Mountain BizWorks

LOAN APPLICATION FORM

Main: 153 S. Lexington Ave., Asheville, NC 28801, 828.253.2834 South: 508 N. Grove St., Hendersonville, NC 28792, 828.692.5826 West: 200 Marsh Lily Dr., Sylva, NC 28779, 828.631-0292 www.mountainbizworks.org



Legal name of your business:																			
DBA name for your business: (DBA – doing business as)																			
Financing requested: \$ Who referred you to us?																			
Briefly describe your business and what you plan do to with this loan:																			
										ysical address ailing address, leave blank):									
								.,		8		200, 10		1491					
Other locations:																			
Business telephone:				_	-			_					7						
Business cell phone:				_	-			_											
Business fax:				_	-			_											
Business email:																	T		
	Ì																		
Business web addres	s: <u>.</u>																		
Federal EIN:			-							В	usine	ess sta	art da	ate:					
DUNS number:											St	tate c	of orig	gin:					
Legal status: Sole proprietorship Incorporated LLC Partnership Non-profit Other								her											
Principal products:																			
List all company affilia	tions a	and re	elatio	nships:															
Company Name										R	Relationship								
List all owners of this	busine	ess ar	nd the	se who	serve a	s office	ers o	r dire	ector	s:									
Full Name	Title			Active Co.?			of Co. Vned	CCNI		L	lomo	Addres					Phone	2	
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For most recent full b	usines	ss yea	ır:	Gross	sales/re	venues	\$					_ P	rofits	s/losse	s \$				
Number of employee	s (incl	uding	your	self):	Full-tim	e		Part	-time			No.	of jo	bs yo	ı exp	ect to	o add:		

Past due IRS payments?	☐ Yes □	J No	Do you do business online?	☐ Yes		☐ No
IRS payment plans?	☐ Yes ☐] No	Is this a home-based business?	☐ Yes		☐ No
Tax liens?	☐ Yes ☐] No	Facilities:	☐ Owr	1	☐ Rent
Litigations?	☐ Yes ☐	J No	Operation status:	□ Оре	n full-time	Open part-time
COMPANY REFERE	ENCES					
Bank name:			Branch:		Acct. #:	
Contact:			Phone:		Fax:	
CPA firm:			Branch:			
Contact:			Phone:		Fax:	
Law firm:			Branch:		_	
Contact:			Phone:		Fax:	
Insurance agent:			Branch:		_	
Contact:		•	Phone:		Fax:	_

PROPOSED SOURCES AND USES OF FINANCING

Sources	Amount	Uses	Amount
Mountain BizWorks	\$	Equipment	\$
Bank	\$	Leasehold improvements	\$
Equity – other	\$	Working capital	\$
Owner cash contribution	\$	Inventory	\$
Other	\$	Marketing	\$
		Other	\$
Total Sources	\$	Total Uses	\$

Your Total Sources must equal your Total Uses.

SUMMARY OF COLLATERAL

Item	Appraised / Purchase Value	Outstanding Debt / Leases
Land / buildings	\$	\$
Inventory	\$	\$
Accounts receivable	\$	\$
Machinery / equipment	\$	\$
Furniture / fixtures	\$	\$
Real estate	\$	\$
Automobile	\$	\$
Stocks, bonds, etc.	\$	\$
Other	\$	\$
Total Collateral	\$	\$

APPLICATION PROCESS

By signing below, Applicant certifies that the proceeds of any loan made as a result of this application will be used for business or organizational purposes only, and will not be used for personal or consumer purposes. Applicant hereby affirms that he/she does not discriminate on the basis of race, color, religion, national origin, gender, marital status, or age. Applicant hereby acknowledges that (I) no loan officer has authority to commit Mountain BizWorks (MBW) to any loan without prior approval of the MBW CEO and (2) any loan commitment must be in writing and signed by an authorized representative of MBW. MBW is authorized to make all inquiries MBW deems necessary to verify the accuracy of this statement and to determine the creditworthiness of the business or organization. Applicant authorizes MBW to answer questions and inquiries from others seeking credit experience information about the business or organization.

Each individual owner of 20% or more of this business must sign this application and fill in the information requested. For non-profit organizations, please provide this information for the Executive Director, Board Treasurer and/or Board Chair.

In accordance with Federal law and U.S. Department of Agriculture policy, Mountain BizWorks is prohibited from discriminating on the basis of race, color, national origin, age, disability, religion, sex, and familial status. (Not all prohibited bases apply to all programs.) To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TDD.

Applicant certifies to Mountain BizWorks that (I) all information provided to MBW is correct and accurate, and can be relied upon by MBW, and (2) MBW is authorized to verify or confirm any of the information given, check with credit and personal references, and obtain credit reports in connection with this application and/or review of any facility approved by MBW. Applicant gives permission to all creditors and references to give MBW any information it needs to make a decision in approving a loan facility.

App	olicant Signature:	Title:
Plea	ise print name:	Date:
Арр	olicant Signature:	Title:
Plea	ise print name:	Date:
Арр	olicant Signature:	Title:
Plea	ise print name:	Date:
ST	AFF USE ONLY	
	Resume with references for each key owner/manager	Current Accounts Receivable aging
	Form Client Registration form	Current Accounts Payable aging
	Current interim company financial statement	Trade references: list 3+ name, phone, fax
	Year-end company financial statements, prior 2 years	List of all lien holders
	Prior 2 years' tax returns	4506t form
	Business plan / projections	Personal financial statement for owner / guarantor
		Household cash flow
	Product information / marketing material	