



### **Loan Application**

Company Information			Web Site:	www.cdcloans.com			
Company name							
Address	City		State	Zip			
Principal in charge	Work phor	ne()	Work fax	( )			
Secondary contact person	Work phor	ne_()	Work fax	( )			
(INTRODUCTION OF BOOKNEED LK)	email						
Type of business			Date established				
Type of entity (check one): ■ Proprietorship ■ Partnership	■ LLC ■ Corporation—	-years busines	s incorporated				
Number of current employees Estimated nur	nber of new employees wit	thin the next t	two years as a result of this lo	an			
New Project Information							
Street address of project							
City Sta	ate 2	Zip	County				
What is the square footage of the new building?	What is th	What is the square footage your company will occupy?*					
*Please note—we require your company to occupy 51% of an existing	ng building or 60% of a ne	ew building.					
Escrow closing date Realtor's name			Phone				
How will the property be vested (i.e. individually, husband and wife,	partnership, LLC, corpora	tion, trust)?					
If there are any tenants that will remain in the building, please	provide the following inf	ormation: Also	o, please have your realtor provi	de copies of all existing leases			
Tenant name	Square f	ootage	Lease expiration	Rent amount			
Checklist Please provide the following documents and inf	formation						
Business information	Lega	al entity docu	ments (as applicable)				
Business financial statements for the last three years			torship—Fictitious Business Na				
Projections (form attached)		(filing and proof of publication with county recorder's stamp)					
Interim financial statement dated within the last 60 days		Corporation—Articles of Incorporation, Corporate Bylaws and Stock Certificates					
Business debt schedule (form attached)	-	Partnerships (General, Limited or Limited Liability)—Partnership Agreement (with all exhibits) and State Registration, if any					
Federal tax returns for the last three years							
0ther		Operating Agreement					
Personal information (for each individual with 20% or greater o	wnershin)	<b>Trust</b> —Trust	Agreement with all exhibits				
Personal tax returns for the last three years	- •	l estate inform	mation				
Personal resumé (form attached)	——————————————————————————————————————		Purchase Agreement and Escrowing Settlement Sheet and Grant				
,							
Personal financial statement (form attached)		Construction	cost budget and/or equipment	hids			

References					
Bank name		Account Off	icer	Phone .	
Accountant F	irm name			Phone .	
Attorney F	irm name			Phone .	
Company Ownership					
Name		Title			% of Ownership
Name		Title			% of Ownership
Name	<u></u> .	Title			% of Ownership
Name		Title			% of Ownership
Name		Title			% of Ownership
If a corporation, please indicate who is President an	nd Secretary				
Affiliate Businesses List any other busines	ss owned by any principal with	20% or more own	nership in operating compar	ıy.	
Business Name		Owner			% of Ownership
Business Name		Owner			% of Ownership
Business Name		0wner			% of Ownership
Business Name		Owner			% of Ownership
Existing Business Locations					
Business Address		Own Lease	Replaced by new facility?	■ Yes	■ No
		Square Feet	Mortage/Lease payment \$_		Lease expiration
Business Address		Own Lease	Replaced by new facility?	■ Yes	■ No
		Square Feet	Mortage/Lease payment \$_		Lease expiration
Business Address		Own Lease	Replaced by new facility?	■ Yes	■ No
		Square Feet	Mortage/Lease payment \$_		Lease expiration
Business Address		0wn ■ Lease ■	Replaced by new facility?	■ Yes	■ No
		Square Feet			Lease expiration
Total Project Costs					
	Enter Dollar Amounts				Enter Dollar Amount
Real estate (land and building)	\$	Acquisition of ex	xisting business		\$
New construction/expansion/repair	\$	Payoff SBA loan			\$
Acquisition and/or repair of machinery and equipme	ent \$	Payoff bank loar	n (non SBA associated)	•••••	\$
Inventory purchase		. •	nent (non SBA associated)		
Working capital (including loan fees)	\$	TOTAL PROJECT	•••••	•••••	\$

ame	MTDDI F LAST		SSN #:	
rmer name_ FIRST				
FIRST te of birth	MIDDLE	LAST		WHEN USED
sidence telephone ()		Business telephone (		
			/	
STREET STREET	CITY	STATE	ZIP	FROM TO
vious address	CITY			FROM TO
you employed by the U.S. Government?				
ouse Name	SSN #	Date of Birth	Place of Birth	
e you a U.S. Citizen? (If no, please provide a copy of your spouse a U.S. citizen? (If no, please provide a copy of your spouse a U.S. citizen? (If no, please provide a copy of your spouse a U.S. citizen? (If no, please provide a copy of your spouse) under indictment, on parole or probate yes, furnish details in separate exhibit. List name(s) we you ever been charged with or arrested for any critical yes, furnish details in separate exhibit. List name(s) we you ever been convicted of any criminal offense of yes, furnish details in separate exhibit. List name(s) we you ever been convicted of any criminal offense of yes, furnish details in separate exhibit. List name(s) which which race you more closely identify? Choose only African American Asian or Pacific Islander White Other College or technical training)  The and Location	opy of their Alien Registration or ion?  under which held, if applicable.).  minal offense other than a mino under which held, if applicable.).  ther than a minor motor vehicle under which held, if applicable.).  one (optional):  ve American (other than Eskimo e	r motor vehicle violation? violation?	. Yes No . Male Female	Degree or Certificate
litary service background				
anchnorable discharge?		To Vietnam veteran?		
Work Experience List chronologically, beginnin  mpany name/location  To To Title		·		
ties				
tiesmpany name/location				
ties mpany name/location nm To Title ties				
mpany name/location To Title ties mpany name/location To Title To Title To Title To Title To Title To				
mpany name/location Title m To Title iies mpany name/location				
mpany name/location  m To Title  ies  mpany name/location  m To Title  ies	on is true and correct. I hereby I in the servicing and/or during ired in the processing of my loar	authorize the release of any the term of my loan. I furthe a application.	and all credit report and er authorize CDC Small Bu	other information require
npany name/location  m To Title  ies  npany name/location  m To Title  ies  redit Report Authorization  eclare that the information provided in this application are processing of my loan application and as required sor to release such information to any entity as required the hereby certify that the enclosed information, included the control of the control o	on is true and correct. I hereby d in the servicing and/or during ired in the processing of my loar ding any attachments or exhibits	authorize the release of any the term of my loan. I furthe a application.	and all credit report and er authorize CDC Small Bu: later date, is valid and co	other information require

Operating Company Profi	le Use separate attachments t	o answer questions if necess	sary.	
Company name				
. 5	ss you are in and how/why you bec			
Type of products or services	offered (include any catalogs or brod	chures)		
Coographic market area conv	ed			
deographic market area serve	eu			
What is your outlook concer	rning the business activity in which	you are engaged?		
How will this loan benefit y	our company?			
Will this loan create new em	ployment opportunities? ■ Yes	No. If was state how:		
will this toan create new em	ptoyment opportunities:	in yes, state now		
Customer profile				
What primary markets use yo	our products?			
List key customers				
List major competitors				
Major suppliers				
Future plans (What is your gr	rowth strategy? Rapid growth, moder	ate, or maintain market position	n? What are the impediment	s that may impact your success?)
Major past accomplishments	how your business differs from the	competition and your competi	itive advantages:	
	, now your business uniters from the	competition, and your competi	icive davantagesi	
Marketing analysis and strate	egy (Explain your promotional, pricin	g, and distribution strategies.)_		
Previous SBA or other feder	ral government debt			
Name of agency				Original amount of loan
Date of request	Approved or declined	Current balance	Status Current	■ Past Due
Name of agency				Original amount of loan
Date of request	Approved or declined	Current balance	Status Current	Past Due
Name of agency				Original amount of loan
Date of request	Approved or declined	Current balance	Status Current	Past Due
Have you or any officer of yo	our company ever been involved in b	pankruptcy or insolvency procee	edings? If yes, please provi	de details ■ Yes ■ No

Are you or your business involved in any pending lawsuits? If yes, please provide details. . . . . . . . . . . . . . . . . ■ Yes

If yes, please provide details. 

Does your business presently engage in export trade? 

Yes

■ No

■ No

■ No

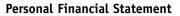
■ No

■ No

Do you buy from, sell to, or use the services of any concern in which someone in your company has a significant financial interest?

Furnish the following information on all installment debts, contracts, notes, and mortgages payable. Do not include accounts payable or accrued liabilities.

			Total monthly payment	Total		Total present balance**	Total p	
Current or delinquent?	Security	Monthly payment	Maturity date	Interest rate	Present balance	Original date	Original amount	Creditor Name/address





U.S. Small Business Administration

U.S. Sinali Dusiness Auministration					A3 01, 20	
Complete this form for: (1) each proprietor, (2) each limited partnership, or (4) each stockholder owning 20% or more of vowning 20% or more interest, or (6) any other person or entit	oting stock and each	corporate off	icer and direc	n general partner, (3) ctor, or (5) each mem	each member of a Limited Liability ber of a limited liability company	
Name		Business phone				
Residence address		Residence phone				
City, State, & Zip Code						
Business name of applicant/borrower						
Assats				Liabiliti		
Assets 0	MIT CENTS	I		בומסונונו	ies OMIT CENTS	
Cash on hand & in banks\$			-		\$	
Savings accounts\$			yable to bank be in Section		\$	
IRA or other retirement account\$		,		,	\$	
Accounts & notes receivable\$		Monthly	y payments \$	5		
Life insurance—cash surrender value only\$  (Complete Section 8)					\$	
Stocks and bonds\$		1		S	\$	
(Describe in Section 3)				\$		
Real estate\$ (Describe in Section 4)		be in Section				
Automobile—present value\$	Unpaid ta (Descri	axes be in Section	6)	\$		
Other personal property\$  (Describe in Section 5)	Other Lia	bilities		\$		
Other assets\$		be in Section	-			
(Describe in Section 5)					\$	
Total\$\$		Net worth	1		\$\$ \$	
10tat				10tat		
Section 1. Source of Income		Continge	nt Liabilities			
Salary\$\$		As endors	ser or co-mak	er	\$	
Net investment income\$				\$		
Real estate income\$		_			\$	
Other income (Describe below)*				\$		
· ·		<u> </u>				
Description of Other Income in Section 1.						
*Alimony or child support payments need not be disclosed in	"Other Income" unle	ss it is desire	ed to have su	ich payments counte	d toward total income.	
Section 2. Notes Payable to Banks and Others  Use attack	:hments if necessary	,. Each attac	hment must	be identified as a p	part of this statement and signed	
Name and address of noteholders	Original	Current	Payment	Frequency	How secured or endorsed	
	balance	balance	amount	(monthly, etc.)	type of collateral	

Section 3: Stocks and Bonds	Use attachments if necessary. Each at	ttachment must b	e identified as a part	of this statement and	signed.
Number of shares	Name of securities	Cost	Market value quotation/exchange	Date of quotation/exchange	Total value
Section 4: Real Estate Owned	List each parcel separately. Use attach	ments if necessary.	Each attachment must be	e identified as a part of t	this statement and signed.
	Property A		Property B		Property C
Type of property					
Owner					
Property address					
Date purchased					
Original cost					
Present market value					
Mortgage holder					
Address of mortgage holder					
Mortgage account number					
Mortgage balance					
Amount of payment per month					
Status of mortgage					
Rental income					
Section 5: Other Personal Pro	perty and Other Assets  Describe, and i of lien, terms	f any is pledged of payment, and i	as security, state name if delinquent, describe	e and address of lien h delinquency.	older, amount
Section 6: Unpaid Taxes De	scribe any tax liens include to whom p	ayable, when due	, amount, and to what	property.	
Section 7: Other Liabilities	Describe in detail.				
Section 8: Life Insurance Held	Give face amount and cash surren	der value of polic	cies-name of insurance	company and benefic	iaries.
*	usiness Finance to make inquiries as necessary the attachments are true and accurate as of the	=	=		=
	nts may result in forfeiture of benefits and pos				
Signature		Date	9	Social Security Number	
Signature		Date	c	Social Security Number	
_ ~					



This document confirms that the applicant(s) owe(s) no fees to CDC until a loan guaranty is approved by SBA

#### 1.INTEREST RATE ON DEBENTURE AND NOTE

The interest rate on the Debenture and on the Note between you and CDC Small Business Finance ("CDC") will not be set until the time of the Debenture sale. CDC will issue a Debenture not to exceed 40% of the SBA eligible project costs. This Debenture will be sold to investors after satisfaction of all conditions required by the CDC and United States Small Business Administration ("SBA"). Market conditions at the time of sale will determine the fixed interest rate for the Debenture and Note between you and CDC.

#### 2.MONTHLY PAYMENT

The monthly payment on the Note includes principal and interest, plus the CDC servicing fee, the SBA guaranty fee and the Central Servicing Agent ("CSA") servicing fee (see paragraph 4 below).

# 3.THE FOLLOWING FEES ARE PAID THROUGH THE SBA LOAN PROCEEDS:

#### **SBA GUARANTEE FEE:**

A reserve deposit as a % of the Net Debenture Proceeds may be deducted by the CSA, and deposited into a reserve account. The reserve deposit is non-refundable and no interest accrues to borrower. Currently the reserve deposit is ZERO.

#### **FUNDING FEE:**

The funding fee covers certain costs associated with marketing and selling 504 Debentures. The funding fee is 1/4 of 1% of the Net Debenture Proceeds.

#### CDC LOAN PROCESSING FEES:

- a. Loan Processing Fee: CDC will charge a one-time processing fee equal to 1.5% of the net proceeds of the Debenture.
- b. Closing Fees of up to \$2,500 for legal fees which are further addressed in Paragraph 7 of this document.

#### **UNDERWRITING FEE:**

The Underwriters provide financial advisory services in connection with the 504 Debentures, and build and maintain a secondary market. The Underwriters' fee is up to 2/5 of 1% of the face amount of the Debenture.

## DISCLOSURE STATEMENT REGARDING 504 LOAN CHARGES AND PROCEDURES

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#### 4.CENTRALSERVICING AGENT, CDC SBA FEES

The SBA has appointed a Central Servicing Agent ("CSA") to collect monthly payments from borrowers and transfer them to investors. For this service, CSA receives an annual servicing fee of 1/10 of 1% per annum on the balance of the loan. Please note that you are required to authorize the CSA to make automatic withdrawals of the monthly loan payments from your checking account. CDC will provide reporting and portfolio management services for the term of the Note. For these services, CDC will receive a servicing fee equal to 5/8 of 1% per annum on the balance of the loan. During the term of the Note, SBA will receive an ongoing guaranty fee equal to .389 % per annum on the balance of the loan, This fee is subject to change. These three fees are recalculated at each 5 year anniversary of the Note funding date.

#### 5.TITLE POLICY/FINANCING STATEMENT REPORT

You are solely responsible for all costs associated with the Policy of Title Insurance that insures CDC's and SBA's lien on the subject property. Such insurance is separate from title insurance for third party lenders. If personal property is taken as security, you are responsible for all costs for perfecting CDC's and SBA's security interest in the property, plus all UCC-1 Financing Statement and related reports. In most cases, you will be invoiced for title charges directly by the title company. If you are not billed directly by the title company, you will be required to provide to CDC a check for all title charges.

## 6.WITHDRAWING LOAN APPLICATION AFTER SBA APPROVAL

In the event you withdraw your loan application after SBA issues the SBA Authorization and Debenture Guaranty, ("Debenture Authorization"), or if the Debenture Authorization is withdrawn, cancelled or terminated for any reason, you agree to pay CDC a sum equal to 2/3 of the total CDC Loan Processing Fee on the loan package, less any deposit paid to CDC. This amount shall be due on the date of withdrawal, cancellation and/or termination. It is understood that all Debenture Authorizations contain conditions which must be satisfied prior to funding of the Debenture.

#### 7.LEGAL FEES AND CLOSING COSTS

Legal Counsel for CDC will charge a fee (legal fees), which may be less than but in no instance will exceed \$2,500. Other costs related to closing the loan may include but are not limited to fees charged for loan documentation, property tax service and UCC filings. Up to \$2,500 of the legal fees and closing costs may be paid through the debenture. If these legal fees and closing costs exceed \$2,500 dollars, the difference must be paid directly to CDC. You are solely responsible for paying any attorneys' fees or other closing costs in relation to the Debenture and loan, whether or not the Debenture is funded. The Debenture Authorization may reflect Legal Fees under the category of Closing Costs.

#### 8.INDEMNIFICATION/ATTORNEYS' FEES

a. You will indemnify and hold CDC and its officers, directors, employees and agents harmless from any and all liability for any loss, damage, or injury (including, without limitation, attorney's fees incurred with attorneys of CDC's choice) arising out of or resulting from:

Your failure to receive the subject loan; and/or Any loss, damage, or liability to you, your business and/or your principals, related parties/entities, guarantors, agents, successors and others, except for any loss caused by the sole intentional misconduct or sole gross negligence of CDC.

b. You hereby, on behalf of yourself and your principals, related parties/ entities, guarantors, agents, successors and/or insurers, waive all claims, losses and injuries against CDC, SBA and/or their agents, representatives and/or successors which are related or arise from the SBA504 Loan and Debenture program. This waiver includes, but is not limited to general, special, indirect, incidental or consequential, exemplary, punitive and/or economic loss damages. Your obligations hereunder shall survive termination of and, if funded, the funding of the SBA 504 Loan.

c. In the event CDC is required to institute proceedings to collect from Applicant(s) the processing fee to which CDC is entitled pursuant to this Disclosure, CDC shall be entitled to reasonable attorneys' fees and costs incurred in such proceedings.

#### 9.NO REPRESENTATIONS

The funding of the 504 Debenture and disbursement of the proceeds to you is subject to United States Small Business Administration approval of your Application and is also subject to your satisfactory compliance with the terms set forth in the Debenture Authorization and all other applicable conditions. CDC and/or SBA may impose conditions not a part of the Authorization. By signing this Disclosure Statement you acknowledge that:

- i. CDC has made no representations to you;
- ii. CDC is not your agent or representative;
- iii. CDC has made no representations to you that a Debenture Authorization will be issued in relation to your application;
- iv. Issuance of a Debenture Authorization is not a guarantee or commitment to make the loan and/or fund the Debenture by the SBA, CDC or any other party;
- v. Failure of any condition may result in your loan being delayed and/or not funded;
- vi. You understand SBA approval may be revoked until the actual funding of your loan;
- vii. There is no representation or guaranty of your loan funding on any specific date; and
- viii. An attorney certified by SBA and approved by CDC must issue a legal opinion regarding the loan.

The charges and procedures related to your 504 Loan are governed by Federal regulations. The applicable Federal regulations are subject to change, and therefore, the information contained herein may be changed without notice to you. Additional charges and requirements may be imposed by CDC or the SBA. EACH LOAN APPLICANT IS PERSONALLY RESPONSIBLE FOR UNDERSTANDING THE REQUIREMENTS, COSTS AND RESTRICTIONS APPLICABLE TO THE SBA 504 PROGRAM. APPLICANTS ARE ENCOURAGED TO SEEK THE ADVICE OF LEGAL COUNSEL BEFORE AND DURING THE LOAN APPLICATION PROCESS.

In signing this Disclosure Statement, you acknowledge that you have read, understood, and agree to be bound by, each and every provision set forth herein. As used herein, "you" refers to each of the undersigned. The undersigned has/have authority to bind all other applicants, borrowers and guarantors of the Loan.

#### **OPERATING COMPANY**

Print Company Name	
Sign	Date:
Print Name &Title:	
BORROWERS/APPLICANTS	5
Print Name	Signature
Print Name	Signature
CDC SMALL BUSINESS FIN	ANCE CORP.
By:(CDC Representative)	Date:

# ADDENDUM TO DISCLOSURE STATEMENT REGARDING 504 LOAN CHARGES AND PROCEDURES

The American Recovery and Reinvestment Act of 2009 temporarily eliminates or reduces certain fees on SBA loans. Pursuant to the Act an SBA 504 loan applicant will not pay the CDC Processing Fee for SBA 504 loans approved on or after February 17, 2009. This fee is referenced in Section 3 of the CDC Disclosure Statement. The waiver of this Fee will be in effect for so long as SBA makes funds available for payment of the Fee

## PROJECTED INCOME/EXPENSES

INOSECTED I	 <u> </u>	11323	1	1	1	I	I	1	1		
MONTH / YEAR										TOTAL	%
SALES											
COST OF SALES											
GROSS PROFIT											
EXPENSES											
ACCTING, LEGAL, PROFESSIONAL											
ADVERTISING EXPENSE											
AUTO & TRUCK EXPENSE											
BAD DEBT											
ENTERTAINMENT, TRAVEL											
EQUIPMENT RENTAL											
INSURANCE											
OFFICE EXPENSE											
OFFICER, OWNER SALARIES											
RENT, PROPERTY EXPENSE											
REPAIRS, MAINTENANCE											
SUPPLIES											
TAXES, LICENSES											
TELEPHONE, UTILITIES											
WAGES											
MISCELLANEOUS											
TOTAL EXPENSES											
NET OPERATING PROFIT											
OTHER INCOME <expenses></expenses>											
PROFIT BEFORE TAXES											

CTCNATUDE	DATE
31dNATURL	