

## BUSINESS LOAN APPLICATION

### DRC Small Business Consulting

The checklist has been provided to assist you in gathering the necessary information for the initial evaluation of your loan request. Complete information will be necessary to process your application. Forms are provided for items 1-12.

- ☐ 1. **Loan Request Form** (pages 2-4)
- ☐ 2. **History of Business Form** to be completed by all applicants, including location analysis, competitive analysis and future of the business.
- ☐ 3. **Management Resume.** Complete Management Resume form on all active principals and key managers (copy form as needed)..
- ☐ 4. **Personal Financial Statement.** Complete the form for: (1) each proprietor, or (2) each limited partner who owns 20% or more interest & each general partner, or (3) each stockholder owning 20% or more voting stock & each corporate officer and director, or (4) other person or entity providing a guaranty on the loan. (Both spouses must sign and date if applicable.)
- ☐ 5. **Personal Income and Expense Analysis.** For each individual referred to in item 3 above.
- ☐ 6. **Statement of Personal History** for each person referred to in item 3 above.
- ☐ 7. **One Year Projection of Profit & Loss** by month (attach assumptions).
- ☐ 8. **Notes Payable Schedule** The total of the balance due column should coincide with note balances on the interim Business Financial Statement. (Please note: if applicable write "None" then sign & date).
- ☐ 9. **Aging of Accounts Receivable and Accounts Payable Summary** Please attach actual schedules to summary (include for affiliate business as well). Summary should match current balance sheet.
- ☐ 10. **Environmental Questionnaire** (2 pages).
- ☐ 11. **IRS Form 4506.** Complete request for Copy or Transcript of Tax Form and; if applicant is a corporation, signed by the president of the corporation, or any principal officer and the secretary, or the principal officer and another officer; if a partnership, one of the partners; if a sole proprietorship, the individual owner; if the loan is to acquire a business, the same signatures as above apply, based on the form of business of the seller.
- ☐ 12. **Signed Authorization to Release Information.**  
IN ADDITION, PLEASE PROVIDE THE FOLLOWING:
  - ☐ 13. **Business Plan** (start-up business or business expansion). Include a description of management, feasibility analysis, assumptions, site evaluation, demographics.
  - ☐ 14. **Existing Information on Subject Property.** Include old appraisals, title policies and surveys, and any environmental work done to the property. If a refinance, copy of settlement sheet and note from first closing.
  - ☐ 15. **Photos of Property.** Include front, sides, rear interior/exterior).
  - ☐ 16. **Interim Profit & Loss, and Balance Sheet.** Current within 45 days old for business being: (1) acquired, (2) existing/expanding, and (3) all affiliates of applicant (20% or more ownership interest by any of the owners/partners/ shareholders of proposed borrower).
  - ☐ 17. **Business Financial Statements and Tax Returns.** Income statements, balance sheets, and tax returns for three prior year-end time periods for existing business & any affiliates.\* Tax Returns for the past three years on any business being acquired, signed and dated by the seller.
  - ☐ 18. If the business is a Corporation, a **Copy of the Certificate of Good Standing, By Laws, Articles of Incorporation** or similar instrument that evidences the full correct name of the organization.
  - ☐ 19. If the business is a partnership, a **Copy of the Certificate Partnership Agreement.**
  - ☐ 20. **Copies of Proposed Purchase Agreement or Executed Purchase Agreement.** Must include cost allocation of all assets being purchased.
  - ☐ 21. **Copies of Bid and Proposals for New Equipment, Renovations, Leasehold Improvements, or New Construction.**
  - ☐ 22. If a franchise, **Uniform Franchise Offering Circular and Copy of Franchise Agreement or Letter of Approval form Franchisor.**
  - ☐ 23. If applicable, **Copies of all Notes to be Refinanced.**
  - ☐ 24. **Personal Tax Returns.** Copy of completed federal tax returns (or signed extension) for the past three years on each individual referenced in #4 above, each with original signatures.
  - ☐ 25. **Copy of Existing or Proposed Lease Agreement(s).**
  - ☐ 26. If not a U.S. citizen, please attach **Proof of Resident Alien Status.** Photocopy both sides of the Alien registration card.
  - ☐ 27. **Other**  
\*Affiliation does exist where an individual(s) has control of the Small Business Company and another concern(s) even though the ownership of one or both is small.

## COAN REQUEST FORM

### APPLICANT COMPANY

Company Name \_\_\_\_\_

DBA (if applicable) \_\_\_\_\_

Name of Franchise (if applicable) \_\_\_\_\_

Telephone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date Established \_\_\_\_\_

Tax ID# \_\_\_\_\_

Type of Entity:

- ☐ Corporation  
☐ Sole Proprietorship  
☐ General Partnership  
☐ Limited Partnership  
☐ Limited Liability Corporation

No. of Employees \_\_\_\_\_

Existing \_\_\_\_\_

After this Financing \_\_\_\_\_

Affiliates \_\_\_\_\_

Have you or any business controlled by you, ever had a lease or loan \_\_\_\_\_

☐ Yes

☐ No

With The CIT Group?

If yes, please describe type of transaction, amount, and term. \_\_\_\_\_

### OWNERSHIP OF APPLICANT COMPANY

List below all owners, partners, LLC members, and stockholders totaling 100% of ownership.

Name \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Percent of Ownership \_\_\_\_\_

Social Security No. \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Percent of Ownership \_\_\_\_\_

Social Security No. \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Percent of Ownership \_\_\_\_\_

Social Security No. \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Percent of Ownership \_\_\_\_\_

Social Security No. \_\_\_\_\_

(If additional owners, please attach on a separate sheet).

### AFFILIATES

List below all business concerns in which the applicant company or any of the individuals listed in the Ownership Section above have 20% ownership or controlling interest.

Name \_\_\_\_\_

Individual Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Percent of Ownership \_\_\_\_\_

Name \_\_\_\_\_

Individual Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Percent of Ownership \_\_\_\_\_

Number of Employees \_\_\_\_\_

(If additional affiliates, please attach on a separate sheet).



## FINANCIAL REFERENCES

(Additional financial information may be provided on a separate sheet).

### PROFESSIONAL ASSISTANCE

Attorney's Name \_\_\_\_\_  
Firm \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Telephone \_\_\_\_\_  
Contact \_\_\_\_\_

Attorney's Name \_\_\_\_\_  
Firm \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Telephone \_\_\_\_\_  
Contact \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Telephone \_\_\_\_\_  
Contact \_\_\_\_\_  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Telephone \_\_\_\_\_  
Contact \_\_\_\_\_

### DESCRIPTION OF FINANCIAL ACCOUNTS

Required for applicant company and each Guarantor.) Please include description and account numbers for all liquid assets (mutual funds, money market accounts, etc.).

|                     |       |
|---------------------|-------|
| Name of Institution | _____ |
| Type of Account     | _____ |
| Account Number      | _____ |
| Current Balance     | _____ |
| Name of Institution | _____ |
| Type of Account     | _____ |
| Account Number      | _____ |
| Current Balance     | _____ |
| Name of Institution | _____ |
| Type of Account     | _____ |
| Account Number      | _____ |
| Current Balance     | _____ |

### FIRE AND HAZARD INSURANCE

Name of Insurance Company \_\_\_\_\_  
Contact \_\_\_\_\_  
Telephone \_\_\_\_\_

### ADDITIONAL CREDIT REFERENCES

Supplier \_\_\_\_\_  
(For Franchise – Food supplier) \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Telephone \_\_\_\_\_  
Contact \_\_\_\_\_  
Supplier \_\_\_\_\_

### BANK REFERENCES

(Business and Personal) \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Telephone \_\_\_\_\_  
Contact \_\_\_\_\_

### VENDOR/TRADE REFERENCES

(Finance company, vendors, suppliers, etc.)

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Telephone \_\_\_\_\_  
Contact \_\_\_\_\_

|                |       |             |
|----------------|-------|-------------|
| Type of Credit | _____ | Established |
| Balance        | _____ | Mo. Pmt.    |

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Telephone \_\_\_\_\_  
Contact \_\_\_\_\_

|                |       |             |
|----------------|-------|-------------|
| Type of Credit | _____ | Established |
| Balance        | _____ | Mo. Pmt.    |

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Telephone \_\_\_\_\_  
Contact \_\_\_\_\_

|                |       |             |
|----------------|-------|-------------|
| Type of Credit | _____ | Established |
| Balance        | _____ | Mo. Pmt.    |

## STIMATED PROJECT OR REFINANCING COSTS

|   |        |  |
|---|--------|--|
| and Acquisition                             | \$     |  |
| ew Building Construction                    | \$     |  |
| onstruction Contingency/Overruns            | \$     |  |
| usiness Acquisition                         | \$     |  |
| and and Building Acquisition                | \$     |  |
| uilding or Leasehold Improvements/Repairs   | \$     |  |
| cquisition of Machinery/Equipment           | \$     |  |
| cquisition of Furniture/Fixtures            | \$     |  |
| nventory Purchase                           | \$     |  |
| orking Capital (including Accounts Payable) | \$     |  |
| ayoff Bank Loan                             | \$     |  |
| ther Debt Payment                           | \$     |  |
| estimated Closing Costs:                    |        |  |
| Construction Loan Fee (estimated)           | \$     |  |
| Construction Loan Interest (estimated)      | \$     |  |
| Survey Fee (estimated)                      | \$     |  |
| Title Insurance (estimated)                 | \$     |  |
| Appraisal Fee (estimated)                   | \$     |  |
| Legal Fees (estimated)                      | \$     |  |
| Construction Loan Fee (estimated)           | \$     |  |
| Construction Loan Fee (estimated)           | \$     |  |
| Other ( )                                   | \$     |  |
| eposits ( )                                 | \$     |  |
| ranchise Fee (if applicable)                | \$     |  |
| BA Guarantee Fee                            | \$     |  |
| ender Fee                                   | \$     |  |
| ther Fees/Costs ( )                         | \$     |  |
|   | \$     |  |
|   | \$     |  |
|   | \$     |  |
| OTAL ESTIMATED PROJECT AMOUNT               | \$     |  |
| ESS OWN CASH/EQUITY TO BE INJECTED          | \$ ( ) |  |
| ESS SELLER CARRY BACK (IF APPLICABLE)       | \$ ( ) |  |
| OTAL LOAN REQUESTED FOR PROJECT             | \$     |  |

### IF REFINANCING, COMPLETE THE FOLLOWING LIST:

|  | ORIGINAL<br>COST | CURRENT ESTIMATE<br>FAIR MARKET VALUE | AGE/YEAR<br>ACQUIRED |
|--|------------------|---------------------------------------|----------------------|
| Real Estate  | \$               |                                       |                      |
| Equipment  | \$               |                                       |                      |
| Other (discuss in the comments & explanations section below) | \$               |                                       |                      |
| Total Cost   | \$               |                                       |                      |

### IF BUSINESS ACQUISITION OR CONSTRUCTION, COMPLETE THE FOLLOWING:

Number of units being acquired/built?

Number of units for which real estate is being purchased? - Number of units for which real estate is being leased?

Number of units for which real estate is being leased/purchased?

COMMENTS & EXPLANATIONS: \*Please indicate source of equity injection.



## ISTORY OF BUSINESS

Use a separate sheet to answer questions if necessar

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### ACKGROUND AND HISTORY OF COMPANY/BUSINESS

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### ATURE OF BUSINESS, TYPES OF PRODUCTS/SERVICES

---

### USTOM PROFILE

---

### IST KEY CUSTOMERS

---

### IST MAJOR COMPETITORS

---

---

### MAJOR PAST ACCOMPLISHMENTS

---

### FUTURE EXPANSION

Does your company currently have plans for future expansion?

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Number of locations? Over  
what period of time?

How many new company locations are planned for this market?

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### HOW WILL THIS LOAN BENEFIT YOUR COMPANY?

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### WILL THE FUNDING OF THIS LOAN CREATE NEW EMPLOYMENT OPPORTUNITIES?

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Signature

Date



# MANAGEMENT RESUME

All owners, partners, directors, stockholders, and key managers should complete this form. Please fill in all spaces, use full first, middle, maiden, and last names. Please indicate if an item is not applicable.

## PERSONAL

name

FirstMiddleMaidenLast

## EDUCATION

type of Degree

name & Location of Institution

dates From/To

major

did You Graduate?

type of Degree

name & Location of Institution

dates From/To

major

did You Graduate?

type of Degree

name & Location of Institution

dates From/To

major

did You Graduate?

## MILITARY SERVICE

### BACKGROUND Branch

fromTo

honorable Discharge? Rank at

discharge? Grade

## WORK EXPERIENCE

Are you employed by the U. S. Government?

grade

fromTo

title

duties

## Other Work Experience

FromTo

Title

Duties

Company Name/Location

FromTo

Title

Duties

Company Name/Location

## PREVIOUS SBA OR OTHER FEDERAL GOVERNMENT DEBT

Complete the following if you or any principals or affiliates have

1) ever requested Government Financing or

2) are delinquent on the repayment of any Federal Debt

| Name of Agency | Original Amount of Loan | Date of Request | Approved or Declined | Balance | Current or Past Due |
|----------------|-------------------------|-----------------|----------------------|---------|---------------------|
|                |                         |                 |                      |         |                     |
|                |                         |                 |                      |         |                     |

☒ Have you or any officer of your company ever been involved in bankruptcy or insolvency proceedings? If yes, please furnish details in a separate exhibit.

YesNo

☒ Are you or your business involved in any pending lawsuits? If yes, Furnish details in a separate exhibit.

YesNo

☒ Do you or your spouse or any member of your household, or anyone who owns, manages or directs your business, or their spouses or members of their households, work for the Small Business Administration, Small Business Advisory Council, SCORE, ACE, or a Federal Agency, or the participating lender? If yes, please provide the name and address of the person and the office where employed in a separate exhibit.

YesNo

☒ Have you or ever been disbarred from doing business with the U.S. Government?

YesNo

☒ Are all your business and personal taxes current?

YesNo

☒ Does your business currently engage in Export Trade?

YesNo

☒ Do you plan to begin exporting as a result of this loan?

Signature

Date



**PERSONAL FINANCIAL STATEMENT****.S. SMALL BUSINESS ADMINISTRATIVE****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 and each corporate officer and director, or (4) any other 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 hands & 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 and 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                 |            |
|  |            | 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 Bank 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 |
|-----------------------------------|------------------|-----------------|----------------|--------------------------|--|
|                                   |                  |                 |                |                          |  |
|                                   |                  |                 |                |                          |  |
|                                   |                  |                 |                |                          |  |
|                                   |                  |                 |                |                          |  |
|                                   |                  |                 |                |                          |  |



**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<br>Quotation/Exchange | Date of<br>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 |
|-----------------------------------|------------|------------|------------|
| Type of Property                  |            |            |            |
| Name & Address of Property        |            |            |            |
| 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 Tax**

(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 He**

(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 credit worthiness. 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

Signature:

Date:

Social Security

**LEASE 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, Administration Branch, U. S. Small Business Administration, Washington, D.C. 20416, and Clearance Office, Paper Reduction Project (324509188), Office Management and Budget, Washington, D.C. 20503.



## Personal Income and Expense Analysis

Name \_\_\_\_\_

| INCOME:         |                     | MONTHLY | ANNUAL |
|-----------------|---------------------|---------|--------|
| AVAILABLE DRAW  | (NP + DEPRECIATION) | _____   | _____  |
| ROSS SALARY     | (PRINCIPAL)         | _____   | _____  |
| ROSS SALARY     | (SPOUSE)            | _____   | _____  |
| RENTAL INCOME   | (GROSS)             | _____   | _____  |
| INTEREST INCOME | (RECURRING)         | _____   | _____  |
| ALIMONY*        |                     | _____   | _____  |
| OTHER INCOME    | (NRECURRING)        | _____   | _____  |

### TOTAL INCOME

Alimony or child support payments need not be disclosed unless it is desired to have such payments counted toward total income. \_\_\_\_\_

### EXPENSES:

|   |                      |       |       |
|---|----------------------|-------|-------|
| MORTGAGE EXPENSE RENTAL                     | (P&I)                | _____ | _____ |
| EXPENSE RESIDENCE EXPENSES                  |                      | _____ | _____ |
| UTO LOANS                                   | (CASH EXP. Less P&I) | _____ | _____ |
| INSTALLMENT LOANS REVOLVING                 | (ALL)                | _____ | _____ |
| CREDIT UTILITIES/PHONE                      | (ALL)                | _____ | _____ |
| INSURANCES                                  | (5% of ALL BALANCES) | _____ | _____ |
| FOOD  | (ESTIMATE)           | _____ | _____ |
| CLOTHING                                    | (ALL PERSONAL)       | _____ | _____ |
| MEDICAL EXPENSES INCOME TAXES               | (ESTIMATE)           | _____ | _____ |
| PROPERTY TAXES ALIMONY                      | (ESTIMATE)           | _____ | _____ |
| CHILD CARE                                  | (3 YR. AVERAGE)      | _____ | _____ |
| OTHER EXPENSES MISCELLANEOUS                | (HISTORICAL RATE)    | _____ | _____ |
| (typical range is 5% - 10% of total income) | (HISTORICAL RATE)    | _____ | _____ |
| TOTAL EXPENSES                              | (IF APPLICABLE)      | _____ | _____ |
|   | (IF APPLICABLE)      | _____ | _____ |

NET DISCRETIONARY INCOME ( \_\_\_\_\_ ) \_\_\_\_\_

COVERAGE RATIO (income/expense) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_



|   |                     |                     |  |                     |   |
|---|---------------------|---------------------|--|---------------------|---|
| <b>United States of America</b><br><b>SMALL BUSINESS ADMINISTRATION</b><br><br><b>STATEMENT OF PERSONAL HISTORY</b>   |                     |                     | <b>Please Read Carefully</b><br>Each member of the small business concern assistance must submit this form in TRIPLICATE<br>2. By each partner, if a partnership.<br><br>3. By each officer, director, and additionally by each holder of 20% or more of the ownership stock, if a corporation, limited liability company, or a development company. |                     | <b>- Print or Type</b><br>or the development company requesting for filing with the SBA application. This |
| 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.<br><br><div style="display: flex; justify-content: space-between;"> <div>First</div> <div>Middle</div> <div>Last</div> </div>  |                     |                     | Name and Address of participating lender or surety co. (when applicable and known)   |                     |   |
|   |                     |                     | 2. Date of Birth (Month, day, and year)  |                     |   |
|   |                     |                     | 3. Place of Birth: (City & State or Foreign Country)   |                     |   |
| 4. Give the percentage of ownership or stock owned or to be owned in the small business concern or the Development Company  | Social Security     | No.                 | U.S. Citizen?            YES            NO<br><br>If no, give alien registration number:   |                     |   |
| 5. Present residence address:<br>From:<br>To:            PRESENT<br>Address:<br><br>Home Telephone No. (Include A/C):<br>Business Telephone No. (Include A/C):  |                     |                     | Most recent prior address (omit if over 10 years ago):<br>From:<br>To:<br>Address:   |                     |   |
| <b>PLEASE SEE REVERSE SIDE FOR EXPLANATION REGARDING DISCLOSURE OF INFORMATION AND THE USES OF SUCH INFORMATION. IT IS IMPORTANT THAT THE NEXT THREE QUESTIONS BE ANSWERED <u>COMPLETELY</u>. AN ARREST OR CONVICTION RECORD WILL NOT NECESSARILY DISQUALIFY YOU; HOWEVER, AN UNTRUTHFUL ANSWER WILL CAUSE YOUR APPLICATION TO BE DENIED. IF YOU ANSWER "YES" TO 6, 7, OR 8, 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.</b>                                   |                     |                     |  |                     |   |
| 6. Are you presently under indictment, on parole or probation?<br><br><div style="display: flex; justify-content: space-between;"> <div>Yes</div> <div>No</div> <div>(If yes, indicate date parole or probation is to expire.)</div> </div>   |                     |                     |  |                     |   |
| 7. 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.)<br><br><div style="display: flex; justify-content: space-between;"> <div>Yes</div> <div>No</div> </div>   |                     |                     |  |                     |   |
| 8. 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?<br><br><div style="display: flex; justify-content: space-between;"> <div>Yes</div> <div>No</div> </div>  |                     |                     |  |                     |   |
| 9. 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.   |                     |                     |  |                     |   |
| <b>CAUTION: 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 by imprisonment of not more than five years and/or a fine of not more than \$10,000; 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 twenty years and/or a fine of not more than \$1,000,000.</b> |                     |                     |  |                     |   |
| Signature   |                     | Title               |  | Date                |   |
| Agency Use Only   |                     |                     |  |                     |   |
| 10. Fingerprints Waived   |                     |                     | 11. Cleared for Processing   |                     |   |
| Date  | Approving Authority |                     | Date   | Approving Authority |   |
| Fingerprints Required   |                     |                     | Request a Character Evaluation   |                     |   |
| Date Sent to OIG  | Date                | Approving Authority | Date   | Approving Authority |   |

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



PROJECT AND LOSS PROJECTION

Company Name:

| MONTH                  | TOTAL |
|------------------------|-------|
| Sales: Cash            |       |
| Credit                 |       |
| Total Sales            |       |
| Cost of Sales          |       |
| GrossProfit            |       |
| Officer Salary(ies)    |       |
| Wages                  |       |
| Rent - Property Rent – |       |
| Equipment              |       |
| Auto/Truck Expenses    |       |
| Office Supplies        |       |
| Advertising            |       |
| Telephone & Utilities  |       |
| Bad Debts              |       |
| Taxes/Licenses         |       |
| Depreciation           |       |
| Repairs/Maintenance    |       |
| Accounting/Legal       |       |
| Interest               |       |
| Insurance (all)        |       |
| Office Expenses        |       |
| Royalties              |       |
| Miscellaneous          |       |
| Other                  |       |
| Total Expenses         |       |
| Net Profit             |       |

Please attach assumptions

Signature

Date

If applicable, please indicate seasonality during the year.

NOTESPAYABLESCHEDULE

Company Name: \_\_\_\_\_ Date \_\_\_\_\_

Schedule of all BUSINESS NOTES ONLY, including lines of credit, mortgages, installment debts, and other contractual obligations. Please indicate any notes being paid off or refinanced with loan proceeds. If subject property is held personally, list the associated Mortgagor Note. Total of the balance due column should coincide with note balances on the interim Business Financial Statement.

| ACCOUNT NUMBER AND TO<br>WHOM PAYABLE | ORIGINAL<br>AMOUNT | ORIGINAL<br>DATE | BALANCE<br>DUE | INTEREST<br>RATE | MATURITY<br>DATE | MONTHLY<br>PAYMENT | SECURITY | HOW WERE<br>PROCEEDDS<br>USED | STATUS |
|---------------------------------------|--------------------|------------------|----------------|------------------|------------------|--------------------|----------|-------------------------------|--------|
|                                       |                    |                  |                |                  |                  |                    |          |                               |        |
|                                       |                    |                  |                |                  |                  |                    |          |                               |        |
|                                       |                    |                  |                |                  |                  |                    |          |                               |        |
|                                       |                    |                  |                |                  |                  |                    |          |                               |        |
|                                       |                    |                  |                |                  |                  |                    |          |                               |        |
|                                       |                    |                  |                |                  |                  |                    |          |                               |        |
|                                       |                    |                  |                |                  |                  |                    |          |                               |        |
|                                       |                    |                  |                |                  |                  |                    |          |                               |        |
|                                       |                    |                  |                |                  |                  |                    |          |                               |        |
|                                       |                    |                  |                |                  |                  |                    |          |                               |        |
|                                       |                    |                  |                |                  |                  |                    |          |                               |        |
|                                       |                    |                  |                |                  |                  |                    |          |                               |        |
|                                       |                    |                  |                |                  |                  |                    |          |                               |        |
|                                       |                    |                  |                |                  |                  |                    |          |                               |        |
|                                       |                    |                  |                |                  |                  |                    |          |                               |        |
|                                       |                    |                  |                |                  |                  |                    |          |                               |        |

Signature \_\_\_\_\_ Date \_\_\_\_\_



AGING OF ACCOUNTS RECEIVABLE AND  
ACCOUNTS PAYABLE SUMMARY

(Please attach actual schedules to support summary information)

NOTE: Accounts Receivable (A/R) and Accounts Payable (A/P) must reconcile with the current business balance sheet that is provided with the application.

ATTACH A DETAILED LISTING OF LARGE ACCOUNTS (OVER \$5,000)

| AGING          | ACCOUNTS RECEIVABLE | ACCOUNTS PAYABLE |
|----------------|---------------------|------------------|
| UNDER 30 DAYS  |                     |                  |
| 30-59 DAYS 60- |                     |                  |
| 89 DAYS 90-119 |                     |                  |
| DAYS 120-180   |                     |                  |
| DAYS OTHER     |                     |                  |
| TOTALS         | \$                  | \$               |

A/R Concentration greater than or equal to 10% of total:

A/R percentage greater than or equal to 90 days:

A/P Concentration greater than or equal to 10% of total:

A/P percentage greater than or equal to 90 days:

EXPLAIN COLLECTION / PAYMENT PROCESS:

Signature \_\_\_\_\_ Date \_\_\_\_\_

# ENVIRONMENTAL QUESTIONNAIRE

SUBMITTED BY:

(“Applicant”)

This questionnaire is for the Lender’s information and your protection. We suggest that you review the entire form before beginning to complete it. If you should need additional space to complete any question, please attach a sheet and number your responses corresponding to the question number on this form. PLEASE PRINT CLEARLY.

## GENERAL INFORMATION

1. Business Address:

2. Name of current property owner(s):

3. Describe the type(s) of business(es) operated by Applicant on the premises.

4. Describe the type(s) of business(es) operated or to be operated on the premises if Applicant is not the only operator and/or tenant.

5. To the best of your knowledge, describe the past use(s) of the property.

6. Does current owner or any tenant have, had in the past, or plan to obtain an environment permit.

Yes No Unknown

If “F” is answered “Yes”, list type of permits and expiration date(s) below.

7. Is the Applicant aware of any notices of violations, correspondence with government agencies, or internal correspondence regarding the release, threatened release, or cleanup of hazardous substances at this property by the previous or current owner or any tenant?

Yes No Unknown as to previous owners/tenants

If “G” is answered “Yes”, please explain in detail the Applicant’s knowledge of such notices and/or correspondence.

8. Is the Applicant aware of any notices of violations, correspondence with government agencies, or internal correspondence regarding the release, threatened release, or cleanup of hazardous substances at this property by the previous or current owner or any tenant? North South East and West

9. To the best of your knowledge, describe the past use(s) of all adjacent properties. North

South

East

West

## TRANSACTION SCREEN INFORMATION

10. Are there currently or have there been previously stored on the property, and (check applicable boxes)

industrial drums

sacks of chemicals

☐ underground storage tanks

☐ above ground storage tanks

☐ Currently: Yes No  
Unknown If “Yes”, identify.

Previously: ☐ Yes No Unknown  
If “Yes”, identify.

11. Is there currently, or has there been previously, any stained soil on the property?

☐ Yes

☐ No

☐ Unknown

Currently:

Previously: ☐ Yes No Unknown  
If “Yes”, identify.

If “Yes”, identify.

12. Are there currently or have there been previously, any groundwater monitoring wells on the property?

Currently:

Yes

No

Unknown

If “Yes”, identify.

Previously: ☐ Yes No Unknown  
If “Yes”, identify.



M. Has an environment assessment ever been performed on the property  
 Yes No Unknown  
 If "Yes", please attach a copy.  
 If M is answered "Yes":  
 M1. Did the environment assessment indicate the presence of any potential contamination?  
 • Yes No Unknown If M1 is answered  
 "Yes":  
 M2. Was the contamination cleaned up?  
 • Yes No Unknown

N. Is Applicant aware of any environmental litigation or administrative action related to a release or threatened release of any hazardous substance or petroleum product involving the property or an abutting property?  
 Currently: Yes No Unknown  
 If "Yes", identify.

O. Are there any septic systems, dry wells, or leach fields on the property?  
 • Yes ☐ No  
 Which: Septic ☐ Unknown  
 Leach Field  
 Dry Well ☐  
 If O is answered "Yes",  
 O1. Have hazardous substances or petroleum products ever been discharged into these systems?  
 Yes No Unknown

P. Have any demolition debris, hazardous substances, petroleum products, unidentified waste materials, automotive or industrial batteries, tires, trash or refuse been dumped, buried and/or burned on the property?  
 • Yes No Unknown  
 If "Yes", identify.

Previously: ☐ Yes No Unknown  
 If "Yes", identify.

Q. Is there a transformer, capacitor or any hydraulic equipment on the property?  
 • Yes No ☐ Unknown  
 If Q is answered "Yes",  
 Q1. Do records indicate the presence of PCBs?  
☐ Yes No ☐ Unknown

#### COMMENTS/EXPLANATION SECTION:

#### LEASE NOTE CAREFULLY

The undersigned (the "Applicant" signing below), for the purpose of obtaining and/or maintaining credit with CIT Small Business Lending Corporation or any of its affiliates (the "Lender"), submits this customer environmental questionnaire as being a true and accurate statement of the environmental condition of the subject property described above to the best of the undersigned's knowledge, information and belief. The undersigned agrees that the Lender may, at its discretion, make whatever inquiries it deems necessary in connection with the information contained herein or in the course of review or collection of any credit extended in reliance on this information, including but not limited to the performance of environmental site assessments on the subject property. The cost of such inquiries shall be paid to Lender by the undersigned. The undersigned hereby grants the Lender and its agents and employees access to the subject property for purposes of performing environmental site assessments and verifying the accuracy of the information contained herein.

The undersigned agrees to notify lender immediately of any change in the environmental condition of the subject property which would adversely affect its market value. Should the undersigned fail to provide reasonable notice to Lender and notice to all applicable federal, state or local regulatory authorities within the time periods prescribed by applicable law or should any of the information in the above statement be untrue or misleading or materially incomplete, the undersigned agrees that all indebtedness, joint or severally, to the Lender and all indebtedness of another to the Lender which is guaranteed by the undersigned, may at the Lender's election become immediately due and payable without notice.

Unless notified otherwise by the undersigned, it is understood that the Lender may continue to rely upon the information provided herein as a true and accurate statement of the environmental condition of the subject property.

BY:

ATE

SIGNATURE OF APPLICANT

PRINTED NAME OF APPLICANT

PRINTED TITLE OF APPLICANT



# Request for Copy or Transcript of Tax Form

(Rev. May 1997)

Department of the Treasury  
Internal Revenue Service

**¶ Read instructions before completing this form.**

**¶ Type or print clearly. Request may be rejected if the form is incomplete or illegible.**

OMB No. 1545-0429

**Note: Do not use this form to get tax account information. Instead, see instructions below.**

|  |   |
|--|---|
| <b>1 a.</b> Name shown on tax form. If a join return, enter the name shown first.                | <b>1.</b> First social security number on tax form or employer identification number (see instructions) |
| <b>2a.</b> If a joint return, spouse's name shown on tax form.                                   | <b>2.</b> Second social security number on tax form   |
| <b>3.</b> Current name, address (including apt., room, or suite no.), city, state, and ZIP code. |   |

Address, (including apt., room, or suite no.), city, state, and ZIP code. shown on the last return filed if different from line 3.

If copy of form or a tax return transcript is to be mailed to someone else, enter the third party's name and address.

If we cannot find a record of your tax form and you want the payment refunded to the third party, check here ☐ ¶

If copy of form or a tax return transcript is to be mailed to someone else, enter the third party's name and address. ¶

Check only one box to show what you want. There is **no charge** for items 8a, b, and c:

- a) Tax return transcript of Form 1040 series filed during the **current calendar year** and the **3 prior calendar years** (see instructions).
- b) Verification of nonfiling.
- c) Form(s) W-2 information (see instructions).
- d) Copy of tax form and all attachments (including Form(s) W-2, schedules, or other forms). **The change is \$23 for each period requested.**

**Note: If these copies must be certified for court or administrative proceedings, see instructions and check here** ☐ ¶

If this request is to meet a requirement of one of the following, check all boxes that apply.

☐ Small Business Administration      ☐ Department of Education      ☐ Department of Veterans Affairs      ☐ Financial institution

**0. Tax form numb**(Form 1040, 1040A, 941, etc.)

**1. Tax period**((year or period ended date). If more than four, see instructions.

**12.** Complete only if **line 8d** is checked.

Amount due:

a Cost for each period ..... \$

b Number of tax periods requested on line 11

c Total cost. Multiply line 12a by line 12b ..... \$

**Full payment must accompany your request. Make check or money order payable to "Internal Revenue Service."**

aution: Before signing, make sure all items are complete and the form is dated.

declare that I am either the taxpayer whose name is shown dine 1 a or 2a, or a person authorized to obtain the tax information requested. I am aware that based upon this form, the IRS will release the tax information requested to any party shown on line 5. The IRS has no control over what that party does with the information.  
Telephone number of requester

¶ \_\_\_\_\_

Sign ¶

**Here** Title (if line 1 a above is a corporation,

¶ \_\_\_\_\_

Spouse's signature

Date

**TRANSCRIPT** (see line 8a instruction)

## Instructions:

Section references are to the Internal Revenue Code.

**TIP:** If you had your tax form filled in by a paid preparer, check first to see if you can get a copy from the preparer. This may save you both time and money.

**Purpose of Form.** - Use Form 4506 to get a tax return transcript, verification that you did not file a Federal tax return, Form W-2 information, or a copy of a tax form. Allow 6 weeks after you file a tax form before you request a copy of it or a transcript. For W-2

information, wait 13 months after the end of the year in which the wages were earned. For example, wait until Feb. 1999 to request W-2 information for wages earned in 1997.

**Do not** use this form to request Forms 1099 or tax account information . See this page for details on how to get these items.

**Note:** Form 4506 must be received by the IRS within 60 calendar days after the date you signed and dated the request.

**How Long Will It Take?** - You can get a tax return transcript or





ertain items from your return, including any la  
hanges. To request tax account information, write  
isit an IRS office or call the IRS at the number  
isted in your telephone directory. If you want your  
ax account information sent to a third par  
ompl**Form 8821**, Tax Information  
uthorization. You may get this form by phone (c  
8008293676) or on the Internet  
<http://www.irs.ustreas.g>).

**ine 1** Enter your employer identification number  
**Elonly** if you are requesting a copy of a **business**  
ax form. Otherwise, enter the first social secur  
umber (SSN) shown on the tax for  
**ine 2** If requesting a copy or transcript of a joint

ax form, enter the second SSN shown on the t  
or

**out** if you do not complete line 1 b and, if

pplicable, line 2b, there may be a delay  
rocessing your requ

**ine** - If you want someone else to receive the tax  
orm or tax return transcript (such as a CPA,  
nrolled agent, a scholarship board, or a mortga  
ender), enter the name and address of the individual.  
annot find a record of your tax form, we will or the wife. Only one signature is required. However, see South  
otify the third party directly that we cannot fill the the line 8c instructions. Sign Form 4506 exactly as yc  
equ  
**ine** Enter the name of the client, student, or  
pplicant if it is different from the name shown  
ine 1 a. For example, the name on line 1 a may be the t  
arent of a student applying for financial aid. In this or the principal officer and another officer genera  
ase, you would enter the student's name line 7 so required. For more details on who may obtain tax  
he scholarship board can associate the tax form  
ax return transcript with their fi

**ine 8** If you want a tax return transcript, check  
his box. Also, on line 10 enter the tax form number  
nd on line 11 enter the tax period for which y  
ant the transcri

A tax return transcript is available only for  
eturns in the 1040 series (Form 1040, Fo  
040A, 1040EZ, etc.). It shows most line items from  
he original return, including accompanying for  
nd schedules. In many cases, a transcript will meet  
he requirement of any lending institution such as a  
he financial institution, the Department of Education, or taxpayer's esta  
he Small Business Administration. It may also  
sed to verify that you did not claim any itemiz  
educations for a residen

**oA** tax return transcript does not reflect any  
hanges you or the IRS made to the original return.  
ou want a statement of your tax account with i  
hanges, s**Tax Account Information** on page 1.

**ine 8** Check this box only if you want proof from  
he S that you did not file a return for the year.  
rope

Iso, on line 11 enter the tax period for which y  
anerification of nonfiling.

**ine 8** If you want only Form(s) W-2 information,  
heck this box. Also, on line 10 enter Form(s)-2 Rockland, Suffolk, and  
nly" and on line 11 enter the tax period for whi  
ou want the informati

You may receive a copy of your actual Form New York (all other  
or a transcript of the information, depending on counties), Connectic  
ow your employer filed the fo. However, state  
ithholding information is not shown on a transcript. New Hampshi  
f you have filed your tax return for the year t  
ages were earned, you can get a copy of the acti

orm-2 by requesting a complete copy of your  
eturn and paying the required f

mployer if you have lost your current year  
-2 or have not received it by the time you are ready  
o prepare your tax retu

**Note:** If you are requesting information about your  
spouse's Form-2, your spouse must sign Form 4506.

**Line 8d.** If you want a certified copy of a tax form for  
court or administrative proceedings, check he box to t  
right of line 8d. It will take at least 60 days to process your  
request.

**Line 11.** Enter the year(s) of the tax form or tax return  
transcript you want. For fiscal year filers or requests for  
quarterly tax forms, enter the date the period ended; for  
example, 3/31/96, 6/30/96, etc. If you need more than four  
different tax periods, use additional Forms 4506. Tax  
forms filed 6 or more years ago may not be available for  
making copies. However, tax account information is  
generally still available for these periods.

**Line 12c.** - Write your SSN or EIN and ``Form 4506  
Request" on your check or money order. If we cannot fill  
your request, we will refund your payment.

**Signature** - Requests for copies of tax forms or tax return  
transcripts to be sent to a third party must be signed by the  
person whose name is shown on line 1 a or by a person  
authorized to receive the requested information.

Copies of tax forms or tax return transcripts for a  
jointly filed return may be furnished to either the husband h  
or the wife. Only one signature is required. However, see South  
Dakota, Ut  
Washington, Wyoming

For a corporation, the signature of the president of California (all other  
incorporation, or any principal officer and the secretary, counties), Hawaii  
the principal officer and another officer genera  
information on corporations, partnerships, estates, and  
trusts, see section 6103.

If you are **not** the taxpayer shown on line 1 a, you  
must attach ur authorization to receive a copy of the  
requested tax form or tax return transcript. You may **attach**  
**a copy of the authorization document** if the original has  
already been filed with the IRS. This will generally be a  
**power of attorney** (Form 2848), or **other authorization**, North Carolina,  
such as Form 8821, or evidence of entitlement (for Title 11  
Bankruptcy or Receivership Proceedings). If the taxpayer

is deceased, you must send Letters Testamentary or other Delawa  
as evidence to establish thaou are authorized to act for the District of Columbia,  
Maryland, Pennsylvania,  
Virginia, a foreign  
country, or A.P.O. or  
F.P.O address

**Where To File.** - Mail Form 4506 with the correct total  
payment attached, if required, to the **Internal Revenue**  
**Service Center** for the place where you lived when the  
requested tax form was filed.

**Note:** You must use a separate form for each service center  
from which you are requesting a copy of your tax form or  
tax return transcript.

**If you lived in:**

New Jersey, New York  
(New York City and  
counties of Nassau,  
Rockland, Suffolk, and  
Westchester)

New York (all other  
counties), Connecticut,  
Maine, Massachusetts,  
New Hampshi  
Rhode Island, Vermont

Florida, Georgia,  
South Carolina

**Use this address:**

1040 Waverly Ave.  
Photocopy Unit  
Stop 532  
Holtsville, NY 11742

310 Lowell St.  
Photocopy Unit  
Stop 679  
Andover, MA 01810

4800 Buford Hwy.  
Photocopy Unit  
Stop 91  
Doraville, GA 30362

Kansas, New Mexico,  
Oklahoma, Texas

Alaska, Arizona, California  
(counties of Alpine,  
Amador, Butte,  
Calaveras, Colusa,  
Contra Costa, Del Norte  
El Dorado, Glenn,  
Humboldt, Lake, Lassen,  
Marin, Mendocino,  
Modoc, Napa, Nevada,

Placer, Plumas,  
Sacramento, San Joaquin,

Shasta, Sierra, Siskiyou,  
Solano, Sonoma, Sutter,  
Tehama, Trinity, Yolo,  
and Yuba), Colorado,  
Idaho, Montana,  
Nebraska, Nevada,  
Dakota, Oregon, If we  
South Dakota, Ut  
Washington, Wyoming

Illinois, Iowa, Minnesota,  
Missouri, Wisconsin

Alabama, Arkansas,  
Louisiana, Mississippi,  
North Carolina,  
Tennessee

District of Columbia,  
Maryland, Pennsylvania,  
Virginia, a foreign  
country, or A.P.O. or  
F.P.O address

**Privacy Act and Paperwork Reduction Act Notice.** - We ask  
for the information on this form to establish your right to gain  
access to your tax form or transcript under the Internal Revenue  
Code, including sections 6103 and 6109. We need it to gain  
access to your tax form or transcript in our files and

respond to your request. If you do not furnish the information,  
we will not be able to fill your request. We may give the  
information to the Department of Justice or other appropriate  
law enforcement official, as provided by law.

You are not required to provide the information  
requested on a form that is subject to the Paperwork Reduction  
Act unless the form displays a valid OMB control number.  
Books or records relating to a form or its instructions must be W-  
retained as long as their contents may become material in the  
administration of any Internal Revenue law. Generally, tax  
returns and return information are confidential, as required by  
section 6103.

The time needed to complete and file this form will vary  
depending on individual circumstances. The estimated average  
time is: **Recordkeeping**, 13 min.; **Learning about the law or**  
**the form**, 7 min.; **Preparing the form**, 26 min.; and **Copying,**  
**assembling, and sending the form to the IRS**, 17 min.

If you have comments concerning the accuracy of these

3651 S. Interregional  
Hwy  
Photocopy Unit  
Stop 6716  
Austin, TX 73301

P.O. Box 9941

Photocopy Unit

Stop 6734

Ogden, UT 84409

5045 E. Butler Ave.  
Photocopy Unit  
Stop 52180  
Fresno, CA 93888

2306 E. Bannister Rd.  
Photocopy Unit  
Stop 6700, Annex 1  
Kansas City, MO 64999

P.O. Box 30309  
Photocopy Unit  
Stop 46  
Memphis, TN 38130

11601 Roosevelt Blvd  
Photocopy Unit  
DP 536  
Philadelphia, PA 19255



**Daniel, Russell & Charles Co. Small Business Consulting**  
**AUTHORIZATION TO RELEASE INFORMATION**

The undersigned hereby authorizes DRC Small Business Consulting or any of its affiliates to make all inquiries it deems necessary to verify the accuracy of the information provided herein, and to determine my/our credit-worthiness. Further, the undersigned hereby certifies that the enclosed application information including all attachments, exhibits, schedules, etc., are valid, accurate and complete.

Additionally, the undersigned agree that DRC Small Business Consulting, or any of its subsidiaries, at any time and in its sole discretion, may disclose the status of the proposed transaction and credit data and other information concerning or relating to the undersigned or the proposed transaction to the SBA.

All owners including stockholders with 20% or more ownership interest, partners, directors and guarantors must sign this form (spouses should sign when applicable).

|         |      |           |       |      |
|---------|------|-----------|-------|------|
| COMPANY | NAME | SIGNATURE | TITLE | DATE |
|---------|------|-----------|-------|------|

|         |      |           |       |      |
|---------|------|-----------|-------|------|
| COMPANY | NAME | SIGNATURE | TITLE | DATE |
|---------|------|-----------|-------|------|

|         |      |           |       |      |
|---------|------|-----------|-------|------|
| COMPANY | NAME | SIGNATURE | TITLE | DATE |
|---------|------|-----------|-------|------|

|         |      |           |       |      |
|---------|------|-----------|-------|------|
| COMPANY | NAME | SIGNATURE | TITLE | DATE |
|---------|------|-----------|-------|------|

|         |      |           |       |      |
|---------|------|-----------|-------|------|
| COMPANY | NAME | SIGNATURE | TITLE | DATE |
|---------|------|-----------|-------|------|

**CERTIFICATE OF**



☐ CORPORATION

☐ LIMITED LIABILITY COMPANY

☐ PARTNERSHIP

The following information is correct:

**OFFICERS**

President

Vice President

Secretary

Treasurer

**MEMBERS/PARTNERS – List all**

**SHAREHOLDERS**

| Name | Number of shares | % of shares outstanding |
|------|------------------|-------------------------|
|      |                  |                         |
|      |                  |                         |
|      |                  |                         |
|      |                  |                         |

**DIRECTORS**

## NOTES

## NOTES

## NOTES