

## Instructions

All required forms and documentation must be completed, signed and submitted to a Bank of America representative. All information, with the exception of the signatures, may be completed digitally.

Item name	Instructions	Form number (as designated in the footer of each document)
<input type="checkbox"/> Commercial Real Estate Loan/SBA 504 Loan Application	Complete form	CSBA001
<input type="checkbox"/> Business Debt Schedule	Complete form	BDS001
<input type="checkbox"/> Personal Financial Statement	Complete form	PFS001
<input type="checkbox"/> Business Real Estate Rent Schedule	Complete form	BRS001
<input type="checkbox"/> Business Financial Statement	Complete form or provide spreadsheets (i.e. QuickBooks report). Score + or <\$500M deals only.	BFS001
<input type="checkbox"/> Business Tax Returns	Provide copies	NONE
<input type="checkbox"/> Individuals Tax Returns	Provide copies	NONE
<input type="checkbox"/> Environmental Questionnaire - Real Estate Secured Loans	Complete form	EQ001
<input type="checkbox"/> Business Profile	Complete form. Score + loans only.	BP001
<input type="checkbox"/> Commercial Real Estate Loan Application Supplement	Complete form	CAS001

## Recommended

Item name	Instructions	Form number (as designated in the footer of each document)
<input type="checkbox"/> Management Profile	Complete form and/or attach resume for "work experience" section	MP001

## Optional - Bank of America will request if necessary

Item name	Instructions	Form number (as designated in the footer of each document)
<input type="checkbox"/> Projections for Business Expansion	Complete form	PBE001
<input type="checkbox"/> Most Recent Property Tax Bill	Provide copies	NONE
<input type="checkbox"/> Environmental Questionnaire - Underground Storage Tanks	Review list and gather requested information	UST001



# Commercial Real Estate Loan/SBA 504 Application

## Applicant information (You may apply for credit in your name alone, regardless of your marital status.)

Full legal name of company borrower		Primary contact			Borrower TIN or SSN
Address	City	County	State	ZIP	
Billing address (If different from above)	City	County	State	ZIP	
Proposed business address	City	County	State	ZIP	
Residence telephone	Business telephone	Fax	E-mail address		
Loan amount	Purpose	Nature of business			
Gross annual revenue/sales	Number of employees	Date established	SIC/NAICS	<input type="checkbox"/> Yes <input type="checkbox"/> No Is/Will the real estate financed be owner occupied?	
<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Subchapter S corporation <input type="checkbox"/> Limited liability company <input type="checkbox"/> Other (Describe)					
Type of entity					
<input type="checkbox"/> Conventional <input type="checkbox"/> SBA 504 <input type="checkbox"/> Purchase <input type="checkbox"/> Refinance <input type="checkbox"/> Purchase with improvements <input type="checkbox"/> Perm take out					
Loan type Transaction					

## Company ownership (List below all principals, officers and owners with 20% or greater ownership. If more than three, please include on separate sheet and attach.)

Name	Title	SSN	Date of birth	
Phone	E-mail address	Guarantor	% Ownership	
<input type="checkbox"/> Yes <input type="checkbox"/> No				
Address	City	County	State	ZIP
Name	Title	SSN	Date of birth	
Phone	E-mail address	Guarantor	% Ownership	
<input type="checkbox"/> Yes <input type="checkbox"/> No				
Address	City	County	State	ZIP
Name	Title	SSN	Date of birth	
Residence telephone	Business telephone	E-mail address	Guarantor	% Ownership
<input type="checkbox"/> Yes <input type="checkbox"/> No				
Address	City	County	State	ZIP

## Affiliates (List below all business concerns in which the applicant company or any of the individuals listed in the ownership section above have any ownership. Attach current financial statements. If more than three, please include on separate sheet and attach.)

Company name	TIN	Business telephone		
Guarantor	Owner (applicant company or individuals)	% Ownership		
<input type="checkbox"/> Yes <input type="checkbox"/> No				
Address	City	County	State	ZIP
Company name	TIN	Business telephone		
Guarantor	Owner (applicant company or individuals)	% Ownership		
<input type="checkbox"/> Yes <input type="checkbox"/> No				
Address	City	County	State	ZIP
Company name	TIN	Business telephone		
Guarantor	Owner (applicant company or individuals)	% Ownership		
<input type="checkbox"/> Yes <input type="checkbox"/> No				
Address	City	County	State	ZIP

**Miscellaneous** (If answered "Yes," provide detail on a separate sheet.)

Any previous SBA or Federal Government debt? If "Yes," please detail on debt schedule.  Yes  No

Is any loan applicant, or any director, executive officer or principal shareholder loan applicant, an executive officer, director or principal shareholder of a financial institution?  Yes  No

Has your business ever filed bankruptcy or defaulted on any debts?  Yes  No

Is the business an endorser, guarantor or co-maker for obligations not listed in its financial statements?  Yes  No

Does your business use or store any hazardous/toxic materials or produce hazardous/toxic waste?  Yes  No

Is the business a party to any claim or lawsuit?  Yes  No

Does the business owe any taxes for years prior to the current year?  Yes  No

Does your company maintain key person life insurance on any owner, officer or shareholder?  Yes  No

_____	_____	_____
Name of insurance company	Life insurance agent	Telephone
_____	_____	_____
Name of insured	Beneficiary	Amount
_____	_____	_____
Accountant name		Telephone
_____		_____
Attorney name		Telephone
_____		_____
Business insurance agent		Telephone
_____		_____
Residential insurance agent		Telephone
_____		_____
Certified development corporation		Telephone
_____		_____
Real estate agent name		Telephone
_____		_____
Title company/closing attorney		Telephone

**Agreement**

By signing below, you certify that all the information you've given 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, including but not limited to true and complete federal income tax returns, employment verification and income verification.

You also agree to reimburse the bank for its expenses incurred in connection with any credit commitment. These expenses include without limitation the bank's appraisal, environmental services and legal costs, and are payable even though the extension of credit may not be consummated.

_____	_____		
Authorized signature	Authorized signature		
_____	_____		
Print name, title	Print name, title		
_____	_____		
Address	Address		
_____	_____		
City	State	ZIP	
_____	_____	_____	
Social Security or tax ID no.	Date	Social Security or tax ID no.	Date

**Consent to transfer application/information**

The undersigned has applied to Bank of America, N.A. ("Bank of America") for commercial loan financing. The undersigned understands that Bank of America has established a referral relationship with other financial service providers to whom it may refer financing requests that do not meet the parameters established by Bank of America for the type of financing requested. Neither Bank of America nor any such third party financial service provider has any commitment to lend to the undersigned. The undersigned hereby authorizes Bank of America to transfer its loan application, together with all supporting information submitted by the undersigned (including information concerning any guarantors), to such third party financial service provider(s). In addition, the undersigned hereby further authorizes any such third party financial service provider to notify Bank of America of such financial service provider's action with respect to such application.

For credit applications submitted by non-individuals (such as corporations, partnerships, limited liability companies or trusts), sign here:

_____	_____
Name of business entity	
_____	_____
By	By
_____	_____
Title	Title
_____	_____
Date	Date

For credit applications submitted by individuals or sole proprietors, sign here:

_____	_____
Authorized signature	Authorized signature
_____	_____
Print name	Print name
_____	_____
Date	Date



**Personal profile**

You may apply for credit in your name alone, regardless of marital status. Check your marital status below only if (a) you live in a community property state, such as California, or (b) this is a joint application. You must answer the questions about your spouse only if you're married and (a) you live in a community property state, or (b) this is a joint application with your spouse. If you're married and live in a community property state, Bank of America, N.A. will assume that all assets, income and debts are community property, unless you indicate otherwise.

Married  Unmarried  Separated  
 Marital status \_\_\_\_\_ Total number of dependents \_\_\_\_\_ Ages of dependents \_\_\_\_\_

Name \_\_\_\_\_ Date of birth DAY/MONTH/YEAR \_\_\_\_\_ Social Security no. \_\_\_\_\_

Street address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

YEARS/MONTHS \_\_\_\_\_  Own  Rent  Other  
 How long at address \_\_\_\_\_ Home phone \_\_\_\_\_ Business phone \_\_\_\_\_

Employer \_\_\_\_\_ YEARS/MONTHS How long \_\_\_\_\_ Occupation \_\_\_\_\_

Employer address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Spouse's name \_\_\_\_\_ Date of birth DAY/MONTH/YEAR \_\_\_\_\_ Social Security no. \_\_\_\_\_

Spouse's employer \_\_\_\_\_ YEARS/MONTHS How long \_\_\_\_\_ Occupation \_\_\_\_\_ Business phone \_\_\_\_\_

Employer address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**Financial information as of** MONTH/DAY/YEAR \_\_\_\_\_

<b>Assets</b> (List and describe all assets)	<b>Market Value</b>
Checking: name of financial institution	\$ _____
Additional checking: name of financial institution	\$ _____
Savings: name of financial institution	\$ _____
Accounts/notes receivable (Please itemize)	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Marketable securities (from Schedule A on reverse)	\$ _____
Businesses owned (from Schedule B on reverse)	\$ _____
Real estate (from Schedule C on reverse)	\$ _____
Retirement accounts (Vested interest)	\$ _____
Other assets (Please itemize)	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>Total assets</b>	\$ _____

<b>Liabilities</b> (List creditor name)	<b>Balance Owing</b>	<b>Monthly Payment</b>
<small>List credit cards, open lines of credit, and other liabilities (including alimony and child support). Also list loans with assets used as security.</small>		
Credit cards	\$ _____	\$ _____
Lines of Credit	\$ _____	\$ _____
Installment Loans	\$ _____	\$ _____
Student Loans	\$ _____	\$ _____
HELOC	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Real estate loans (from Schedule C on reverse)	\$ _____	\$ _____
Monthly rent payment	\$ _____	\$ _____
Other obligations (Please itemize)	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
<b>Total liabilities/payments</b>	\$ _____	\$ _____
<b>Net worth</b> (total assets - total liabilities)	\$ _____	
<b>Total</b> (total liabilities - net worth)	\$ _____	

<b>Annual Income</b>	
<small>Income Sources - Income from alimony, child support or separate maintenance does not have to be stated unless you want it considered.</small>	
Your gross annual salary	\$ _____
Your spouse's gross annual salary	\$ _____
Gross annual rental income	\$ _____
Other income (Please itemize)	\$ _____
_____	\$ _____
_____	\$ _____
<b>Total income</b>	\$ _____

<b>Annual Expenditures</b>	
Real estate payment(s)	\$ _____
Rent/lease payment(s)	\$ _____
Income taxes	\$ _____
Insurance premiums (all types)	\$ _____
Property taxes	\$ _____
Alimony, child support or separate maintenance	\$ _____
Other (Include installment payments other than real estate)	\$ _____
_____	\$ _____
<b>Total expenditures</b>	\$ _____

Is any of this income likely to be reduced or interrupted within the next year?  
 Yes  No If yes, how long will the interruption last? Describe:  
 \_\_\_\_\_  
 \_\_\_\_\_

Do you have any loans/obligations in any other individual or business name?  
 Yes  No If yes, describe:  
 \_\_\_\_\_  
 \_\_\_\_\_

**Schedule A — marketable securities** (Attach supplemental schedule, if necessary)

No. of Shares/ Amt. of Bonds	Description	Exchange Listed	Name(s) of Owner(s)	Ownership Type*	Current Market on Listed or Estimated Value on Unlisted
					\$
					\$
					\$

**Schedule B — business(es) owned** (Attach supplemental schedule, if necessary)

No. of Shares	Description	Name(s) of Owner(s)	Ownership Type*	Percentage Ownership	Current Value
					\$
					\$
					\$

**Schedule C — real estate** (Attach supplemental schedule, if necessary)

Property Address and Type of Improvement	Purchase Date	Name(s) of Owner(s)	Ownership Type*	Net Annual Rent Income	Estimated Value	Amount Owning	To Whom Payable/ Monthly Payment
				\$	\$	\$	
				\$	\$	\$	
				\$	\$	\$	

\*Ownership Type: JT=Joint Tenancy TC=Tenants in Common CP=Community Property SP=Separate Property

**General information on applicant and spouse** (Provide full details on any "yes" answers to questions 2-6; attach separate sheet, if necessary.)

- Are your principal cash deposits held jointly with another person?  Yes  No If yes, with whom? \_\_\_\_\_
- Are any assets encumbered or debts secured except as indicated?  Yes  No
- Are there any suits or unpaid judgments now pending against you?  Yes  No
- Have you ever voluntarily surrendered or had a vehicle, or any other item, repossessed?  Yes  No
- Have you or your spouse ever been the subject of bankruptcy proceedings?  Yes  No
- Have you ever applied for or obtained credit under another name?  Yes  No
- Are you a U.S. citizen?  Yes  No If no, please give country of citizenship and visa status: \_\_\_\_\_
- Are any assets held in a trust?  Yes  No

**Life insurance**

Name of insurance company \_\_\_\_\_ Name of insured \_\_\_\_\_ Life insurance amount \$ \_\_\_\_\_

Beneficiary's name \_\_\_\_\_ Relationship \_\_\_\_\_

Beneficiary's address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Name of insurance company \_\_\_\_\_ Name of insured \_\_\_\_\_ Life insurance amount \$ \_\_\_\_\_

Beneficiary's name \_\_\_\_\_ Relationship \_\_\_\_\_

Beneficiary's address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**Your signature**

By signing below, you certify that the statements above and on any attachment(s) are true and complete as of the date given below. You authorize the bank to verify or check any of the information given, check your credit references, verify employment and obtain credit reports (including your spouse, if you are married and living in a community property state). You also authorize the bank to provide credit information about you and your accounts to others.

X \_\_\_\_\_  
Applicant \_\_\_\_\_ Date \_\_\_\_\_

X \_\_\_\_\_  
Applicant \_\_\_\_\_ Date \_\_\_\_\_

**Business Real Estate Rent Schedule**

Furnish the following information on all real estate rental properties used and/or paid for by the business. Do not include equipment rents, any personal rents or any rents received for properties where the business is a landlord.

Company name \_\_\_\_\_

Lessor and/or Property Address	Original Lease Date	Monthly Lease Amount \$	Final Lease Maturity	Will this lease payment cease if this real estate transaction closes? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, indicate the date of the last lease payment and the annual taxes and insurance on this property.
Lessor name _____ Address _____ City, State ZIP _____	_____	\$ _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Lessor name _____ Address _____ City, State ZIP _____	_____	\$ _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Lessor name _____ Address _____ City, State ZIP _____	_____	\$ _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Lessor name _____ Address _____ City, State ZIP _____	_____	\$ _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Lessor name _____ Address _____ City, State ZIP _____	_____	\$ _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Lessor name _____ Address _____ City, State ZIP _____	_____	\$ _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Lessor name _____ Address _____ City, State ZIP _____	_____	\$ _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Lessor name _____ Address _____ City, State ZIP _____	_____	\$ _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
		<b>Total monthly lease payments</b>	\$ _____		

**Your signature**

By signing below, you certify that the statements above and on any attachment(s) are true and complete as of the date given below. You authorize the bank to verify or check any of the information given.

X \_\_\_\_\_  
Applicant Date

**Financial statement of**

Full legal name of company				<small>MO/YR to MO/YR</small> Date submitted
Address	City	County	State	ZIP
Type of business	Business telephone		Federal tax ID number	

**Balance sheet as of** MONTH/DAY/YEAR

<b>Assets</b>		<b>Liabilities</b>	
Cash	\$	Accounts payable	\$
Marketable securities	\$	Notes payable	\$
Accounts receivable	\$	Current portion long-term debt	\$
Inventory	\$	Accruals	\$
Prepaid expenses	\$	Taxes payable	\$
Other current assets	\$	Other current liabilities	\$
<b>Total current assets</b>	<b>\$</b>	<b>Total current liabilities</b>	<b>\$</b>
Land and buildings	\$	Long-term debt	\$
Machinery and equipment	\$	Other liabilities	\$
Leasehold improvements	\$	<b>Total liabilities</b>	<b>\$</b>
Other fixed assets	\$	Capital stock	\$
Less accumulated depreciation	-\$	Paid in capital	\$
<b>Net fixed assets</b>	<b>\$</b>	Retails earnings	\$
Other assets	\$	<b>Total equity</b>	<b>\$</b>
<b>Total assets</b>	<b>\$</b>	<b>Total liabilities and equity</b>	<b>\$</b>

**Income statement for the period from** MONTH/DAY/YEAR **to** MONTH/DAY/YEAR

Net sales or revenue	\$
Less cost of goods sold	
Gross margin	-\$
Less operating expenses	
Salaries (owners)	-\$
Salaries (other)	-\$
Rent	-\$
Depreciation	-\$
Bad debts	-\$
Interest	-\$
Advertising	-\$
Taxes	-\$
Other misc. expenses	-\$
<b>Net profit before income tax</b>	<b>\$</b>
Less income taxes paid	-\$
<b>Net profit after income tax</b>	<b>\$</b>

**Your signature**

By signing below, you certify that the statements above and on any attachment(s) are true and complete as of the date given below. You authorize the bank to verify or check any of the information given.

<input type="checkbox"/> Applicant	Date
<input type="checkbox"/> Prepared by (print name)	Date
<input type="checkbox"/> Prepared by (signature)	Date

Borrower name		Property known as				
Property address	City	County	State	ZIP		
<small>MO/YR to MO/YR</small> Date first developed	Specific property use					

**Please check the appropriate box for each question.**

	Yes	No	Attachment?
Has the site, its owners or occupants ever been the focus of environmental inquiry or investigation by a local, state or federal agency? If so, provide a complete explanation with supporting attachments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has any prior or current occupant or owner of the site ever been cited, fined or paid penalties in any manner as a result of environmental issues on-site? If so, provide a complete explanation with supporting attachments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has a Phase I ESA or any other environmental report ever been prepared by a consultant for this property? If so, you must provide a copy of each report for the bank's review with this completed questionnaire.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have any of environmentally sensitive activities listed below taken place at the property historically either as a primary activity or in conjunction with activities on-site? If yes, complete Table A (below).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are any of the above applicable to the current use of the property? If yes, complete Table A (below).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If the property was built prior to 1981, is asbestos known to be present at the property? If so, provide a copy of all information concerning asbestos with this completed questionnaire.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has the property ever been investigated for or had a documented presence of lead-based paint, indoor air quality problem or mold? If so, provide a copy of all information concerning these issues with this completed questionnaire.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Historically, did the property ever have any underground storage tanks (e.g., heating oil, backup generators)? If underground storage tanks were removed from the property, provide documentation that they have been removed and have received regulatory agency closure.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are any underground storage tanks currently located on the property? If so, complete the Bank of America Environmental Questionnaire— Underground Storage Tanks.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are any regulated, toxic or hazardous chemicals or materials stored, consumed on or disposed of from the property? If so, describe them and their use, storage and handling (including whether or not Material Safety Data Sheets are present available on-site)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have there been any spills, leaks or other reportable releases of chemicals on the property or migration of chemicals onto the property from an off-site source? If so, provide copy of all reports and regulatory agency correspondence related to the incident(s).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Table A – Environmentally Sensitive Activities** (Check all that apply.)

Historical	Current	Activity	Historical	Current	Activity
<input type="checkbox"/>	<input type="checkbox"/>	Airport or aircraft maintenance	<input type="checkbox"/>	<input type="checkbox"/>	Military base
<input type="checkbox"/>	<input type="checkbox"/>	Analytical testing	<input type="checkbox"/>	<input type="checkbox"/>	Mining or quarry activities
<input type="checkbox"/>	<input type="checkbox"/>	Asphalt or cement plant	<input type="checkbox"/>	<input type="checkbox"/>	Motor vehicle maintenance/repairs
<input type="checkbox"/>	<input type="checkbox"/>	Automotive repair or service (mechanical or autobody)	<input type="checkbox"/>	<input type="checkbox"/>	Oil and gas production/refining
<input type="checkbox"/>	<input type="checkbox"/>	Chemical manufacturing/treatment	<input type="checkbox"/>	<input type="checkbox"/>	Paper manufacturing
<input type="checkbox"/>	<input type="checkbox"/>	Dairy, meat and food processing	<input type="checkbox"/>	<input type="checkbox"/>	Pharmaceutical/medical production
<input type="checkbox"/>	<input type="checkbox"/>	Dry cleaning or laundry facilities	<input type="checkbox"/>	<input type="checkbox"/>	Photochemical laboratories
<input type="checkbox"/>	<input type="checkbox"/>	Explosives manufacturing	<input type="checkbox"/>	<input type="checkbox"/>	Plastic/fiberglass fabrication/manufacturing
<input type="checkbox"/>	<input type="checkbox"/>	Fertilizer manufacturing	<input type="checkbox"/>	<input type="checkbox"/>	Power plant
<input type="checkbox"/>	<input type="checkbox"/>	Foundries/smelters/casting operations	<input type="checkbox"/>	<input type="checkbox"/>	Printing industries
<input type="checkbox"/>	<input type="checkbox"/>	Freight terminals	<input type="checkbox"/>	<input type="checkbox"/>	Railroad yard/spur
<input type="checkbox"/>	<input type="checkbox"/>	Gasoline station or convenience store	<input type="checkbox"/>	<input type="checkbox"/>	Recycling processes
<input type="checkbox"/>	<input type="checkbox"/>	Herbicide/pesticide manufacturing	<input type="checkbox"/>	<input type="checkbox"/>	Textile and leather manufacturing
<input type="checkbox"/>	<input type="checkbox"/>	Incineration, furnace or air emissions of any nature	<input type="checkbox"/>	<input type="checkbox"/>	Trash, debris or waste disposal including landfilling or open dumps
<input type="checkbox"/>	<input type="checkbox"/>	Inks, dye and paint manufacturing or use	<input type="checkbox"/>	<input type="checkbox"/>	Treatment, storage or disposal facility for municipal, special, regulated or hazardous wastes
<input type="checkbox"/>	<input type="checkbox"/>	Junk/scrap yard	<input type="checkbox"/>	<input type="checkbox"/>	Vehicle/equipment de-greasing/washing
<input type="checkbox"/>	<input type="checkbox"/>	Livestock feed lots or manure stockpiles	<input type="checkbox"/>	<input type="checkbox"/>	Waste treatment processes
<input type="checkbox"/>	<input type="checkbox"/>	Machine shops	<input type="checkbox"/>	<input type="checkbox"/>	Wood preservation or finishing
<input type="checkbox"/>	<input type="checkbox"/>	Metal fabrication or production	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Metal plating or finishing			

**Your signature**

I, PRINT NAME, state to the best of my knowledge, information and belief that all of the facts stated in response to the questions and requests for information contained in the foregoing Environmental Questionnaire are true.

X Signature	Corporate title	Date
----------------	-----------------	------

**Business Profile**

Use separate attachments to answer questions if necessary.

Company name

Nature of business: (Describe the type of business you are in, including products and services, and how/why you became involved.)

List key customers (Indicate with asterisk any who the loss of could jeopardize orderly repayment)

Geographic sales area

List major competitors and size (sales \$/employees)

Major suppliers (Indicate with asterisk any who the loss of could jeopardize orderly repayment)

Customer profile: (what are the primary markets who use your products?)

Describe market/industry conditions. Is the market emerging or mature? Growing or declining?

How does your business compete in this industry and in this market? What's your niche or competitive advantage?

Marketing analysis and strategy: (Explain your promotional, pricing and distribution strategies.)

Major past accomplishments: (Describe how your business differs from the competition and your competitive advantages.)

Have there been changes in the last 5 years in ownership or key management?  Yes  No

Comment on management's business/industry experience and management's depth. Have they operated successfully through a variety of business cycles?

What is management's primary concern for the business? What does management see as the primary risk?

Are there non-guarantor owners?  Yes  No

Describe nonconventional ownership structures and affiliate relationships relevant to an understanding of the request.

Name of primary business bank

Address

City

State

ZIP



**Credit request**

Borrower name \_\_\_\_\_ Federal tax ID no. \_\_\_\_\_  First Trust Deed  Second Trust Deed  
 \$ \_\_\_\_\_ Please check one  
 Amount requested \_\_\_\_\_ Term requested \_\_\_\_\_

**Purpose of request**

To finance current purchase at \_\_\_\_\_  
 Property improvement (how much) \$ \_\_\_\_\_  
 Refinance present loan(s)  
 Other (Describe and show amounts) \$ \_\_\_\_\_

**Property information**

Street address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Industrial  Retail  Office  Mixed use/other:  
 Property type \_\_\_\_\_  
 Construction type (i.e. wood frame, concrete tilt-up, un-reinforced brick, etc.) \_\_\_\_\_  
 Building sq. ft. \_\_\_\_\_ Approx. lot size \_\_\_\_\_ Number of parking spaces \_\_\_\_\_ % Occupied \_\_\_\_\_ % Owner-occupied \_\_\_\_\_ Year built \_\_\_\_\_ MONTH/DAY/YEAR Date acquired \_\_\_\_\_ \$ Purchase price \_\_\_\_\_ \$ Estimated value \_\_\_\_\_  
 How will property be vested? (Attach a copy of property tax bill) \_\_\_\_\_  
 Property is/will be held in the name(s) of \_\_\_\_\_  
 Zoning (If available) \_\_\_\_\_ MONTH/DAY/YEAR Date last appraised \_\_\_\_\_ \$ Appraised value \_\_\_\_\_  Yes  No Appraisal copy available \_\_\_\_\_

**Tenant list** (Attach copies of leases)

Occupant Name	Associated with applicant?	Sq. Ft.	% of Space Occupied	Business Activity	Annual Rent	Tenant Since	Number of Months Remaining on Lease
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	\$ _____	MONTH/DAY/YEAR _____	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	\$ _____	MONTH/DAY/YEAR _____	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	\$ _____	MONTH/DAY/YEAR _____	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	\$ _____	MONTH/DAY/YEAR _____	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	\$ _____	MONTH/DAY/YEAR _____	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	\$ _____	MONTH/DAY/YEAR _____	_____

**Annual expense**

	Amount	Actual	Projected		Amount	Actual	Projected
Utilities	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	Insurance	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Maintenance	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	Interest expense	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Property management	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	Other	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Real estate taxes	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	Total	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>

**Existing liens against the property**

Lender	Date Made	Original Amount	Current Balance	Original Term	Rate (Fixed/Floating)	Monthly Payment	Maturity Date
_____	MONTH/DAY/YEAR _____	\$ _____	\$ _____	_____	_____	\$ _____	MONTH/DAY/YEAR _____
_____	MONTH/DAY/YEAR _____	\$ _____	\$ _____	_____	_____	\$ _____	MONTH/DAY/YEAR _____

## Property condition

Adverse influences or hazards?  Yes  No  
Repairs/deferred maintenance needed?  Yes  No  
Change in future use of property?  Yes  No  
Improvements made since acquired?  Yes  No  
If yes, describe improvements below:

Exterior condition  Good  Fair  Poor  
Exterior condition  Good  Fair  Poor  
Cost of improvements \$ \_\_\_\_\_

Please explain any property deficiencies indicated above: \_\_\_\_\_

## Access arrangements

Primary contact \_\_\_\_\_ Home phone \_\_\_\_\_ Business phone \_\_\_\_\_  
Alternate contact \_\_\_\_\_ Home phone \_\_\_\_\_ Business phone \_\_\_\_\_  
Property occupied by \_\_\_\_\_  Yes  No  
Occupant to know of inspection?

## Life insurance

Name of insurance company \_\_\_\_\_ Policy number \_\_\_\_\_  
Agent's name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Fire and extended coverage \$ \_\_\_\_\_ MONTH/DAY/YEAR \_\_\_\_\_  Yes  No  
Expiration date Replacement cost guarantee?  
 Yes  No  
Flood insurance required? \$ \_\_\_\_\_ Amount \_\_\_\_\_ Name of insurance company \_\_\_\_\_

## Signatures

By signing below, you certify that the statements above and on any attachment(s) are true and complete as of the date given below. You authorize the bank to verify or check any of the information given, check your credit references, verify employment and obtain credit reports (including your spouse, if you are married and living in a community property state). You also authorize the bank to provide credit information about you and your accounts to others.

X \_\_\_\_\_ Date \_\_\_\_\_  
Applicant  
X \_\_\_\_\_ Date \_\_\_\_\_  
Applicant