Oregon Business Development Corporation

SBA 504 Small Business Expansion Loans

2363 SW Glacier Place
Redmond, OR 97756
541.548.9538
OregonBusinessDevelopment.org

SBA 504 Loan Application

Company Information

Company Name ______________________________

Address ______________ City ______________ State ______ Zip ________

Contact person ______________ Phone ______________ Fax ______________

E-Mail address ______________________________

Type of business ______________________________ Date Established ________

Type of entity (check one): ☐ Proprietorship ☐ Partnership ☐ LLC ☐ Corporation

Company Ownership

If a corporation, please indicate who is President and who is Secretary

Name ______________ Title ______________ Ownership % ________

Name ______________ Title ______________ Ownership % ________

Name ______________ Title ______________ Ownership % ________

Name ______________ Title ______________ Ownership % ________

Name ______________ Title ______________ Ownership % ________

Affiliate Business

If applicable, another business owned 20% or more by any of the applicants

Business Name ______________ Owner ______________ Ownership % ________

Business Name ______________ Owner ______________ Ownership % ________

References

Loan Officer ______________ Bank ______________ Phone ______________

Accountant ______________ Firm ______________ Phone ______________

Attorney ______________ Firm ______________ Phone ______________

Realtor ______________ Firm ______________ Phone ______________

Other ______________ Firm ______________ Phone ______________

Project Information

Please call if you have questions

Purchase land & building ………	$ ______________	Architect, engineer, etc …………	$ ______________
Purchase land …………………..	$ ______________	Permits & SDCs ……….……….	$ ______________
New construction ……………….	$ ______________	Interim interest …………………	$ ______________
Construction contingency ……….	$ ______________	Other costs ………………………	$ ______________
Equipment ……………..………..	$ ______________	Other costs …………..…....…….	$ ______________
Furniture & fixtures ……………..	$ ______________	**TOTAL PROJECT** ………………	$ ______________

Proposed Down Payment

Please call if you have questions

Total project cost from above ……………………………..……………………………………… $ ______________

Down payment (Source ______________________________) ………………………………….. $ ______________

Other financing (Source ______________________________) ………………………………….. $ ______________

LOAN REQUEST …………………………………………………………………………………….. $ ______________

Checklist

Check if attached or N/A if not applicable

Completed Loan Application	_______	**Personal information (for all 20% or more owners)**	
Equal Credit Stmt (keep for your records)	_______	Current financial statement (form attached)	_______
Form 4506-T Tax Transcript Request	_______	Personal tax returns for last 3 years	_______
Loan Application Agreement	_______	Management resume (form attached)	_______
Business tax returns for last 3 years	_______	Stmt of Personal History (form attached)	_______
Interim income statement within 60 days	_______	Other Government Debt (form attached)	_______
Interim balance sheet for same date	_______	**Affiliate businesses**	
Debt schedule (form attached)	_______	Business tax returns for last 2 years	_______
Summary aging of A/R and A/P	_______	Interim financial statement within 60 days	_______

Information for start-up businesses		**Information for business acquisitions**	
Business plan	_______	Purchase agreement (if available)	_______
Income stmt projection (form attached)	_______	Income stmt projection (form attached)	_______
List of key financial assumptions	_______	List of financial assumptions/changes	_______

Other required information (as applicable)

Construction estimate/equip bids	_______	Corp, LLC, Assumed Name documents	_______

Employees

Number of current FTE employees ________ Number of employees two years after project completion ________

Type of new jobs to be created due to project ____

____

Key Employee Name	Title	Responsibilities	Years with Co	Years in Industry

Business Profile

Or separate business summary can be attached

How will this project and loan help your business? ______________________________________

____

____

What product does the business make or what service does it provide? ______________________

____

____

Who are your customers, what are your primary markets? ____________________________

____

____

Who is the competition (please be specific)? ______________________________________

____

____

____

What is your market niche and competitive advantage? ______________________________

____

____

____

Explain any unusual market or competitive risks. __________________________________

____

____

List and explain key suppliers. ____________________

____

____

What is your business strategy? Explain any new products or new markets. ____________________

____

____

____

What is your outlook concerning your business? ____________________

____

____

Describe management experience. ____________________

____

____

Please add any other information to explain your business or the project, including past accomplishments. __________

____

____

Who runs the day-to-day operation? ____________________

____

Who are the decision-makers and who are the successors? ____________________

____

Describe any pending lawsuits (attach any pertinent documentation). ____________________

____

Certification/Authorization

I/We certify that the information provided in this application is true and correct. I/We hereby authorize the release of any and all credit report and other information required in the processing of my/our loan application and as required for servicing during the term of the loan. I/We further authorize Oregon Business Development Corporation to release such information to any entity as required in the processing of the loan application. I/We hereby certify that the enclosed information, including any attachments or exhibits provided now or at a later date, is valid and correct to the best of my/our knowledge. Also, I/we acknowledge receipt of the Statements regarding Identification and Equal Credit Opportunity Act.

Signature of applicant ____________________ Date ____________

Signature of applicant ____________________ Date ____________

Signature of applicant ____________________ Date ____________

Signature of applicant ____________________ Date ____________

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NOTICES

IDENTIFICATION PROCEDURES STATEMENT

Federal law requires all Certified Development Companies to obtain, verify, and record information that identifies each person who applies for an SBA 504 Loan.

What this means to you: When you apply for an SBA 504 Loan, we will ask for your name, address, date of birth, and other information (such as your driver's license number, date the license was issued, and the license expiration date) that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

EQUAL CREDIT OPPORTUNITY ACT STATEMENT

The Federal Equal Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, martial status, or age (provided that the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The Federal agency that administers compliance with this law is the Federal Trade Commission, Equal Credit Opportunity, Washington, DC 20580.

Applicant: Retain for your records

Business Debt Schedule

Include the following information on all installments debts, notes, contracts, and mortgages. **Current balance must match the current balance sheet**. Include all capital leases shown on the balance sheet (if any). Do not include accounts receivable and accounts payable.

If you have non-capital equipment leases not on the balance sheet, please include them on a separate debt schedule.

Name of Creditor	Original Amount	Original Date	Current Balance	Interest Rate	Maturity Date	Monthly Payment	Collateral	Loan is Current?
		Total Present Balance			Total Monthly Payment			

OMB APPROVAL NO. 3245-0188
EXPIRATION DATE:11/30/2004

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 (Describe in Section 2)	$
IRA or Other Retirement Account	$	Installment Account (Auto)	$
Accounts & Notes Receivable	$	Mo. Payments $	
Life Insurance-Cash Surrender Value Only (Complete Section 8)	$	Installment Account (Other)	$
Stocks and Bonds (Describe in Section 3)	$	Mo. Payments $	
Real Estate (Describe in Section 4)	$	Loan on Life Insurance	$
Automobile-Present Value	$	Mortgages on Real Estate (Describe in Section 4)	$
Other Personal Property (Describe in Section 5)	$	Unpaid Taxes (Describe in Section 6)	$
Other Assets (Describe in Section 5)	$	Other Liabilities (Describe in Section 7)	$
		Total Liabilities	$
		Net Worth	$
Total	$	**Total**	$

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

Federal Recycling Program Printed on Recycled Paper

(tumble)

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.**

Personal Resume Form

For each owner of 20% or more of the business and/or key managers

General Information

Name ______________________________

Home address ______________________ City, State, ZIP ______________________

Residence phone ______________________ Business phone ______________________

College

Include technical training

School ______________________ Dates attended ______________________

Major ______________________ Degree ______________________

School ______________________ Dates attended ______________________

Major ______________________ Degree ______________________

School ______________________ Dates attended ______________________

Major ______________________ Degree ______________________

Work Experience

Begin with present employment

Employer/Address ______________________________

From ____________ To ____________ Title ______________________

Responsibilities ______________________________

Employer/Address ______________________________

From ____________ To ____________ Title ______________________

Responsibilities ______________________________

Employer/Address ______________________________

From ____________ To ____________ Title ______________________

Responsibilities ______________________________

Employer/Address ______________________________

From ____________ To ____________ Title ______________________

Responsibilities ______________________________

Military Service

Branch ______________________ From ______________________ To ______________________

Honorable Discharge? ____________ Rank at Discharge ______________________

Major assignment/accomplishment ______________________________

OMB APPROVAL NO.3245-0178
Expiration Date: 2/28/2013

United States of America

SMALL BUSINESS ADMINISTRATION

STATEMENT OF PERSONAL HISTORY

Please Read Carefully: SBA uses Form 912 as one part of its assessment of program eligibility. Please reference SBA Regulations and Standard Operating Procedures if you have any questions about who must submit this form and where to submit it. For further information, please call SBA's Answer Desk at 1-800-U-ASK-SBA (1-800-827-5722), or check SBA's website at www.sba.gov.

Name and Address of Applicant (Firm Name)(Street, City, State, and ZIP Code)

SBA District/Disaster Area Office

Amount Applied for (when applicable)

File No. (if known)

1. Personal Statement of: (State name in full, if no middle name, state (NMN), or if initial only, indicate initial.) List all former names used, and dates each name was used. Use separate sheet if necessary.

First Middle Last

2. Give the percentage of ownership or stock owned or to be owned in the small business or the development company

Social Security No.

3. Date of Birth (Month, day, and year)

4. Place of Birth: (City & State or Foreign Country)

Name and Address of participating lender or surety co. (when applicable and known)

5. U.S. Citizen? ☐ YES ☐ NO **INITIALS:** ______

If No, are you a Lawful Permanent resident alien: ☐ YES ☐ NO

If non- U.S. citizen provide alien registration number: ______

6. Present residence address:

From:

To:

Address:

Home Telephone No. (Include Area Code):

Business Telephone No. (Include Area Code):

Most recent prior address (omit if over 10 years ago):

From:

To:

Address:

PLEASE SEE REVERSE SIDE FOR EXPLANATION REGARDING DISCLOSURE OF INFORMATION AND THE USES OF SUCH INFORMATION.

YOU MUST INITIAL YOUR RESPONSES TO QUESTIONS 5,7,8 AND 9.

IF YOU ANSWER "YES" TO 7, 8, OR 9, FURNISH DETAILS ON A SEPARATE SHEET. INCLUDE DATES, LOCATION, FINES, SENTENCES, WHETHER MISDEMEANOR OR FELONY, DATES OF PAROLE/PROBATION, UNPAID FINES OR PENALTIES, NAME(S) UNDER WHICH CHARGED, AND ANY OTHER PERTINENT INFORMATION. AN ARREST OR CONVICTION RECORD WILL NOT NECESSARILY DISQUALIFY YOU; HOWEVER, UNTRUTHFUL ANSWER WILL CAUSE YOUR APPLICATION TO BE DENIED AND SUBJECT YOU TO OTHER PENALTIES AS NOTED BELOW.

7. Are you presently under indictment, on parole or probation? **INITIALS:** ______

☐ Yes ☐ No (If yes, indicate date parole or probation is to expire.)

8. Have you ever been charged with, and/or arrested for, any criminal offense other than a minor motor 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.)

☐ Yes ☐ No **INITIALS:** ______

9. 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?

☐ Yes ☐ No **INITIALS:** ______

10. I authorize the Small Business Administration Office of Inspector General to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for programs authorized by the Small Business Act, and the Small Business Investment Act.

CAUTION - PENALTIES FOR FALSE STATEMENTS: Knowingly making a false statement on this form is a violation of Federal law and could result in criminal prosecution, significant civil penalties, and a denial of your loan, surety bond, or other program participation. A false statement is punishable under 18 USC 1001 and 3571 by imprisonment of not more than five years and/or a fine of up to $250,000; under 15 USC 645 by imprisonment of not more than two years and/or a fine of not more than $5,000; and, if submitted to a Federally insured institution, under 18 USC 1014 by imprisonment of not more than thirty years and/or a fine of not more than $1,000,000.

Signature	Title	Date

Agency Use Only

11. ☐ Fingerprints Waived — Date / Approving Authority

☐ Fingerprints Required — Date / Approving Authority

Date Sent to OIG ______

12. ☐ Cleared for Processing — Date / Approving Authority

13. ☐ Request a Character Evaluation — Date / Approving Authority

(Required whenever 7, 8 or 9 are answered "yes" even if cleared for processing.)

PLEASE NOTE: The estimated burden for completing this form is 15 minutes per response. You are not required to respond to any collection of information unless it displays a currently valid OMB approval number. Comments on the burden should be sent to U.S. Small Business Administration, Chief, AIB, 409 3rd St., S.W.,Washington D.C. 20416 and Desk Officer for the Small Business Administration, Office of Management and Budget, New Executive Office Building, Room 10202, Washington, D.C. 20503. OMB Approval 3245-0178. **PLEASE DO NOT SEND FORMS TO OMB.**

Form **4506-T**

(Rev. January 2010)

Department of the Treasury
Internal Revenue Service

Request for Transcript of Tax Return

▶ **Request may be rejected if the form is incomplete or illegible.**

SBA

OMB No. 1545-1872

Tip. Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can also call 1-800-829-1040 to order a transcript. If you need a copy of your return, use **Form 4506, Request for Copy of Tax Return.** There is a fee to get a copy of your return.

1a Name shown on tax return. If a joint return, enter the name shown first.	**1b First social security number on tax return or employer identification number (see instructions)**
2a If a joint return, enter spouse's name shown on tax return.	**2b Second social security number if joint tax return**

3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code

4 Previous address shown on the last return filed if different from line 3

5 If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax information.

Oregon Business Development Corporation 541-548-9538 Phone IVES ID macduck49 Participant # 0000300980
2363 SW Glacier Place, Redmond, OR 97756 541-504-3302 Fax

Caution. *If the transcript is being mailed to a third party, ensure that you have filled in line 6 and line 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy.*

6 **Transcript requested.** Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▶ ____________

a **Return Transcript,** which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120A, Form 1120H, Form 1120L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days . . . . ☐

b **Account Transcript,** which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 30 calendar days. . ☐

c **Record of Account,** which is a combination of line item information and later adjustments to the account. Available for current year and 3 prior tax years. Most requests will be processed within 30 calendar days . . . . ☐

7 **Verification of Nonfiling,** which is proof from the IRS that you **did not** file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days . . ☐

8 **Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.** The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2007, filed in 2008, will not be available from the IRS until 2009. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 45 days . . . ☐

Caution. *If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.*

9 **Year or period requested.** Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.

____________ ____________ ____________ ____________

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, **either** husband or wife must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note.** *For transcripts being sent to a third party, this form must be received within 120 days of signature date.*

Telephone number of taxpayer on line 1a or 2a

Sign Here

Signature (see instructions) Date

Title (if line 1a above is a corporation, partnership, estate, or trust)

Spouse's signature Date

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I certify that I am not delinquent on any federal debt and that the list below is a complete list of my previous federal debts (includes SBA loans, federal student loans, disaster loans, etc).

Agency	Borrower's Name	Amount	Loan Date	Balance	Status	Loss to gov't

Borrower Signature ______________________ Date ______________

I certify that I am not delinquent on any federal debt and that the list below is a complete list of my previous federal debts (includes SBA loans, federal student loans, disaster loans, etc).

Agency	Borrower's Name	Amount	Loan Date	Balance	Status	Loss to gov't

Borrower Signature ______________________ Date ______________

Oregon Business Development Corporation
SBA 504 Small Business Expansion Loans

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Loan Application Agreement

Oregon Business Development Corporation, an SBA Certified Development Company, is hereinafter referred to as "CDC." The loan applicant, including all individuals, partners, partnerships, corporations, limited liability companies, and other affiliated entities, is hereinafter referred to collectively as "Applicant."

1. Loan Application.

Applicant agrees to promptly and accurately supply all information requested in the loan application. However, additional information beyond that listed in the loan application may also be required by CDC, depending upon project circumstances. Applicant understands and agrees that a loan cannot be considered if Applicant does not provide CDC with all requested information.

2. Project Financing.

CDC will seek financing for Applicant if it determines, in its sole discretion, that Applicant's project is within CDC's eligibility criteria, the project is likely to be approved by the appropriate governing body(s), and other elements of the complete project can also be financed.

3. No CDC Liability.

Project financing is dependent upon many factors which CDC cannot control. Accordingly, CDC does not promise that Applicant will obtain a loan. Applicant agrees that CDC shall not be responsible in any manner or liable to the Applicant or any other person in the event that financial assistance is not obtained from CDC or from any private or public financing sources.

Applicant further agrees that it will hold CDC harmless and pay all costs and expenses, including attorney's fees, in the event any claim is made or lawsuit is filed by or against CDC concerning any transaction with, or assistance to, Applicant.

4. Loan Fees.

If a loan is approved, Applicant agrees to pay CDC a Loan Processing Fee equal to one and one-half percent (1.5%) of the loan amount, due at loan closing (loan fee may be included in the loan proceeds). If a loan is approved and Applicant does not accept the loan, Applicant agrees to pay CDC a Loan Fee equal to one percent (1.0%) of the loan amount, due immediately. If a loan is approved and Applicant does not accept the loan, Applicant also agrees to pay CDC for all other costs billed to CDC in connection with the loan approval (lien searches, title reports, credit reports, etc.).

Applicant agrees to pay all costs of closing the loan (which may be included in the loan proceeds), including but not limited to title insurance, recording fees, credit report fees, lien search fees, package delivery charges, and CDC's pass-through legal fees.

Applicant agrees to pay closing costs for the SBA debenture (closing costs may be included in the loan proceeds). These closing costs, in addition to the Loan Processing Fee and other closing costs noted

To the extent permitted by rules and procedures, Applicant will pay CDC's reasonable attorney's fees and expenses for work performed in enforcing this and other agreements between the parties and modifying, amending, or transferring the terms, conditions, or interests connected with the loan and security therefore.

5. Business and Credit Information.

Applicant agrees that CDC may receive confidential business, financial, and credit information about Applicant from financial institutions, credit reporting agencies, or other sources. CDC agrees that all confidential information received will be held in confidence and not divulged to persons or agencies other than prospective lenders or guarantors, Applicant's attorney and accountant, and other persons designated by Applicant.

6. Change of Circumstances.

Applicant agrees to notify CDC immediately in writing of any materially adverse change in Applicant's financial or other condition since the date of application. The absence of such notification shall be considered a continuing statement that no such adverse change has occurred.

7. Publicity.

Notwithstanding the provisions above, Applicant agrees to allow CDC to disclose the following information upon loan approval: business name, general project description, project address, loan amount, total project amount, other project financing, and the number of jobs expected to be created or retained as a result of the project. Applicant also agrees to allow CDC to photograph the Applicant's business for use in general publicity materials.

☐ Check here if you do not want your business used for CDC publicity materials.

By signing below, you acknowledge that you have read and understood, and agree to be bound by, each and every provision set forth herein. As used herein, "you" refers to each of the undersigned Applicants. The undersigned has/have the authority to bind all other Applicants, borrowers, and guarantors of the loan.

Printed name and title	Signature	Date
Printed name and title	Signature	Date
Printed name and title	Signature	Date
Printed name and title	Signature	Date

PROJECTED INCOME/EXPENSES

MONTH / YEAR													TOTAL	%
SALES														
COST OF SALES														
GROSS PROFIT														
EXPENSES														
ACCTING, LEGAL, PROFESSIONAL														
ADVERTISING EXPENSE														
AUTO & TRUCK EXPENSE														
BAD DEBT														
ENTERTAINMENT, TRAVEL														
EQUIPMENT RENTAL														
INSURANCE														
OFFICE EXPENSE														
OFFICER, OWNER SALARIES														
RENT, PROPERTY EXPENSE														
REPAIRS, MAINTENANCE														
SUPPLIES														
TAXES, LICENSES														
TELEPHONE, UTILITIES														
WAGES														
MISCELLANEOUS														
TOTAL EXPENSES														
NET OPERATING PROFIT														
OTHER INCOME <EXPENSES>														
PROFIT BEFORE TAXES														

SIGNATURE ______________________ DATE ____________