

Applicant (Borrower): Legal Business Name \_\_\_\_\_

Name of person applying on behalf of business: \_\_\_\_\_

A. REQUESTED LOAN AMOUNT \_\_\_\_\_ REQUESTED TERM \_\_\_\_\_

PURPOSE: \_\_\_\_\_

**B. Collateral Offered to Secure the Loan**

**C. If approved, auto-deduct payments from:**

1. This loan is unsecured  Yes  No

Acct. No.: # \_\_\_\_\_

Bank Routing# \_\_\_\_\_

Bank Name \_\_\_\_\_

2. The following will secure this loan: (Check all that apply)

Type of Collateral	Estimated Value	Source of Value	Any existing lien/loans?		
			Yes	No	Amount \$
<input type="checkbox"/> Account Receivable	\$		<input type="checkbox"/>	<input type="checkbox"/>	\$
<input type="checkbox"/> Inventory	\$		<input type="checkbox"/>	<input type="checkbox"/>	\$
<input type="checkbox"/> Machinery/Equipment/Vehicle	\$		<input type="checkbox"/>	<input type="checkbox"/>	\$
<input type="checkbox"/> Real Estate	\$		<input type="checkbox"/>	<input type="checkbox"/>	\$
<input type="checkbox"/> All Business Assets	\$		<input type="checkbox"/>	<input type="checkbox"/>	\$
<input type="checkbox"/> Other:	\$		<input type="checkbox"/>	<input type="checkbox"/>	\$
<b>TOTAL COLLATERAL</b>	\$				\$

Is the collateral owned by someone other than the business or owners of the business?  Yes or  No

Explain: \_\_\_\_\_

**1. BUSINESS INFORMATION**

**A. General Business Information:**

Business Organization  Sole Proprietor  S Corporation  General Partnership  
 Structure:(Check one)  Limited Liability Co. (LLC)  C Corporation  Limited Partnership  
 LLP  Non-profit  Other (Assoc., etc.)

Nature of Business: \_\_\_\_\_ Federal Tax ID #: \_\_\_\_\_

Year Business Established (Mo/Yr): \_\_\_\_\_ Present Management Since(Mo/Yr): \_\_\_\_\_ # of Employees: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Authorized Signer: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Authorized Signer: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Business Deposit Relationships (Bank name): \_\_\_\_\_

Average Business Checking Balance: \_\_\_\_\_ Average Business Savings Balance: \_\_\_\_\_

Insurance Agent: \_\_\_\_\_ Policy Expiration Date: \_\_\_\_\_

**B. Existing Business Loans and Leases:** (Attach a separate sheet, if additional space is needed)

Bank or Finance Company	Loan Type	Limit or Original Amount	Current Balance	Monthly Payment	Maturity Date	Collateral	Proceeds to payoff loan?	
		\$	\$	\$			<input type="checkbox"/> Yes	<input type="checkbox"/> No
		\$	\$	\$			<input type="checkbox"/> Yes	<input type="checkbox"/> No
		\$	\$	\$			<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>TOTAL</b>		\$	\$	\$				

**C. Business Financial Information: Fiscal year ends: \_\_\_ / \_\_\_ (Mo/Day)**

**All Assets and Liabilities Balances should be as of the last day of the most recent fiscal year end**

Cash:	\$
Account Receivable Under 90 Days Old:	\$
Inventory:	\$
Business Equipment & Vehicles:	\$
Business Real Estate:	\$
Other Business Assets:	\$
Total Business Assets:	\$
Current Business Liabilities:	\$
Long Term Business Liabilities:	\$
Total Business Liabilities:	\$
Business Net Worth: (Assets - Liabilities)	\$
Average Sales Last Three (3) Years:	\$

**3. PERSONAL INFORMATION**

*PLEASE PROVIDE THE FOLLOWING INFORMATION FOR ALL OWNERS/PARTNERS/GUARANTORS (With 20% or more interest):*

Owner 1				Owner 2					
Full name - First	M.I.	Last	Jr., Sr., III	Full name - First	M.I.	Last	Jr., Sr., III		
Applicant Name:				Co-Applicant Name:					
Title:				Title:					
Social Security #:				Social Security #:					
Date of Birth (Mo/Day/Yr):				Date of Birth (Mo/Day/Yr):					
Street Address:				Street Address:					
City, State, Zip Code:				City, State, Zip Code:					
Home Phone:				Home Phone:					
Work Phone:				Work Phone:					
E-mail address:				E-mail address:					
% of Business Ownership: ___ %				% of Business Ownership: ___ %					
Checking Account with: \$				Checking Account with: \$					
<b>PERSONAL ASSETS</b>			<b>Joint (Y/N)</b>	<b>TOTAL</b>	<b>PERSONAL ASSETS</b>			<b>Joint (Y/N)</b>	<b>TOTAL</b>
Cash/Stocks/Liquid Assets				\$	Cash/Stocks/Liquid Assets				\$
Residential Real Estate				\$	Residential Real Estate				\$
Business Real Estate				\$	Business Real Estate				\$
Retirement Savings				\$	Retirement Savings				\$
Other Personal Assets				\$	Other Personal Assets				\$

Total Assets: (A) \$			Total Assets: (A) \$		
<b>PERSONAL LIABILITIES</b>			<b>PERSONAL LIABILITIES</b>		
	Joint (Y/N)			Joint (Y/N)	
Mortgage: Primary Residence		\$	Mortgage: Primary Residence		\$
Mortgage: Business Property		\$	Mortgage: Business Property		\$
Installment Loans Payable		\$	Installment Loans Payable		\$
Credit cards/Revolving Credit		\$	Credit cards/Revolving Credit		\$
Other Loans/Payables		\$	Other Loans/Payables		\$
Total Liabilities: (B)		\$	Total Liabilities: (B)		\$
Total Net Worth: (A-B) \$			Total Net Worth: (A-B) \$		
<b>PERSONAL INCOME/EXPENSES</b>			<b>PERSONAL INCOME/EXPENSES</b>		
Annual Gross Salary:		\$	Annual Gross Salary:		\$
Annual Other Income*:		\$	Annual Other Income*:		\$
Explain Other Income:			Explain Other Income:		
Monthly Mortgage/Rent Payments:		\$	Monthly Mortgage/Rent Payments:		\$
Monthly Other Loan Payments:		\$	Monthly Other Loan Payments:		\$
Monthly Revolving Credit Payments:		\$	Monthly Revolving Credit Payments:		\$
Do you have a life insurance policy? <input type="checkbox"/> Yes <input type="checkbox"/> No			Do you have a life insurance policy? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have any other contingent liabilities? <input type="checkbox"/> Yes <input type="checkbox"/> No			Do you have any other contingent liabilities? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Any significant changes expected in next year? <input type="checkbox"/> Yes <input type="checkbox"/> No			Any significant changes expected in next year? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If answer is yes to above, please explain. Attach separate sheet, if necessary.					
*NOTICE: Alimony, child support, separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation. Notice to Co-Applicants: Your signature on this application indicates your intention to apply for joint credit.					

		If yes, please explain.
Has the business incurred a loss in any of the last 3 years?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Are there any delinquent state or federal taxes owed by the business or any owner?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Is the business for sale or under agreement that would change the ownership?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Has the business or any owner ever declared bankruptcy?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Is there any pending litigation or unsatisfied judgments against the business or owners?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Has the business or any owner every defaulted on a loan?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Are you or your business a co-maker, endorser, or guarantor on other loans/obligations?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Does the business or guarantor have an ownership in other subsidiary or affiliates?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Has the business or any owner or any guarantor ever been convicted of a crime involving fraud, deceit, dishonesty or misrepresentation, which has not been annulled?	<input type="checkbox"/> No	<input type="checkbox"/> Yes

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**4. AGREEMENT, AUTHORIZATION, AND SIGNATURES**

The Town Of Rockingham reserves the right to request additional information/documentation at anytime. Please be advised that all financial statements and tax returns must have signatures and dates.

The Town Of Rockingham complies with the USA Patriot Act. This law mandates that we verify certain information about you, including your name, legal address, date of birth and social security and tax identification number, in connection with processing your application. We may ask to see your driver’s license or any other photo identifying documentation.

The undersigned certifies the information contained in this application to be complete, true, and correct and understands that The Town of Rockingham will rely on the same in determining whether to maintain or extend credit. If any of the information contained herein should prove to be inaccurate or incomplete in any material respect, then the Town of Rockingham may declare the indebtedness of the undersigned or the indebtedness guaranteed by the undersigned, as the case may be, immediately due and payable. The undersigned authorizes The Town of Rockingham to contact any individual or firm listed herein and any normal sources of credit information except where otherwise noted. You are authorized to make all inquiries you deem necessary to verify the accuracy of the information contained herein and to determine the credit-worthiness of the undersigned. The undersigned authorizes any person or consumer-reporting agency to give the Town of Rockingham any information it may have on the undersigned now and as long as any obligation or guaranty of the undersigned to you is outstanding.

I / We certify that the credit being applied for will be used for business purposes.

**If applicable, it is our intention to apply for joint credit:**

<b>Signature of Applicants/Borrowers/Authorized Signers</b>			
<b>Print Name:</b>	<b>Print Title:</b>	<b>Borrower Signature:</b> X	<b>Date:</b>
<b>Print Name:</b>	<b>Print Title:</b>	<b>Borrower Signature:</b> X	<b>Date:</b>
<b>Print Name:</b>	<b>Print Title:</b>	<b>Borrower Signature:</b> X	<b>Date:</b>

**5.CHECKLIST FOR ATTACHMENTS/ENCLOSURES**

**For all applications include the following items:**

- 1 year's complete business tax return (most recent), with all Schedules, K-1's
- 1 year's complete personal tax return for all owners/guarantors (most recent), including all Schedules
- Interim Balance Sheet/ Income Statement if Tax Returns are over 6 months old

**If the applicant is a separate legal entity that is required to file a separate federal income tax return, please provide the following as applicable:**

- Corporate By-Laws (if a Corporation)
- Partnership Agreement (if a Partnership)
- Operating Agreement (if an LLC)
- Minutes of Meeting/Vote (Usually for Non-Profits)

**If the purpose of the loan is to purchase equipment, vehicle, or real estate, please provide the following as applicable:**

- Invoice or purchase order (if purchasing equipment, automobile, or other fixed asset)
- Tax bill - Evidence of paid taxes (if refinancing real estate)
- Purchase and sale agreement (if purchasing real estate)
- Accounts Receivable and Accounts Payable Reports  
List of names, amounts and dates if loan is to be secured by accounts receivables

**COMMENTS:** (Please comment on any item(s) above that you are unable to provide.)

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