



CONVENTIONAL/SBA LOAN APPLICATION BUSINESS LOAN APPLICATION CHECKLIST

Please use this checklist as a guide to the documentation necessary to complete the processing of your business loan. If certain items are not readily available, please forward as much as possible and identify which items are to follow.

NOTE: *Personal Forms/Information must be provided for each owner holding 10% or more of applicant business.*

Complete and Sign the attached forms:

- ☐ Credit Check Authorization - Must be signed and dated by each Borrower/Guarantor
- ☐ Conventional / SBA Loan Application
- ☐ Business Projected Profit / Loss Statement with Assumptions to Projections
- ☐ Business Debt Schedule
- ☐ History of Business
- ☐ Personal Financial Statements on all Borrowers/Guarantors (dated within 60 days)
- ☐ Personal Budget / Cash Flow Statement
- ☐ IRS Form 4506 (one for each business and each borrower/guarantor)
- ☐ Resumes on each Borrower, Guarantor and Key Management Personnel

In addition, please provide the following:

- ☐ Accountant-Prepared Business Financial Statements (Profit & Loss, Balance Sheet)
- ☐ Business Federal Tax Returns for the past three fiscal years
- ☐ Interim Financial Statements within the past 60 days (if available)
- ☐ Affiliate Information. Interim income statement, balance sheet, debt schedule and past 3 years Federal Tax Returns. If you own 20% or more of any other business; that business is considered to be an affiliate.
- ☐ Personal Federal Tax Returns (for last 3 years) on all Borrowers/Guarantors
- ☐ Copies of Driver's Licenses and evidence of citizenship/residency for all principals
- ☐ Legal Entity Documents:
 - ☐ **Sole Proprietorship:** Copy of Fictitious Business Name Statement and Business License.
 - ☐ **Corporation:** Articles of Incorporation and Bylaws.
 - ☐ **Partnerships (General or Limited):** Partnership Agreement (with all exhibits).
 - ☐ **Limited Liability Company:** Articles of Organization (LLC-1) and Operating Agreement.
 - ☐ **Trust:** Certification of Trust and copy of pages reflecting the name of the Trust, the names of the Trustees and their powers and the executed signature page.

Miscellaneous (as applicable):

- ☐ Executed Copy of Purchase Agreement and Escrow Instructions for purchase (if applicable).
- ☐ Copy of Preliminary Title Report (for purchase only). If available.
- ☐ Proof of Capital Injection (if applicable).
- ☐ Certificate of Trust (if applicable).
- ☐ Business Plan (for new business only).
- ☐ Copy of Current lease or proposed lease on Facility to be occupied.
- ☐ Copy of Contract/Bid for work to be completed by Contractor; construction budget/plans and specifications.



CREDIT CHECK AUTHORIZATION

I/We the undersigned hereby authorize MSI Capital Group and it's affiliates to make any credit inquiries that may deem necessary in connection with our application for a business loan. This authorization also applies to inquiries regarding employment history, bank accounts, and follow-up credit inquiries/checks that they deem necessary in the future, in connection with the servicing of our loan.

Printed Name and Title:	Signed	Date
Printed Name and Title:	Signed	Date
Printed Name and Title:	Signed	Date
Printed Name and Title:	Signed	Date
Printed Name and Title:	Signed	Date
Printed Name and Title:	Signed	Date
Printed Name and Title:	Signed	Date
Printed Name and Title:	Signed	Date
Printed Name and Title:	Signed	Date
Printed Name and Title:	Signed	Date
Printed Name and Title:	Signed	Date



CONVENTIONAL/SBA LOAN APPLICATION

BUSINESS INFORMATION

Company Name / DBA		Date Established		Tax ID	
Business Street Address				Telephone	
City	State	Zip	Fax		
Use of Proceeds Address (if different from business address)		City	State	Zip	
Business Structure:					

OWNERSHIP DISTRIBUTION (List stockholders, directors, partners and all holders of outstanding stock -- 100% ownership must be shown)

Note: Attach separate sheet if additional space is needed

NAME	TITLE	# OF YRS	% OWNERSHIP	SOCIAL SECURITY #

AFFILIATES (List below any business concern in which the applicant company or any of the individuals have any ownership)

Note: Attach separate sheet if additional space is needed

NAME	TITLE	% OWNERSHIP

Nature of Business	Year Established	Yrs at Present Location	Own or Rent?
# of Employees: Before Loan:		After Loan:	
		Business Tax ID#:	

Current Bank & Address:	
Accountant: Contact Name	Telephone # (with area code)
Insurance Agent: Contact Name	Telephone # (with area code)
Attorney: Contact Name	Telephone # (with area code)
Proposed Vesting if Real Estate Purchase	Esrcrow/Title Co (if RE purchase)

List any previous SBA or other Federal Government Debt

NAME OF AGENCY	ORIGINAL AMOUNT OF LOAN	DATE OF REQUEST	APPROVED OR DECLINED	BALANCE	CURRENT OR PAST DUE

FINANCIAL INFORMATION**Credit Relationships:** Please provide details of your business credit relationships below.

NAME OF CREDITOR	PURPOSE OF LOAN	ORIG LOAN AMOUNT	AMOUNT PRESENTLY OWED	REPAYMENT TERMS	MATURITY DATE

PROJECT INFORMATION**ESTIMATED USE OF PROPOSED LOAN PROCEEDS**

Refinance Existing Bank Loan	\$ -	Machinery & Equipment	\$ -
Other Debt Repayment	\$ -	Furniture & Fixtures	\$ -
Land & Building Acquisition	\$ -	Inventory Purchase	\$ -
Land Acquisition	\$ -	Acquisition of Existing Business	\$ -
New Building Construction	\$ -	Working Capital	\$ -
Building Improvements or Repairs	\$ -	Other:	\$ -
Leasehold Improvements	\$ -	Other:	\$ -
TOTAL CAPITAL REQUIREMENTS (sum of all categories above)			\$ -
LESS: CASH BEING PROVIDED BY BORROWER (enter as a positive number)			\$ -
LESS: FUNDS PROVIDED BY OTHER SOURCES (enter as a positive number)			\$ -
LOAN AMOUNT REQUESTED			\$ -

MISCELLANEOUS INFORMATION

Are there any outstanding tax liens or judgements filed against you or your company?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the business an endorser, guarantor, or co-maker for any obligation not listed in the financial statements?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you or any officer of your company ever been involved in bankruptcy or insolvency proceedings?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are any principals or your business(es) involved in any pending lawsuits?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does any applicant or their spouse or any member of their household, or any one who owns, manages or directs your business or their spouses or members of their household work for The Small Business Administration, Small Business Advisory Council, SCORE or ACE, and Federal Agency, or the participating lender?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the business presently, or as a result of this loan, engage in export trade?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
* IF YES TO ANY OF THE ABOVE QUESTIONS, PLEASE PROVIDE DETAILS ON A SEPARATE SHEET.		

CERTIFICATION

The undersigned certifies that, to the best of his or her knowledge and belief, all information contained in this loan application and in the accompanying statements and documents is true, complete, and correct. The undersigned agrees to notify the Broker and/or Lender immediately of any material changes in this information. It is further agreed that, whether or not the loan herein applied for is approved, the undersigned will pay or reimburse the Broker and/or Lender for the costs, if any, of surveys, title or mortgage examinations, appraisals, etc., performed by non-Bank personnel with the consent of the applicant. The undersigned authorizes the Broker and/or Lender to contact any bank and trade creditors it deems necessary at any time and without further notice, and to obtain verification and/or reverification of any business and/or personal information contained in the application, including credit information from any source named in this application or through a credit reporting agency.

Business Name (print): _____

Applicant Signature: _____

Date: _____

Applicant Title: _____

Date: _____

Guarantor(s) Signature: _____

Date: _____

Guarantor(s) Signature: _____

Date: _____



PROJECTED PROFIT / LOSS STATEMENT

Company Name			Signature X					Date		Period Covered From: To:			
	1st Month	2nd Month	3rd Month	4th Month	5th Month	6th Month	7th Month	8th Month	9th Month	10th Month	11th Month	12th Month	Annual Total
Gross Sales or Receipts													
Less: Cost of Goods Sold													
Gross Profit													
Less Expenses:													
Salaries & Wages (to others)													
Salaries paid to Officers													
Payroll Taxes													
Accounting & Legal													
Advertising													
Travel & Auto													
Office Supplies													
Dues & Subscriptions													
Telephone													
Utilities													
Repairs & Maintenance													
Miscellaneous													
Rent													
Insurance													
Licenses & Permits													
Interest Expense													
Taxes													
Other:													
Other:													
Total Expenses													
Net Profit													





BUSINESS DEBT SCHEDULE

COMPANY NAME: _____

DATE: * _____

INDEBTEDNESS: Furnish the following information on all installment debts, contracts, notes and mortgages payable. Indicate by an asterisk (*) 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.

CREDITOR Name/Address	ORIGINAL DATE	ORIGINAL AMOUNT	PRESENT BALANCE	INTEREST RATE	MONTHLY PAYMENT	MATURITY DATE	COLLATERAL / SECURITY
TOTAL PRESENT BALANCE **							

- * Date should be the same as interim Financial Statement
- ** Total must agree with balance shown on interim balance sheet

Signature

Date



HISTORY OF BUSINESS

Use separate attachments to answer questions if necessary.

COMPANY NAME

NATURE OF BUSINESS

WHEN AND HOW WAS BUSINESS ESTABLISHED?

TYPE OF PRODUCTS / SERVICES

CUSTOMER PROFILE

LIST KEY CUSTOMERS

LIST MAJOR COMPETITORS

MAJOR SUPPLIERS

GEOGRAPHICAL SALES AREA

MAJOR PAST ACCOMPLISHMENTS

FUTURE PLANS FOR GROWTH / EXPANSION

HOW WILL THIS LOAN BENEFIT YOUR COMPANY?

WILL THE FUNDING OF THIS LOAN CREATE NEW EMPLOYMENT OPPORTUNITIES? IF YES, STATE HOW:



PERSONAL FINANCIAL STATEMENT

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(s)		Business Phone
Residence Address		Residence Phone
City	State	ZIP
Business Name of Applicant/Borrower		

ASSETS	
	(Omit Cents)
Cash on hands & in Banks.....	\$ _____
Savings Accounts.....	\$ _____
IRA or Other Retirement Account.....	\$ _____
Accounts & Notes Receivable.....	\$ _____
Life Insurance--Cash Surrender Value Only.....	\$ _____
(Complete Section 8)	
Stocks & Bonds.....	\$ _____
(Describe in Section 3)	
Real Estate.....	\$ _____
Describe in Section 4)	
Automobile--Present Value.....	\$ _____
Other Personal Property.....	\$ _____
(Describe in Section 5)	
Other Assets.....	\$ _____
(Describe in Section 5)	
Total.....	\$ _____

LIABILITIES	
	(Omit Cents)
Accounts Payable.....	\$ _____
Notes Payable to Banks and Others.....	\$ _____
(Describe in Section 2)	
Installment Account (Auto).....	\$ _____
Mo. Payments _____	
Installment Account (Other).....	\$ _____
Mo. Payments _____	
Loan on Life Insurance.....	\$ _____
Mortgages on Real Estate.....	\$ _____
(Describe in Section 4)	
Unpaid Taxes.....	\$ _____
(Describe in Section 6)	
Other Liabilities.....	\$ _____
(Describe in Section 7)	
Total Liabilities.....	\$ _____
Net Worth.....	\$ _____
Total.....	\$ _____

Section 1.	
Salary.....	\$ _____
Net Investment Income.....	\$ _____
Real Estate Income.....	\$ _____
Other Income (Describe below)*.....	\$ _____

Contingent Liabilities	
As Endorser or Co-Maker.....	\$ _____
Legal Claims & Judgments.....	\$ _____
Provision for Federal Income Tax.....	\$ _____
Other Special Debt.....	\$ _____

Description of Other Income in Section 1

* Alimony or child support 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 or Credit Limit	Current Balance	Payment Amount	Frequency (monthly, etc.)	How Secured or Endorsed (Type of Collateral)

PERSONAL FINANCIAL STATEMENT (cont.)

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	Names 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				
Address				
Percent Interest in property				
Date Purchased				
Original Cost (x % interest)				
Present Mkt Value (x % interest)				
Name & Address of Mortgage Holder				
Mortgage Account Number				
Mortgage Balance (x % interest)				
Amt of Pmt./Mo. (x % interest)				
Rental Income/Mo. (if applicable)				
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).

Company	Face Amount	Cash Value	Beneficiary

I authorize SBA, Broker and/or 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 No.: _____

Signature: _____

Date: _____

Social Security No.: _____



PERSONAL BUDGET / CASH FLOW STATEMENT

Name(s): _____

Please provide the following information regarding sources and uses of cash during the calendar year and your projections for the current year. If a cash flow deficits exists, explain how the existing or requested debt will be serviced.

Sources of Cash (Annual)	Prior Year Actual	Current Year
1. Salary / Draw from Subject Business	\$	\$
2. Salaries, Commissions, Bonuses, or any other income from outside employment (NET)	\$	\$
3. Rents received (Gross)	\$	\$
4. Dividends	\$	\$
5. Interest Income (recurring)	\$	\$
6. Sale of Assets	\$	\$
7. Royalties	\$	\$
8. Distributions from Estates and Taxes	\$	\$
9. Cash Distributions from Business Partnerships or Joint Ventures	\$	\$
10. Income Tax Refund	\$	\$
11. Other sources of cash (explain below)	\$	\$
TOTAL CASH RECEIVED	\$	\$

Use of Cash (Annual)	Prior Year Actual	Estimate
1. Residence Rent or Mortgage (Principal & Interest)	\$	\$
2. Rental Mortgage(s) (Principal & Interest)	\$	\$
3. Rental - Other (Cash Expenses)	\$	\$
4. Auto Loans	\$	\$
5. Installment Debt	\$	\$
6. Credit Card/Revolving Debt	\$	\$
7. Personal Expenses (rent, food, utilities, phone, clothing, medical, child care, etc.)	\$	\$
8. Income Taxes not covered by withholding	\$	\$
9. Miscellaneous (10% of income)	\$	\$
10. Other Uses of Cash	\$	\$
Living Standard Adjustment (if applicable)	\$	\$
TOTAL CASH OUTLAYS	\$	\$
CASH FLOW SURPLUS (DEFICIT)	\$	\$

FOOTNOTES:

This Cash Flow Statement is a part of my financial statement:

APPLICANT'S SIGNATURE	DATE
CO-APPLICANT'S (SPOUSE) SIGNATURE	DATE



MANAGEMENT RESUME

Complete all sections using full; first, middle and maiden names - *no initials*. If an item is not applicable, please indicate.

Duplicate form as needed. You may include additional relevant information on a separate sheet.

PERSONAL INFORMATION				
First Name		Middle Name		Maiden Name
Social Security Number		Date of Birth	Place of Birth	US Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, give alien reg. #
Residence Phone (with area code)			Business Phone (with area code)	
Residence Address		City	State	Zip
Previous Address		City	State	Zip
Spouse's Name		Spouse's Middle Name		Spouse's Maiden Name
Spouse's Social Security Number		Spouse's Date of Birth	Spouse's Place of Birth	Is Spouse a US Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, give alien reg. #
Are You Employed by the U.S. Government? Yes <input type="checkbox"/> No <input type="checkbox"/>		If Yes, What Agency/Position		
Have you ever been convicted, charged with or arrested for any criminal offense other than a minor motor vehicle violation? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Have you or any officers of your company ever been involved in bankruptcy or insolvency proceedings? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Are you or your business involved in any pending lawsuits? Yes <input type="checkbox"/> No <input type="checkbox"/>				
If you answered Yes to any of the above, please furnish details in a separate exhibit.				
EDUCATION (College or Technical Training)				
Institution Name and Location		Dates Attended From/To	Major	Degree or Certificate
MILITARY SERVICE BACKGROUND				
Branch		From	To	Honorable Discharge? Yes <input type="checkbox"/> No <input type="checkbox"/>
Rank at Discharge		Major Assignment / Accomplishment		
WORK EXPERIENCE (List chronologically, beginning with present employment)				
1) Company Name / Location		From	To	Title
Duties				
2) Company Name / Location		From	To	Title
Duties				
3) Company Name / Location		From	To	Title
Duties				



MANAGEMENT RESUME

Complete all sections using full; first, middle and maiden names - *no initials*. If an item is not applicable, please indicate.

Duplicate form as needed. You may include additional relevant information on a separate sheet.

PERSONAL INFORMATION					
First Name		Middle Name		Maiden Name	
Last Name					
Social Security Number	Date of Birth	Place of Birth	US Citizen?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
			If no, give alien reg. #		
Residence Phone (with area code)			Business Phone (with area code)		
Residence Address		City	State	Zip	How Long?
Previous Address		City	State	Zip	How Long?
Spouse's Name		Spouse's Middle Name		Spouse's Maiden Name	
Spouse's Last Name					
Spouse's Social Security Number	Spouse's Date of Birth	Spouse's Place of Birth	Is Spouse a US Citizen?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
			If no, give alien reg. #		
Are You Employed by the U.S. Government?		If Yes, What Agency/Position			
Yes <input type="checkbox"/> No <input type="checkbox"/>					
Have you ever been convicted, charged with or arrested for any criminal offense other than a minor motor vehicle violation?					
Yes <input type="checkbox"/> No <input type="checkbox"/>					
Have you or any officers of your company ever been involved in bankruptcy or insolvency proceedings?					
Yes <input type="checkbox"/> No <input type="checkbox"/>					
Are you or your business involved in any pending lawsuits?					
Yes <input type="checkbox"/> No <input type="checkbox"/>					
If you answered Yes to any of the above, please furnish details in a separate exhibit.					
EDUCATION (College or Technical Training)					
Institution Name and Location		Dates Attended From/To		Major	Degree or Certificate
MILITARY SERVICE BACKGROUND					
Branch		From	To	Honorable Discharge?	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	
Rank at Discharge		Major Assignment / Accomplishment			
WORK EXPERIENCE (List chronologically, beginning with present employment)					
1) Company Name / Location		From	To	Title	
Duties					
2) Company Name / Location		From	To	Title	
Duties					
3) Company Name / Location		From	To	Title	
Duties					



Property Name	Date Prepared
Property Address	

Rent Roll - Current



INCOME & EXPENSE STATEMENT

Company Name	Phone Number	Date
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Property Name
Property Address

	Current Year		Prior Year 1		Prior Year 2	
	From	To	From	To	From	To

Actual Annual Rents Collected			
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Annual Expenses			
Taxes			
Insurance			
Water & Electricity			
Gas			
Gardener			
Trash			
Advertising			
Pool Service			
Cleaning Service			
Elevator Service			
Pest Control			
Bldg Maintenance & Repair			
Supplies			
Paint & Décor			
Resident Manager			
Owner's Management Expenses			
Miscellaneous			
SUB-TOTAL			

Replacement Costs			
Appliances			
Carpeting			
Drapes			
Air Conditioning			
Furniture			
Roof			
Other ()			
SUB -TOTAL			
TOTAL			

I (We) hereby represent and warrant that the forgoing statement is submitted for the purpose of obtaining a loan and that it is certified true and correct by the undersigned under penalty of perjury.

Seller's Name (please print)	Seller's Signature	Date
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Owner's Name (please print)	Owner's Signature	Date
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