



General Business and Project Information

FULL LEGAL NAME OF COMPANY/BORROWER:				TELEPHONE	
PRIMARY CONTACT:				BUSINESS ()	
TAX ID # OR SSN:				HOME ()	
				FAX ()	
STREET ADDRESS:		CITY	COUNTY	STATE	ZIP CODE
BILLING ADDRESS (IF DIFFERENT FROM ABOVE):		CITY	COUNTY	STATE	ZIP CODE
PROPOSED BUSINESS ADDRESS:		CITY	COUNTY	STATE	ZIP CODE
NATURE OF BUSINESS:				DATE ESTABLISHED	
TYPE OF ENTITY: <input type="checkbox"/> CORPORATION <input type="checkbox"/> LIMITED LIABILITY COMPANY <input type="checkbox"/> PARTNERSHIP					
<input type="checkbox"/> SUBCHAPTER S CORPORATION <input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> OTHER(DESCRIBE) _____					
LOAN TYPE: SBA 7a <input type="checkbox"/> SBA 504 <input type="checkbox"/> STATE PROGRAMS <input type="checkbox"/> OTHER <input type="checkbox"/> _____ (DESCRIBE)					

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

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 same format as below.)

Name of Business Concern	Three year average of annual sales	Number of employees	Type of business	Name of owner	% of ownership

Project Cost

Collateral Offered

	Enter dollar amounts		Present value	Present Loan balance
Real Estate Acquisition		Land Only		
New construction/Expansion Repair		Land & Building		
Acquisition and/or repair of Machinery and 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:		



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). Attach additional sheets if necessary.

Description - List Manufacturer, Model, and Serial No.	Year Acquired	Original Cost	Market Value	Current Lien Balance	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



Lease Information

DO YOU HAVE A LEASE WITH EITHER A LANDLORD OR AFFILIATE BUSINESS FOR THE PROPERTY YOUR 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 - If answered "Yes" provide detail: attach a separate sheet if necessary

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 AN 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/TOXIC MATERIALS, OR PRODUCE HAZARDOUS/TOXIC 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		
ACCOUNT 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 the information you've given us with this application is true and complete. You authorize us 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 us. You agree to provide additional information that we may require to process this application.
- You also agree to reimburse Celtic Bank for its expenses in connection with any credit commitment. These expenses include without limitation Celtic Bank appraisal, environmental services and legal costs and are payable even though the extension of credit may not be consummated.

Signature

Date