## **BUSINESS LOAN APPLICATION**

Each owner, shareholder, partner or member owning 20 percent or more interest in the business must sign a personal guaranty. A minimum of 1 guarantor is required regardless of percent ownership. Additional guarantees may be required.

ownership. Additional guarantees may be required.				BNA Fax (888) 835-364	40				
LOA	N REQ	UEST							
Loan Amount: Amount Requested: \$ Term:		Equipme	an s Line of Cre		ness				
Additional Information: This request is to: Control Refinance existing debt Control Buy-out partner(s) Control Acquire Real Estate Control Other (describe):		☐ Manage seasonal cash flow shortages ☐ Letter of credit needs				Purchase existing business Refinance commercial real estate			
LOAN PURP	OSE &	COLL	ATERA	L					
What are loan proceeds going to be used for:									
Collateral Available*:									
*Loans may be secured by all business assets unless specific assets, acceptable to the capital provider, are pledged. Please describe fully any such specific assets that you wish to use as collateral. Please note which assets, if any are pledged as collateral for other loans. Please note location of collateral if different than your business location.									
BUSINESS INFORMATION									
Business Legal Name (exact legal name)	Business Legal Name (exact legal name) DBA (if applicable)								
Taxpayer ID Number     Year Business Began Operation     Years Operation	f Current Owr	nership	Years owners have been in Annual Sales this line of business \$						
Business Type:   INDIVIDUAL   PARTNERSHIP     Sole Proprietorship   General Partners     Individual   Limited Partners     Limited Liability I	hip	CORPORATION OTHER   p Sub-S Corporation Nonprofit Organization   p C-Corporation Professional Association							
Description of Business or Service									
Primary Contact Name Business Phone Business Fax									
BUSINESS PHYSICAL LOCATION (cannot be a P.O. box):									
Street Address	City				State Z	ip			
BUSINESS MAILING ADDRESS (if different from above): Street Address	City				State Z	ip			
FINANCI	AL INFO	ORMAT	ION						
Business Deposit Accounts									
Financial Institution Account Type	Current	Balance	Average	Balance	Would you like to mo	ould you like to move the deposit account?			
	\$		\$						
	\$ \$		\$ \$			☐ Yes ☐ Yes			
Business Debts (List all business debts, including accounts and	•	nclude an	*	outstand					
Payable to: Type of Account (Revolving,		Balance			Payment	Pay off with proceeds?			
		\$			per	□ Yes			
		\$			per	□ Yes			
		\$			per	☐ Yes			
RELATED		\$	SUES		per	Yes			
(If Yes, please explain on separate sheet)	Doom								
Has the Business Applicant ever declared bankruptcy? Has any Principal, Guarantor or Co-applicant ever declared bankruptcy? Is the Business Applicant liable as guarantor or endorser on an existing or outstand Is any Principal, Guarantor or Co-applicant liable as guarantor or endorser on an el Is the Business Applicant or any Principal, Guarantor or Co-Applicant a party to an Is the Business already pledging any assets for a loan or lease? Is the Business Applicant or any Principal, Guarantor or Co-applicant currently pas Are there any tax liens filed against the Business Applicant, or any Principal, Guar <b>Does Business Applicant own or lease occupied building?</b> Own Leas If leased, name of lessor: Years remaining on lease:	xisting or out: by legal claim at due on any antor or Co-a <b>ase</b>	or lawsuit? taxes? upplicant?	in?		No     If yes, Date of oc       No     If yes, Date of oc	currence:			
Monthly lease payments, if applicable: \$	Page 1								

Page 1

## **BUSINESS LOAN APPLICATION - Continued**

110 Wall St, New York NY 10005 Fax (888) 835-3640

				MATION	
List all owners of the	company				
Name	Social Security #	Title	Percent Ownership	Number of Years in This Line of Business	Payment
Principal, Guarantor,	or Co-applicant informatio	n			
Name		Position		Soc	al Security Number
Address					
Home Phone	Cell Phone		Business Phone	Email	
Name		Position		Soc	al Security Number
Address					
Home Phone	Cell Phone		Business Phone	Email	
Name		Position		Soc	al Security Number
Address					
Home Phone	Cell Phone		Business Phone	Email	
Name		Position		Soc	al Security Number
Address					
Home Phone	Cell Phone		Business Phone	Email	
REQUIRED SIGNERS: All signers	plicant and each person or entity signing SNA) and assigns to: obtain credit and en- te in connection with this application eaus, other Signers or other persons wi ount information as required by law. Eac TS (BNA) as exclusive advisor to transactic must also be duly authorized to sign on GNER ACKNOWLEDGES THAT BLUE I STATEMENTS AND INFORMATION MAN INDERSIGNED HEREBY AGREES TO N INDERSIGNED HEREBY AGREES TO N INDERSIGNED HEREBY AGREES TO N	behalf of applicant.			
X		ION, INCLUDING ANY ADD	ENDUM, AND REPRESENTS		TINFORMATION. EACH MATION CONTAINED HEREIN IS TRUE
Signature				i4.	
X	Print N			itle	TINFORMATION, EACH MATION CONTAINED HEREIN IS TRUE
		lame	т		Date
∧ Signature	Print N Print N	lame	т	itle	
		lame	т		Date
Signature		lame lame	т		Date
Signature X Signature	Print N	lame lame	т	itle	Date Date
Signature X	Print N	lame lame lame	т т	itle	Date Date