

SMALL BUSINESS DEVELOPMENT
CORPORATION OF ORANGE COUNTY

Entrepreneur Loan Fund
COMPANY INFORMATION

Company Name _____ Telephone () _____
Address _____ City _____ State _____ Zip _____
Type of Business _____ Date Established _____
Type of Entity Corporation Partnership Sole Proprietorship
Number of Employees Existing _____ After This Loan _____
Bank Name _____ Contact _____

COMPANY OWNERSHIP *List all officers, directors, partners, owners & co-owners, and all stockholders with 20% or more of total stock issued*

Name _____	Title _____	% of Ownership _____
Name _____	Title _____	% of Ownership _____
Name _____	Title _____	% of Ownership _____
Name _____	Title _____	% of Ownership _____

AFFILIATES *If applicable*

Business Name _____	Title _____	% of Ownership _____
Business Name _____	Title _____	% of Ownership _____
Business Name _____	Title _____	% of Ownership _____
Business Name _____	Title _____	% of Ownership _____

NATURE OF BUSINESS

DATE ESTABLISHED _____ DATE PURCHASED _____
TYPES OF PRODUCTS OR SERVICES _____

MAJOR CLIENTS *list the major clients of the business*

MAJOR SUPPLIERS *list your major materials suppliers and service providers*

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Loan Request

Equipment/machinery purchase	\$ _____
Start-Up and Ongoing Cost	\$ _____
Construction or repair of buildings, machinery and equipment, tenant improvements	\$ _____
Inventory purchase	\$ _____
Other	\$ _____
Acquisition or leasing of; real property, buildings, machinery	\$ _____
TOTAL AMOUNT REQUESTED	\$ _____

TYPE OF LOAN REQUEST

Term Loan

PURPOSE/BENEFIT FROM LOAN PROCEEDS

COLLATERAL *describe the type and value of collateral being offered to secured this application for guarantee*

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CREDIT REPORT AUTHORIZATION

I declare that the information provided in this application is true and correct. Additionally, I hereby authorize the release of any and all information required in the processing of my loan application. I further authorize SBFDC of Orange County to release such information to any entity as required in the processing of my loan application.

Signature N/A _____ Date _____

Spouse Signature N/A _____ Date _____

MANAGEMENT INFORMATION

Please fill in all spaces, use full first, middle and maiden names, no initials. If an item is not applicable, please indicate so. You may include additional relevant information on a separate exhibit. Sign and date where indicated.

Name _____ Social Security # _____

Date of Birth _____ Place of Birth _____

Residence Telephone () _____ Business Telephone () _____

Residence Address _____

Lived there from _____ To _____

Previous Address _____

Lived there from _____ To _____

Spouse's Name _____ Social Security # _____

Date of Birth _____ Place of Birth _____

Employer _____ Salary _____

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Are you a U.S. Citizen? Yes No If no, give Alien Registration number _____

Are you presently under indictment, on parole or probation? Yes No
If yes, furnish details in a separate exhibit. List name(s) under which held, if applicable.

Have you ever been charged with or convicted of any criminal offense other than a
misdemeanor involving a motor vehicle violation? Yes No
If yes, furnish details in a separate exhibit.

Are you involved in any lawsuit at this time? Yes No
If yes, furnish details in a separate exhibit.

Have you ever filed for personal or business Bankruptcy Protection? Yes No
If yes, furnish details in a separate exhibit.

Have you ever obtained previous government financing? Yes No
If yes, furnish details in a separate exhibit.

EDUCATION

College or Technical Training, Name & Location	Dates Attended From/To	Major	Degree or Certificate
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

MILITARY SERVICE BACKGROUND

Branch _____ From _____ To _____ Honorable Discharge? Yes No
Rank at Discharge _____

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WORK EXPERIENCE *(List chronologically, beginning with present employment)*

Company Name / Location _____

From _____ To _____ Title _____

Duties _____

Company Name / Location _____

From _____ To _____ Title _____

Duties _____

Company Name / Location _____

From _____ To _____ Title _____

Duties _____

Company Name / Location _____

From _____ To _____ Title _____

Duties _____

Company Name / Location _____

From _____ To _____ Title _____

Duties _____

HOW DID YOU HEAR ABOUT THIS PROGRAM? _____

Personal Financial Statement

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 owing 20% or more of voting stock and each corporate officer and director, or (4) any other person or entity providing a guaranty of the loan.

Name	Business Phone:
Residence Address	Residence Phone:
City, State, & Zip Code	

Business Name of Applicant/Borrower:

ASSETS	LIABILITIES
Cash on hand and in Banks	Accounts Payable
Savings Accounts	Notes Payable to Banks and Others
IRA or Other Retirement Account	(Describe in Section 2)
Accounts & Notes Receivable	Installment Account (Auto)
Life Insurance – Cash Surrender Value Only	Mo. Payments
(Complete Section 8)	Installment Account (Other).....
Stocks & Bonds	Mo. Payments
(Describe in Section 3)	Loan on Life Insurance
Real Estate	Mortgages on Real Estate
(Describe in Section 4)	(Describe in Section 4)
Automobile – Present Value	Unpaid Taxes
Other Personal Property	(Describe in Section 6)
(Describe in Section 5)	Other Liabilities
Other Assets.....	(Describe in Section 7)
(Describe in Section 5)	Total Liabilities.....
Total	Net Worth
	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 & Address of Note holder(s)	Original Balance	Current Balance	Payment Amount	Frequency (Monthly, etc.)	How Secured or Endorsed Type of Collateral

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 attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

	Property A	Property B	Property C	Property D
Type of Property				
Name & Address of Title Holder				
Date Purchased				
Original Cost				
Present Market Value				
Name & Address of Mortgage Holder				
Mortgage Account Number				
Mortgage Balance				
Amount of Payment per Monty/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.)

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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.)		
<p>I authorize 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)</p>		
Signature:	Date:	Social Security Number:
Signature:	Date:	Social Security Number:

PLEASE LIST ALL EXISTING BUSINESS DEBTS

DEBT SCHEDULE

CREDITOR NAME/ADDRESS	Original Amount	Original Date	Present Date	Present Balance	Interest Rate	Maturity Date	Monthly Payment	Security	Current or Delinquent
				TOTAL PRESENT BALANCE		TOTAL MONTHLY PAYMENT			

**SHOULD BE THE SAME DATE AS CURRENT FINANCILA STATEMENT
 **TOTAL MUST AGREE WITH THE BALANCE SHOWN ON CURRENT FINANCIAL STATEMENT

SIGNATURE: _____
 DATE: _____

TITLE: _____