Esrcrow/Title	Co (if RE pure	chase)		
Liet any previous CDA as all as	Fodoral Covernment Dakt			1				
List any previous SBA or other F NAME OF AGENCY	ORIGINAL AMOUNT OF	DATE OF REQUEST		OVED OR LINED	RAI	ANCE	CURRENT OR PAST DUE	
MAINE OF AGENOT	LOAN		DEG		DAL	VL	202	
		1						

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FINANCIAL INFORM	MATION								
Credit Relationships: F	Please provid	e details of	your busine	ss credit re		PRESENTLY			MATURITY
NAME OF CREDITOR	PURPOSE	OF LOAN	ORIG LOA	N AMOUNT		ING	REPAYME	NT TERMS	DATE
			<u> </u>		 				<u> </u>
DDO ITOT INCODM	4 TION								
PROJECT INFORMA		24N PRO(
ESTIMATED USE OF PI			EEDS	1	Mashinon	° Fauinmor	-4		
Refinance Existing Bank	Loan	\$	-			& Equipmer	nt	\$	
Other Debt Repayment		\$			Furniture &			\$	
Land & Building Acquisiti Land Acquisition	on	\$ \$	-		Inventory F	of Existing	Ducinose	\$	
New Building Construction	<u> </u>	\$			Working Ca		Business	\$	
Building Improvements o		\$			Other:	арнан		\$	
Leasehold Improvements		\$			Other:			\$	
		1	ADITAL DE	CUIDEME		of all antogo	=iaa ahaya)		
					NTS (sum o			\$	
	LESS: CASI LESS: FUNI					•	·	\$	
	LESS. FURI	D9 FKOVIE		TER SOUN				\$	
					LOAN AN	MOUNT RE	QUESTED	\$	
MISCELLANEOUS I	NFORMA	ΓΙΟΝ							
Are there any outstanding	g tax liens or	judgements	s filed again	st you or yo	our company	/?			
Is the business an endorstatements?	ser, guaranto	or, or co-ma	ker for any o	obligation n	ot listed in th	ne financial			
Have you or any officer of	of your compa	any ever be	en involved	in bankrupt	tcy or insolve	ency procee	edings?		
Are any principals or you	r business(e:	s) involved i	in any pendi	ing lawsuits	i?				
Does any applicant or the	eir spouse or	any membe	er of their ho	ousehold, o	r any one w	ho owns, ma	anages or		
directs your business or the Administration, Small Bus							ess		
participating lender?	Siliess Auviso	ory Courien,	SCORE OF	ACL, and i	euerai Age	ricy, or trie			
Does the business prese	ently, or as a	result of this	s loan, enga	ae in expor	t trade?				
* IF YES TO ANY OF TH						N A SEPAR	ATE SHEE	T.	
CERTIFICATION									
The undersigned certifies									
in the accompanying sta and/or Lender immediate									
applied for is approved,			-			-			
mortgage examinations,	appraisals, e	etc., perform	ned by non-	Bank perso	onnel with th	ne consent o	of the applic	ant. The ι	ındersigned
authorizes the Broker an									
notice, and to obtain ver including credit information								ned in the	application,
.	•			•		•	0 0 .		
Business Name (print):									
Applicant Signature:							Date:		
Applicant Title:									
Guarantor(s) Signature:									
Guarantor(s) Signature:							Date:		

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Projected Profit / Loss Statement

Company Name			Signature X						Period Covered				
									From: To:				
	1st Month	2nd Month	3rd Month	4th Month	5th Month	6th Month	7th Month	8th Month	9th Month	10th Month	11th Month	12th Month	Annual Total
Gross Sales or Receipts													-
Less: Cost of Goods Sold													-
Gross Profit	-	-	-	-	_	-	-	-	-	-	-	-	-
Less Expenses:													
Salaries & Wages (to others)													_
Salaries paid to Officers													_
Payroll Taxes													_
Accounting & Legal													_
Advertising													_
Travel & Auto													-
Office Supplies													_
Dues & Subscriptions													-
Telephone													-
Utilities													-
Repairs & Maintenance													-
Miscellaneous													-
Rent													-
Insurance													-
Licenses & Permits													-
Interest Expense													-
Taxes													-
Other:													-
Other:													-
Total Expenses	-	-	_	-	-	-	-	_	-	-	-	-	_
Net Profit	-	-	-	-	-	_	-		-	_		-	_



Assumptions to Projections

Business Name

Please use this page include the specific re COGS, Expenses and	asons as to why	_	_		_	
For Motels please also	complete the follo	wing:				
Period	d					
Current:	ADR	\$	Occupancy	%	Expenses	%
*Projected:	ADR	\$	Occupancy	%	Expenses	%
* Please be sure to expl	ain any increase	or decreas	e in ADR, Occupancy ar	nd Expens	es below.	
Explanations:						



BUSINESS DEBT SCHEDULE

COMPANY NAME:	COMPANY NAME: DATE: *								
INDEBTEDNESS: Furnish the following information on all installment debts, contracts, notes and mortgages payable. Indicate by an asterisk (*) i paying same (present balance should agree with latest balance sheet submitted). Do not include accounts payable or accrued liabilities.									
CREDITOR Name/Address	ORIGINAL DATE	ORIGINAL AMOUNT	PRESENT BALANCE	INTEREST RATE	MONTHLY PAYMENT	MATURITY DATE			
Т	OTAL PRESEN	IT BALANCE **	\$0						
* Date should be the same as interim Financial Statement									
Signature			Date	1					

items to be paid by loan proceeds and reason for

COLLATERAL / SECURITY

rim balance sheet



HISTORY OF BUSINESS

Company Name	
oonpany namo	Use separate attachments to answer questions if necessary.
NATURE OF BUSINESS	WHEN AND HOW WAS BUSINESS ESTABLISHED?
TYPE OF PROD	UCTS / SERVICES
CUSTOMS	ER PROFILE
COSTOMI	THE THE PARTY OF T
LIST KEY CUSTOMERS	LIST MAJOR COMPETITORS
EIST RET COSTOMERS	LIST MASOR COMITETITORS
MAJOR SUPPLIERS	GEOGRAPHICAL SALES AREA
MAJOR PAST ACCOMPLISHMENTS	FUTURE PLANS FOR GROWTH / EXPANSION
HOW WILL THIS LOAN B	ENEFIT YOUR COMPANY?
WILL THE FUNDING OF THIS LOAN CREATE NEW EMPLOYMENT OPPORTU	NITIES? IF YES, STATE HOW:

Commercial Funding, Inc.	_	PERSONAL	FINANCI	AL STA	TEMENT		
Where Innovation + Determination - Capitalization AS O	f						
Complete this form for: (1) each proprietor, or (2) each li or entity providing a guaranty on the loan.	imited partner who owns	s 20% or more interest an	d each general pa	artner, or (3) ea	ach stockholder owning 20	% or more of voting stock, or (4)) any person
Name(s)						Business Phone	
Residence Address						Residence Phone	
City				State		ZIP	
Business Name of Applicant/Borrower							
ASSETS					LIABILITI	FÇ	
Cash on hands & in Banks			Installment Ad Installment Ad Installment Ad Installment Ad Loan on Life I Mortgages on Unpaid Taxes Other Liabilitie	e to Banks and (Describe in S count (Auto) Mo. Payments count (Other). Mo. Payments nsurance Real Estate (Describe in S (Describe in S s) (Describe in S	Section 4)	\$\$ \$\$ \$\$ \$\$	
Section 1. Source of Income			Contingen	t Liabilities			
Salary	S		As Endorser of Legal Claims Provision for I	or Co-Maker & Judgments Federal Income	e Tax	\$ \$	
* Alimony or child support need not be disclosed	in "Other Income" un	less it is desired to ha	ve such payme	nts counted t	oward total income.		
Section 2. Notes Payable to Banks and Otl	ners. (Use attachments if	necessary. Each attachmen	t must be identified a	as a part of this s	statement and signed.)		
Name and Address of Noteholder(s)	Original Balance or Credit Limit	Curren Balance		Payment Amount	Frequency (monthly, etc.)	How Secured or Endo Type of Collatera	
					,		
	1			1	l	İ	

Section 3. S	tocks and Bonds. (Us	se attachments if necessary. Each	attachment must	be identified as a par	t of this statement and sign	ed).
Number of		es of Securities		Market Value	Date of	
Shares			Cost	Quotation/Exchange	Quotation/Exchange	Total Value
						-
						\$ -
						-
						-
Section 4. R	eal Estate Owned.	(List each parcel separately. Us statement and signed.)	se attachments if r	necessary. Each attac	chment must be identified as	a part of this
		Property A	Pro	pperty B	Property C	Property D
Type of Property Address	у					
Addiess						
Percent Interest	in property					
Date Purchased	l					
Original Cost (x	% interest)					
Present Mkt Val	ue (x % interest)					
Name & Addres of Mortgage Hol						
Mortgage Accou	unt Number					
	ce (x % interest)					
Amt of Pmt./Mo.	· · · · · · · · · · · · · · · · · · ·					
	Mo. (if applicable)					
Status of Mortga	, ,,					
		rty and Other Assets.	(Describe and if	any is pladged as see	urity, state name and addre	ss of lian holder
00011011 0. 0	anor rersonar repo	Try und Othor 7155015.			if delinquent, describe deline	
Section 6. U	Inpaid Taxes. (Describ	e in detail as to type, to whom pay	able, when due, a	amount and to what pr	roperty, if any, a tax lien atta	ches).
Section 7. O	ther Liabilities. (Des	cribe in detail).				
	(===					
Section 8. Li	<u>ife Insurance Held.</u> <u>Company</u>	(Give face amount and cash surre Face Amount		<u>cies - name of insuran</u> sh Valu <u>e</u>		es). neficiary
						
statements cont	ained in the attachments a	es as necessary to verify the accurate true and accurate as of the state as result in forfeiture of benefits a	ted date(s). These	e statements are mad	e for the purpose of either o	btaining a loan or guaranteeing
Signature:			Date:		Social Security No.	:
_					•	
Signature:			Date:		Social Security No.	



Commercial Funding, Inc. Where Innovation + Determination - Capitalization Personal Budget / Cash Flow Statement							
Name(s):							
Please provide the following information regrading sources and uses of cash durin calendar year and your projections for the current year. If a cash flow deficits e explain how the existing or requested debt will be serviced.							
Sources of Cash (Annual)	Prior Year Actual 2006	Current Year Estimate 2007					
Salary / Draw from Subject Business Salaries, Commissions, Bonuses, or any other income from outside employment (NET)	\$	\$					
3. Rents received (Gross)	\$	\$					
4. Dividends	\$	\$					
5. Interest Income (recurring)	\$	\$					
6. Sale of Assets	\$	\$					
7. Royalties	\$	\$					
8. Distributions from Estates and Taxes	\$	\$					
Cash Distributions from business Partnerships or joint ventures	\$	\$					
10. Income Tax refund	\$	\$					
11. Other sources of cash (explain below)	\$	\$					
TOTAL CASH RECEIVED	\$ \$0	\$ \$0					
Use of Cash (Annual)	Prior Year Actual	Current Year Estimate					
Residence Rent or Mortgage (Principal & Interest)	\$	\$					
Rental Mortgage(s) (Principal & Interest)	\$	\$					
3. Rental - Other (Cash Expenses)	\$	\$					
4. Auto Loans	\$	\$					
5. Installment Debt	\$	\$					
Credit Card/Revolving Debt	\$	\$					
Personal Expenses (rent, food, utilities, phone, clothing, medical,							
7. child care, etc.)	\$	\$					
8. Income Taxes not covered by withholding	\$	\$					
9. Miscellaneous (10% of income)	\$	\$					
10. Other Uses of Cash TOTAL CASH OUTLAYS	\$ \$ \$0	\$ \$ \$0					
CASH FLOW SURPLUS (DEFICIT)	\$ \$0	\$ \$0					
FOOTNOTES:							
This Cash Flow Statement is a part of my financial statement: APPLICANT'S SIGNATURE		DATE					



MANAGEMENT RESUME

(COPY AS NEEDED FOR ALL PRINCIPALS AND MANAGEMENT)

Complete all sections using full first, middle and maiden names --- no initials. If an item is not applicable, please indicate. Duplicate form as needed. You may include additional relevant information on a separate sheet.

		DE	RSONAL II	NEODMAT	ION				
First Name	Middle Name		KSUNAL II	Maiden Nam			Loot Name		
First Name	ivildale Name			Maiden Nan	le		Last Name		
Social Security Number	Date of	of Birth	Place of Birth			US Citizen?			
							If no, give alien reg. #		
Residence Phone (with area code)	Residence Phone (with area code)			Business Phone (with area code)					
Residence Address			City			State	Zip		How Long?
Previous Address			City			State	Zip		How Long?
Spouse's Name	Spouse's Middle Name			Spouse's Maiden Name			Spouse's Last Name		
	opouse s ivilidate rivante			opouse e maiden riaine					
Spouse's Social Security Number	Spouse's Date	Spouse's Date of Birth		Spouse's Place of Birth		Is Spouse a US Citizen?			
						If no, give alie			
Are You Employed by the U.S. Governme	ent?	If Yes What	Agency/Positio	n		ii no, givo and			
7 to 100 Employed by the e.e. Governme		ii 100, What	rigorioy/r conto	***					
Have you ever been convicted, charged w	vith or arrested	for any crimina	al offense other	r than a minor	motor vehicle v	violation?			
Have you or any officers of your company	ever been invo	olved in bankrı	intov or insolve	ency proceedi	nas?				
Thave you or any omocre or your company	Over been inve	nvoa in bankie	aptoy of moore	noy proceedii	190.				
Are you or your business involved in any p	pending lawsuit	s?							
If you answered Yes to any of the abov	e, please furni	sh details in	a separate exi	hibit.					
			EDUC	ATION					
College or Technical Training			1			1		T	
Institution Name and Location						Ma	lajor Degree or Certificate		
			From/To						
		MILITA	ARY SERVI	CE BACKO	ROUND				
Branch		From	02	То			Honorable Dis	scharge?	
Rank at Discharge		Major Assign	ment / Accomp	olishment			ı		
		1							
WORK EXPERIENCE (List chr			onological From	ly, beginn	ing with pr	esent emp	Title		
1) Company Name / Location		FIOIII		10		Tide			
Duties									
Datios									
2) Company Name / Location			From		То		Title		
2) Company Name / Location			From		То		Title		
2) Company Name / Location Duties			From		То		Title		
			From		То		Title		
			From		То		Title		
Duties									
Duties									



MANAGEMENT RESUME

varion + Determination - Capitalization
(COPY AS NEEDED FOR ALL PRINCIPALS AND MANAGEMENT)

Complete all sections using full first, middle and maiden names --- no initials. If an item is not applicable, please indicate. Duplicate form as needed. You may include additional relevant information on a separate sheet.

		PE	RSONAL I	NFORMATION						
irst Name Middle Name				Maiden Name		Last Name				
			_							
Social Security Number	Date of Birth		Place of Birth	1		US Citizen?				
						If no, give alie	en reg. #			
Residence Phone (with area code)	•			Business Phone (w	vith area o	code)				
Residence Address			City			State	Zip		How Long?	
Previous Address					State					
			City				Zip		How Long?	
Spouse's Name Spouse's Middle Name			Spouse's Mai		iden Name		Spouse's Last Name			
Spouse's Social Security Number	Spouse's Date of Birth		Spouse's Pla	Le of Birth		Is Spouse a l	US Citizen?			
						If no. give alie	o, give alien reg. #			
Are You Employed by the U.S. Governme	ent?	If Yes, What	Agency/Position	on		3,3				
			J,.							
Have you ever been convicted, charged w	vith or arrested	for any crimin	al offense othe	r than a minor motor	vehicle v	violation?				
House you are only officers of your company	over been inve	hed in bonke	into cor inachia	nov propositions?						
Have you or any officers of your company	ever been invo	olved in bankn	upicy of insolve	ency proceedings?						
Are you or your business involved in any	pending lawsuit	s?								
If you answered Yes to any of the abov	e, please furni	sh details in	a separate ex	hibit.						
			EDUC	ATION						
College or Technical Training										
Institution Name and	Dates Attended Ma				ajor Degree or Certificate					
				From/To						
		841117	4 D) / CED) //	I OF BACKOBOL	INID					
Branch	Branch F			To	טאנ		Honorable Discharge?			
Branch From						· ·				
Rank at Discharge		Major Assign	ment / Accomp	plishment						
Traini at 2.00.1a.gc		major 7 toolgi								
WORK E	XPERIENC	E (List chr	onological	ly, beginning v	with pr	esent emp	oloyment)			
1) Company Name / Location			From	То			Title			
Duties			•	•			•			
2) Company Name / Location			From	То	То		Title			
Duties				l						
3) Company Name / Location		From	То	То		Title				
Duties			1	I			L			