

General Business and Project Information

Full Legal Name of Company/ Borrower:			Telephone		
Primary Contact:		Tax ID # or SSN #:		Business: ()	
				Home: ()	
				Fax: ()	
Street Address:		City:	County:	State:	Zip:
Billing Address (If Different from Above):		City:	County:	State:	Zip:
Proposed Business Address:		City:	County:	State:	Zip:
Nature of Business:			Number of Employees:		Date Established:
Type of Entity: <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability <input type="checkbox"/> Partnership <input type="checkbox"/> Subchapter S Corporation <input type="checkbox"/> Sole Proprietorship					
<input type="checkbox"/> Other (Describe) _____					
Loan Type: <input type="checkbox"/> SBA 7a <input type="checkbox"/> SBA 504 <input type="checkbox"/> SDA <input type="checkbox"/> Other (Describe) _____					

Company Ownership *(List below all owners and officers. If more than three people, please list on a separate sheet in same format)*

Name	Title	% of Ownership

Affiliates *(List below all business concerns in which the applicant or any of the individuals listed in the ownership section above have any ownership. If more than four affiliates exist, please list on separate page in the same format as below)*

Name of Business Concern	3-year average of annual sales	Number of Employees	Type of Business	Name of Owner	% of Ownership

Project Cost

Collateral Offered

	Enter Dollar Amount		Present Value	Present Loan Balance
Real Estate Acquisition		Land Only		
New Construction/ Expansion Repair		Land & Building		
Acquisition and/or Repair of Machine Equipment		Machinery & Equipment		
Inventory Purchase		Furniture		
Working Capital		Fixtures		
Acquisition of Existing Business		Accounts Receivable		
Payoff SBA Loan		Inventory		
Payoff Bank Loan (Non-SBA Associated)		Residential Real Estate		
Other Debt Payment (Non-SBA Associated)		Vehicles		
Loan Costs and Fees		Other:		
Total Project:		Other:		
(Less) Capital Injection:		Other:		
Total Loan Amount		Total:		

Lease Information

Do you have a lease with either a landlord or affiliate business for the property you business now occupies?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Monthly Rental:	Years remaining on Lease:	Renewal Option:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Miscellaneous

Is any loan applicant, or any director, executive officer or principal shareholder of loan applicant, an executive officer, director or principal shareholder of a financial institution?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has your business ever filed bankruptcy or defaulted on any debts?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the business endorser, guarantor, or co-maker for obligations not listed in its financial statements?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your business use or store any hazardous and/or toxic materials or produce hazardous and/or waste?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the business a party to any claim or lawsuit?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the business owe any taxes for years prior to the current year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your company maintain key person life insurance on any owner, officer, or shareholder?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Life Insurance Agent	Insurance Company	Telephone	
Name of Insured	Beneficiary	\$ Amount	
Accountant Name		Telephone	
Attorney Name		Telephone	
Business Insurance Agent		Telephone	
Residential Insurance Agent		Telephone	
Certified Development Corporation		Telephone	
Real Estate Agent		Telephone	

Agreement

- By signing below, you certify that all information you've given us with this application is true and complete. You authorize us to verify all statements with any source, obtain credit and employment history, (including your spouse's, if you live in a community property state) and exchange information with others about your credit and account experience with us. You agree to provide additional information that we may require to process this application.

- You also agree to reimburse Penn Commercial Capital for its expenses relating to any credit commitment. These expenses include without limitation Penn Commercial Capital appraisal, environmental services and legal costs and are payable even though the extension of credit may not be consumed.

Signature

Date

Authorization to release information

By signing below, you certify that all information you've given with this application is true and complete. You authorize Penn Commercial Capital to verify all your statements with any source, obtain credit and employment history, (including your spouse's, if you live in a community property state) and exchange information with others about your credit and account experience with Penn Commercial Capital. You agree to provide additional information that Penn Commercial Capital may require to process this application, including but not limited to true and complete federal income tax returns, employment verification and income verification.

Please list company name. Must be signed by an appropriate officer of the company. All individuals guaranteeing the proposed loan must sign this document.

Company/Business/Entity: _____ Date: _____

By: _____
(Company/ Business Entity/ Officer)

Print Name: _____

If this is an application for joint credit, Borrower and Co-Borrower each agree that we intend to apply for joint credit (Sign Below)

Borrower Signature: _____ Co-Borrower Signature: _____

Principals and Guarantors

Signature: _____

Signature: _____

Print Name: _____

Print Name: _____

Address: _____

Address: _____

SSN: _____

SSN: _____

Date: _____

Date: _____

Signature: _____

Signature: _____

Print Name: _____

Print Name: _____

Address: _____

Address: _____

SSN: _____

SSN: _____

Date: _____

Date: _____

History of Business

(Use Separate Attachments to Answer Questions if Necessary)

Company Name _____ Date and State of Organization _____

Nature of Business: _____

(Describe the type of business you are in and how/ why you became involved; include date and place of business organization and location of facilities and branches.)

Outlook: (What is your outlook concerning the business activity in which you are engaged?)

How will this loan benefit your company?

Customer Profile: *(What are the primary markets for your products?)*

List Key Customers

Geographical Area

List Major Competitors

Major Suppliers

List Any Trade Association(s) or Regulatory Agencies _____

Future Plans: *(What is your growth strategy? Rapid growth, moderate, or maintain market position? What are the impediments that may impact your success?)*

Major Past Accomplishments, how your business differs from the competition, and your competitive advantages:

Marketing Analysis and Strategy: *(Explain your promotional, pricing, and distribution strategies)*

Source of Capital Injection

Amount of Capital Injection: _____

Capital Sources:

Personal Finances

Cash Savings	\$	
IRA-liquid value if any	\$	
Stocks	\$	
Home Equity	\$	
Credit Card Advance	\$	
Loan from Relative or Others	\$	
Other: _____	\$	
Other: _____	\$	

Business Finances

Cash/ Savings	\$	
Sale of Assets	\$	
Other: _____	\$	
Other: _____	\$	
 TOTAL	 \$	

Signature

Date

Section II – EQUIPMENT, ACCOUNTS, INVENTORY, VEHICLES OR OTHER COLLATERAL

All items listed herein must show manufacturer or make, model, year, and serial number. Items with no serial number must be clearly identified (use additional sheet if more space is required). Please provide invoices for Assets being purchase with loan proceeds. Attach additional sheets if necessary.

Description – List Manufacturer, Model, and Serial No.	Year Acquired	Original Cost	Market Value	Amount of Lien	Name of Lien Holder

Accounts receivable *(Attach aging of the accounts receivable. Explain here the type and quality of internal accounting, credit granting procedures, customer terms, bad debt experience, concentrations greater than 10% and any other pertinent information).*

Inventory *(List type and amount of inventory; total amount should equal total of inventory on interim financial statement)*

Additional Assets *(Patents, copyrights, stocks, bonds, assignments of life insurance, leases, etc.)*

Signature

Date

Environmental Questionnaire

When evaluating your application, Penn Commercial Capital will make inquiries into the past and present environmental condition of your business location(s) and adjacent properties. We may request further environmental information from you or from an environmental professional prior to final approval and funding. We rely upon your careful and thorough responses to our environmental inquiries. However, we are not environmental experts, and you should not rely on any of our environmental inquiries or conclusions in any way.

Applicant: _____

Address of Existing/ Proposed Business Location: _____

Present/ Proposed Use of Location: _____

Are you aware of any substances that have been used on the property, are being used on the property, or will be used on the property which require permits or other regulatory control? If yes, please describe the substances and provide evidence of the regulatory compliance Yes No

Are you presently aware of any past, present, potential lawsuits, regulatory actions, or any environmental issues which may affect you, your proposed business, or the subject property? If yes, please describe. Yes No

Are you presently aware of any past, present or underground or aboveground storage tanks at the proposed location? If yes, please describe. Yes No

Do you have any knowledge of any environmental site assessment of the property or facility that indicated the presence of hazardous substances or petroleum products on, or contamination of, the property, or recommended further assessment of the property? If yes, please describe. Yes No

Applicant agrees to disclose any additional environmental information about the property, including the existence of reports or environmental assessments, discovered prior to settlement and provide copies to Lender, if requested, of any environmental reports or assessments obtained prior to settlement.

Please provide additional attachments where necessary.

Signature

Date



Schedule of Business Debt

COMPANY NAME: _____

APPLICATION DATE: _____

(Information below should be as of same date as interim financial statement)

Signature: _____

Indebtedness: Furnish the following on all installment debts, contracts, notes, and mortgages payable. Indicate by (*) items to be paid by loan proceeds and reason for paying same (present balance should agree with latest balance sheet submitted). Do not include accounts payable or accrued liabilities (Duplicate form as necessary if more accounts exists.)

(a) Creditor Name & Address (b) Phone Number & Contact Person	Original Date	Original Amount	Present Balance	Interest Rate	Monthly Payment	Maturity Date	(a) Collateral (b) Account number
(a)							(a)
(b)							(b)
(a)							(a)
(b)							(b)
(a)							(a)
(b)							(b)
(a)							(a)
(b)							(b)
(a)							(a)
(b)							(b)
(a)							(a)
(b)							(b)
(a)							(a)
(b)							(b)
(a)							(a)
(b)							(b)
Total 'Present Balance' (Should equal interim financial statement amount)							

For debts above to be refinanced, please provide all copies of notes, loan payments histories, credit card statements, settlement sheets, escrow statements, bank statements, and any other information to evidence use of proceeds from the original loan, and satisfactory payment history, both of which are needed to substantiate eligibility.

Manager and/or Owner Profile

Name _____ Social Security Number _____
First Middle Last

Date of Birth _____ Place of Birth _____

Resident Telephone () _____ Business Telephone () _____
Cell Phone () _____

Email Address _____

Residence Address Street _____
City _____ State _____ Zip _____

How long have you lived at this address? _____ Years _____ Months

Previous Address Street _____
City _____ State _____ Zip _____

How long have you lived at this address? _____ Years _____ Months

Lived at previous address from _____ to _____
Month and Year Month and Year

Spouse's Name _____ Social Security Number _____
First Middle Last

Military Service Background _____

Branch _____ From _____ To _____ Honorable Discharge? _____

Are you currently employed by the U.S. Government? Yes No Agency/ Position _____

Have any of the officers of your company ever been involved in bankruptcy or insolvency proceedings?

Yes No If yes, please write details on a separate sheet.

Are you or your business involved in any pending lawsuits? Yes No If yes, please furnish details on a separate sheet.

How many additional employees will be hired because of this loan? _____ Average Wage? _____

Signature _____

Date _____

Manager and/or Owner Profile

Name and Title _____

Technical/ Business Experience: _____

Management: _____

Education/ Training: _____

Achievements: _____

Other Activities (Business Associations, Civic Involvement, etc.): _____
