

IMPORTANT

Please read before proceeding

Welcome to The Banking Resource Center Thank you for choosing us to assist you in your small business lending needs. We look forward to processing your loan application. We want this experience to be as smooth as possible for you, so there are a few guidelines for you to remember:

- Please read the enclosed application checklist carefully. It is critical that you forward all applicable documents in a timely fashion. One missing document can significantly delay the loan funding process.
- Please make sure that all documents filled out are legible. If you must make copies of a document, please review them for clarity before forwarding them to THE BRC.
- Please realize that there are three main steps in this process: Underwriting, Financial Analysis, and Funding. The lending process is very much a team effort here at The Banking Resource Center. There is an expert assigned to your file for each of the three steps mentioned above. It is customary to be contacted by someone other than the relationship officer you have been working with.
- Please remember, we are working for you. We're committed to making this entire process as fast and easy for you as possible. Anything you can do to help our team of experts will get your loan request processed sooner. Thank you for the opportunity to work on your behalf.

LOAN APPLICATION CHECKLIST

This checklist has been provided to assist you in gathering the necessary information to expedite your loan request. Complete information will be necessary to process your loan application.

Forms to be completed:

- 1. **Applicant's Information Sheet.**
- 2. **Personal History.** Complete for all individuals defined in #3 below. Copy form as needed.
- 3. **Personal Financial Statement(s).** Complete for owners with 20% or more interest in business. If company is a general partnership, all general partners must complete. All statements are to be dated the same date, not more than 15 days old. Copy form as needed.
- 4. **History of Business.** Complete forms. Please include any brochures, advertising material or printed history of business, if available.
- 5. **Business Debt Schedule.** This schedule must be dated the same as the Interim Balance Sheet requested in #12 below and reflect all outstanding liabilities as shown in the Interim Balance Sheet.
- 6. **Monthly Projected Income/Operating Statement and Assumptions to Projection.**
- 7. **Credit Check Authorizations.** Please have each individual sign and date.
- 8. **IRS Verification Form 4506-T.**

In addition, please provide the following:

- 9. **Business Financial Statements and Tax Returns.** Income statements, balance sheets, accounts payable and receivables (if applicable), and complete federal tax returns with all schedules for the prior three (3) fiscal year-ends. After photocopying financial statements and tax returns, re-sign in blue ink and affix current date.
- 10. **Aging of Accounts Receivable and Payable.** Complete if applicable. The total amount of Receivables and Payables should match amount shown on Interim Financial Statements.
- 11. **Affiliate Information.** Income statement, balance sheet, accounts payable and receivable (if applicable), and tax return of the most current fiscal year-end. After photocopying financial statements, re-sign in blue ink and affix current date. A person is an affiliate of a concern if the person owns or controls or has the power to control 20 percent or more of the concern's business or entity.
- 12. **Interim Business Financial Statement.** Income statement and balance sheets not more than 30 days old.
- 13. **Personal Tax Returns.** Complete federal tax returns with all attached schedules for the prior three (3) years on each individual defined in #3 above. After photocopying tax returns, re-sign with blue ink and affix current date.
- 14. **Articles of Incorporation, Fictitious Name Statement, Business License, Partnership Agreement, Articles of Organization or Trust (whichever is applicable).**
- 15. **Purchase agreement. Escrow instructions (if available or applicable).** Please also include copy of Preliminary Title Report for real estate purchase transactions.
- 16. **Verification of Identification.**
- 17. **Proof of Capital Injection.**
- 18. **Other** _____

APPLICANT'S INFORMATION SHEET

Company Name/DBA

Type of Business

Business Address

Daytime Phone

City

State

Zip

Fax

Use of Proceeds Address (If different than business address)

City

State

Zip

Proprietorship

Partnership

Corporation

LLC

Trust

Business Tax ID#

Owner/Principals

Names

% Ownership/Title

How many employees do you have? How many employees will you hire?

Have you ever applied for government financing? If so, please provide the name of the agency, original balance and if loan is current.

Vesting if R/E Purchase

Title/Escrow/Attorney

Business Bank Name/Address

Use of Proposed Loan

How will this loan benefit your business?

APPLICANT'S INFORMATION SHEET, continued

The following section relates to your planned use for funds from this loan request. Please be as specific as possible. In those instances where funds are expected to be used in different ways, it is important to be accurate in breaking out anticipated expenditures by category. If you are using the "other" category below, please provide a complete description of the planned use.

Project Items	Project Cost
Building Acquisition	\$ _____
Land Acquisition	\$ _____
Building Construction/Improvement	\$ _____
Debt Refinance (Copy of notes required)	\$ _____
Business Acquisition (List of assets required)	\$ _____
Machinery/Equipment Acquisition	\$ _____
Inventory	\$ _____
Furniture	\$ _____
Fixtures	\$ _____
Working Capital (Do not include loan fees) <small>Provide explanation for intended use in "Comments" section below</small>	\$ _____
Loan Fees	\$ _____
Other	\$ _____
Total Project Cost	\$ _____
Less Borrower's Injection	\$ _____
Total Loan Requested	\$ _____

Source of Injection

Please provide the name of the broker or other person who referred you to THE BRC

Lending Comments

For Bank Use Only			
Applicant's Identification Type	Place of Issuance	Date of Issuance	Expiration Date
Spouse's Identification Type	Place of Issuance	Date of Issuance	Expiration Date
		Verified by	Date

PERSONAL HISTORY

Complete all sections, using full first, middle and maiden names – no initials. If an item is not applicable, indicate. Copy form as needed. You may include additional relevant information on a separate exhibit.

Personal Information

First Name	Middle Name	Maiden Name	Last Name	
Social Security Number	Date of Birth	Place of Birth	U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, give alien reg. #	
Residence Phone	Business Phone	Mother's Maiden Name	Driver's License Number	
Residence Address	City	State	Zip	From To
Previous Address	City	State	Zip	From To
Spouse's First Name		Spouse's Middle Name	Spouse's Maiden Name	Spouse's Last Name
Spouse's Social Security Number		Spouse's Mother's Middle Name	Spouse's Driver's License Number	U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, give alien reg. #
Are you employed by the U.S. Government? <input type="checkbox"/> Yes <input type="checkbox"/> No		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? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Have you or any officers of your company ever been involved in bankruptcy or insolvency proceedings? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Are you or your business involved in any pending or prior lawsuits? <input type="checkbox"/> Yes <input type="checkbox"/> No				

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/Certificate

Military Service Background

Branch	From	To	Honorable Discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No
Rank at Discharge	Major Assignment/Accomplishment		

Work Experience (List chronologically beginning with present employment)

Company Name/Location	From	To	Title
Duties			
Duties			
Duties			



PERSONAL FINANCIAL STATEMENT

U.S. SMALL BUSINESS ADMINISTRATION

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, or (4) any 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 hand & 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	\$ _____
Total	\$ _____	Net Worth	\$ _____
		Total	\$ _____

Section 1. Source of Income	Contingent Liabilities
Salary	As Endorser or Co-Maker
Net Investment Income	Legal Claims & Judgments
Real Estate Income	Provision for Federal Income Tax
Other Income (Describe below)*	Other Special Debt

Description of Other Income in Section 1.

*Alimony or child support payments need not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income.

Section 2. Notes Payable to Banks and Others. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

Name 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	Date of	Total Value
			Quotation/Exchange	Quotation/Exchange	

Section 4. Real Estate Owned. (List each parcel separately. Use attachment if necessary. Each attachment must be identified as a part of this statement & signed.)			
	Property A	Property B	Property C
Type of Property			
Address			
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 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)

I authorize SBA/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 Number: _____

Signature: _____ Date: _____ Social Security Number: _____

PLEASE 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, Administrative Branch, U.S. Small Business Administration, Washington, D.C. 20416, and Clearance Officer, Paper Reduction Project (3245-0188), Office of Management and Budget, Washington, D.C. 20503. **PLEASE DO NOT SEND FORMS TO OMB.**

HISTORY OF BUSINESS

Company Name _____

Use separate attachments to answer questions if necessary.

Nature of Business	When and How Was Business Established?

Types of Products/Services

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 the loan create new employment opportunities? Yes No

If yes, state how: _____

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.

Business Debt Schedule							
Creditor Name/Address	Original Date	Original Amount	Present Balance	Interest Rate	Monthly Payment	Maturity Date	Collateral/Security
Total Present Balance**				* Same date as Interim Financial Statement ** Total must agree with balance shown on current Financial Statement			

Company Name

Signature of Applicant

Date*

Monthly Projected Income Statement

For Months of _____ / _____ 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	Totals
Gross Sales or Receipts													
Less Cost of Goods Sold													
Gross Profit													
Expenses													
Advertising													
Rent													
Utilities													
Insurance													
Taxes and Licenses													
Accounting and Legal													
Travel and Auto													
Repairs and Maintenance													
Salaries Paid to Others													
Salaries Paid to Officers													
Supplies													
Interest Expenses													
Depreciation													
Other													
Other													
Other													
Total Expenses													
Net Profit (Subtotal)													
Less Debt Service													
Less Owner Withdrawals													
Net Profit													

Company Name

Signature of Applicant

Date

CREDIT CHECK AUTHORIZATION

I/We the undersigned hereby authorize The Banking Resource Center or assigns to make any credit inquiries that it 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 THE BRC may deem necessary in the future, in connection with the servicing of the loan.

Signature of Applicant Date

Signature of Applicant Date

Signature of Applicant Date

Signature of Applicant Date

Signature of Applicant Date

Signature of Applicant Date

Form **4506-T**

(Rev. April 2006)

Department of the Treasury
Internal Revenue Service

Request for Transcript of Tax Return

- ◆ Do not sign this form unless all applicable lines have been completed.
Read the instructions on page 2.
- ◆ Request may be rejected if the form is incomplete, illegible, or any required line was blank at the time of signature.



OMB No. 1545-1872

Tip: Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can also call 1-800-829-1040 to order a transcript. If you need a copy of your return, use **Form 4506**, Request for Copy of Tax Return. There is a fee to get a copy of your return.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return	2b Second social security number if joint tax return
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code	
4 Previous address shown on the last return filed if different from line 3	
5 If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax information.	

Caution: If a third party requires you to complete Form 4506-T, do not sign Form 4506-T if lines 6 and 9 are blank.

6 Transcript requested. Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ◆ _____

a Return Transcript, which includes most of the line items of a tax return as filed with the IRS. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120A, Form 1120H, Form 1120L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days

b Account Transcript, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 30 calendar days

c Record of Account, which is a combination of line item information and later adjustments to the account. Available for current year and 3 prior tax years. Most requests will be processed within 30 calendar days

7 Verification of Nonfiling, which is proof from the IRS that you **did not** file a return for the year. Most requests will be processed within 10 business days

8 Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript. The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2003, filed in 2004, will not be available from the IRS until 2005. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 45 days

Caution: If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

9 Year or period requested. Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.

____/____/____ ____/____/____ ____/____/____ ____/____/____

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, **either** husband or wife must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer.

Sign Here	◆	Signature (see instructions)	Date	Telephone number of taxpayer on line 1a or 2a () - - -
	◆	Title (if line 1a above is a corporation, partnership, estate, or trust)		
	◆	Spouse's signature	Date	

General Instructions

Purpose of form. Use Form 4506-T to request tax return information. You can also designate a third party to receive the information. See line 5.

Tip. Use Form 4506, Request for Copy of Tax Return, to request copies of tax returns.

Where to file. Mail or fax Form 4506-T to the address below for the state you lived in when that return was filed. There are two address charts: one for individual transcripts (Form 1040 series and Form W-2) and one for all other transcripts.

Note. If you are requesting more than one transcript or other product and the chart below shows two different service centers, mail your request to the service center based on the address of your most recent return.

Chart for individual transcripts (Form 1040 series and Form W-2)

If you filed an individual return and lived in:	Mail or fax to the "Internal Revenue Service" at:
District of Columbia, Maine, Maryland, Massachusetts, New Hampshire, New York, Vermont	RAIVS Team Stop 679 Andover, MA 05501 978-247-9255
Alabama, Delaware, Florida, Georgia, North Carolina, Rhode Island, South Carolina, Virginia	RAIVS Team P.O. Box 47-421 Stop 91 Doraville, GA 30362 678-530-5326
Arkansas, Kansas, Kentucky, Louisiana, Mississippi, Oklahoma, Tennessee, Texas, West Virginia	RAIVS Team Stop 6716 AUSC Austin, TX 73301 512-460-2272
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nebraska, Nevada, New Mexico, Oregon, South Dakota, Utah, Washington, Wyoming	RAIVS Team Stop 38101 Fresno, CA 93888 559-253-4990
Connecticut, Illinois, Indiana, Iowa, Michigan, Minnesota, Missouri, North Dakota, Ohio, Wisconsin	RAIVS Team Stop 6705-B41 Kansas City, MO 64999 816-823-7667
New Jersey, Pennsylvania, a foreign country, or A.P.O. or F.P.O. address	RAIVS Team DP 135SE Philadelphia, PA 19255-0695 215-516-2931

Chart for all other transcripts

If you lived in or your business was in:	Mail or fax to the "Internal Revenue Service" at:
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Georgia, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Tennessee, Texas, Utah, Washington, Wyoming	RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409 801-620-6922
Connecticut, Delaware, District of Columbia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, Wisconsin	RAIVS Team P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250 859-669-3592
A foreign country, or A.P.O. or F.P.O. address	RAIVS Team DP 135SE Philadelphia, PA 19255-0695 215-516-2931

Line 1b. Enter your employer identification number (EIN) if your request relates to a business return. Otherwise, enter the first social security number (SSN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

Line 6. Enter only one tax form number per request.

Signature and date. Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a. If you completed line 5 requesting the information be sent to a third party, the IRS must receive Form 4506-T within 60 days of the date signed by the taxpayer or it will be rejected.

Individuals. Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506-T exactly as your name appeared on the original return. If you changed your name, also sign your current name.

Corporations. Generally, Form 4506-T can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer.

Partnerships. Generally, Form 4506-T can be signed by any person who was a member of the partnership during any part of the tax period requested on line 9.

All others. See Internal Revenue Code section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

Documentation. For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the Letters Testamentary authorizing an individual to act for an estate.

Privacy Act and Paperwork Reduction Act Notice.

We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. Sections 6103 and 6109 require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, and the District of Columbia for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

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 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 Form 4506-T will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form, 10 min.; Preparing the form, 12 min.; and Copying, assembling, and sending the form to the IRS, 20 min.**

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-T simpler, we would be happy to hear from you.

You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6406, Washington, DC 20224. Do not send the form to this address. Instead, see *Where to file* on this page.