

# SBA LOAN APPLICATION

PlainsCapital Bank is a Preferred SBA Lender. The following information is required for initial processing, however, if you have any questions as you fill this out, please call us at (512) 310-4223 or (512) 310-4228. Thank you!

#### 1. Borrower Information:

Exact Borrower N	ame				
Mailing Address o	f Borrower				
Telephone 1)		2)		Fax	
Physical Address	of Facility to be	Appraised			
Legal Entity of Bo	orrower (please	circle one):			
C Corp.	S Corp.	Partnership	LLC	Proprietorship	Other
Borrower's Feder	al Tax ID No. or	Social Security No.			

## 2. Business Financial Information (For Existing Businesses):

Please furnish the following information with this application, as it applies to your business. WE ASK THAT YOU SUBMIT COPIES FOR PLAINSCAPITAL BANK USE AS YOUR PACKAGE WILL NOT BE RETURNED TO YOU WHETHER OR NOT IT IS ULTIMATELY APPROVED OR DECLINED.

Complete Copies of Business Tax Returns for last three (3) years.

Fiscal Year End Balance Sheets and Income Statements for last three (3) years.

Current Balance Sheet and Income Statement dated within 60 days of this application.

Accounts Receivable List and Ageing (same date as Current Balance Sheet).

Accounts Payable List and Ageing (same date as Current Balance Sheet).

Schedule of Business Debt (same date as Current Balance Sheet) - form attached

#### 3. Business Financial Information (For Start-Up Businesses):

Complete Business Plan.

Financial Projections - 3 years of detailed revenues and expenses (include assumptions).

Opening Balance Sheet.

#### 4. Personal Financial Information:

Complete copies of Personal Tax Returns for last 3 years for anyone owning 20% or more of the business.

Personal Financial Statement for anyone owning 20% or more of the business (please use the attached form) - must be dated within 30 days of this application.

### 5. Background Information:

Completed Business Information Questionnaire (attached).

Personal Resume for anyone owning 20% or more of the business (form attached).

Copies of unexpired Driver's License for anyone owning 20% or more of the business.

# 6. Copies of Appropriate Legal Documents:

Copy of Assumed Name Certificate (if applicable).

Certificate of Incorporation and Articles of Incorporation and Bylaws -or-

Certificate of Partnership and Partnership Agreement -or-

Certificate of Organization and Articles of Organization.

## 7. Franchise Information (if applicable):

Copy of the Uniform Franchise Offering Circular ("UFOC").

Executed Franchise Agreement and all Addendums, if any.

#### 8. Project Information:

Project Cost Worksheet (form attached).

Copy of Earnest Money Contract (if Real Estate is being purchased).

Copy of Lease Agreement (if business site is being leased).

Copy of Buy/Sell Agreement (if business is being purchased).

Plans, Specifications, and Contractor Bid / Agreement (if building is being constructed or modified).

Source of Equity Injection (Bank or Investment Acct. Statement, Gift Letter, etc.).



# **FORMS**

The following forms are provided for your convenience. All of these forms are required in order to process any SBA loan application. If no debt exists for the business, please put "N/A" on Form B.

Form A: Business Information Questionnaire

Form B: Business Debt Schedule

Form C: Project Cost Worksheet

Form D: Personal History / Resume Form

Form E: Personal Financial Stmt / Cash Flow Stmt

Form F: Authorization - Retail Credit Reports

PlainsCapital Bank loan officers will pre-screen each prospective SBA application at no cost to the Borrower. If it is determined that the application is suitable for submission, there is a \$1,500.00 fee for preparing & processing the loan application, refundable if PlainsCapital Bank cannot approve the application. Key credit issues center on credit history, management experience, debt coverage capability, amount and quality of the collateral, the overall amount of leverage in the balance sheet, and the financial viability and feasibility of the project.

Business Information Q	<u>uestionnaire</u>		
Company Name			
Current Address	City	State	Zip
Proposed New Address	City	State	Zip
( ) Business Phone		Tax ID Num	ber
Date Business Establish	ed	Date Business Incorpo	rated
Number of Employees:	Currently	After Propos	sed Loan
List Affiliate / Subsidiary			3 years of Tax Returns; Financial Statements;
No. of Employees of Affi	liate / Subsidiaries	Current Balanc for each Affilia	e Sheet & Income Statement ate Business.
Ownership of Applicant	t Business		
	· •	ers, members, owners and dd up to 100% ownership.	stockholders who own
<u>Name</u> <u>Titl</u>	<u>e</u>	% Ownership	Annual Compensation
(attach additional page	if necessary)		
Names of Corporate Off	ficers		
President		Vice Preside	ent
Secretary		Treasurer	
Bank of Primary Busine	ss Account:		

riginal Amount Ori		Phone Num	ber
revious SBA or other overnment Financing including Student Loans:  gency/Lender Lo  riginal Amount Ori es No \$ Ye  oproved ? (circle one) Current Balance Sta			
povernment Financing including Student Loans:  gency/Lender Loans  riginal Amount Ories No \$ Yes  oproved ? (circle one) Current Balance State  ther		Phone Num	ber
gency/Lender Lo riginal Amount Ori es No \$ Ye oproved ? (circle one) Current Balance Sta			
riginal Amount Ories No \$ Yes pproved ? (circle one) Current Balance State			
oproved ? (circle one) Current Balance Sta	an Number		
oproved ? (circle one) Current Balance Sta	iginal Date		
ther	S	No	
	atus: Current?	(circle one)	)
her			
iscellaneous Information			
ave you or any officer of your company ever			
been involved in bankruptcy or insolvency proceedings?		Yes	No
e you or your business involved in any lawsuits?		Yes	No
e there judgements or tax liens against the business?		Yes	No
you or your business own or control another business?		Yes	No
you buy from, sell to, or use the service of any			
concern in which someone in your firm has a significant			
financial interest?		Yes	No
any of the business owners or officers, or any of			
their family members work for SBA, State Bank,			
SCORE, ACE, or other Federal Agency?		Yes	No
you Export?		Yes	No
ould you like information regarding exporting?		Yes	No
you answered "Yes" to any of these questions, please ex	plain below:		

Business	Debt	Schedule
----------	------	----------

or:	 	 	 	
Date:				

Payable To Whom Acct. Number	Address	Original Amount	Original Date	Present Balance	Interest Rate	Maturity Date	Monthly Payment	Secured By	Current or Past due	Repay? Y or N
Acct. Number		Amount	Date	Datatice	Nace	Date	rayment	Бу	rast due	1 01 14

Comments:		

PROJECT COST WORKSHEET	
Estimated Use of Proposed Loan Proceeds	
Land Acquisition	\$
New Construction	
Building Improvements or Repairs	
Leashold Improvements	
Equipment Purchase	
Inventory Purchase	
Acquisition of Existing Business	<u> </u>
Refinance Existing Bank Loan	
Refinance Existing Bank Loan	
Refinance Other Debt	
Working Capital	
Closing Costs / Contingency	
TOTAL CAPITAL REQUIREMENT	\$
Loan Amount Being Requested	\$
Comments:	

PERSONAL HISTORY / RESUME	FORM					
(to be filled out by all individua	lls with 20% or	more ownership	in business	5)		
Full Legal Name:						
Canada I agal Nama	First	Middle		Last	Maiden	
Spouse's Legal Name:	First	Middle		Last	Maiden	
Corporate Office Held:	FIISL	Social Se	curity #•	Last	Maideii	
Percent of Business Owned:	%		alary from	Business:	\$	
refeele of Busiless Owned.	_,,,	7 milaat 5	atary mom	Business.	<u> </u>	
Current Home Address:						
	Stre	eet	•	City, ST,	Zip	·
Lived there from:		To: P	resent			
	Month & Yea	r				
Previous Hm. Address:			<del> </del>			<del></del>
	Stre	eet		City, ST,	Zip	
Lived there from:		To:		<del>.</del>	<u> </u>	
	Month & Yea	r	Month &	Year		
Are year amplement by the U.C. C		V	Ma			
Are you employed by the U.S. O		Yes	No d.			
If yes, please provide the name	or the agency	and position net	u.		•	·
PERSONAL INFORMATION					(City & State	e)
Are you a United States Citizen	? }	res No	Place	of Birth:	(0.0) & 5000	-,
INS Alien Registration Card No.				of Birth:		
Marital Status (circle):		ried Divorced			Race:	
Have you ever been convicted,	charged with,	or arrested for a	ny criminal	l offense of	ther than a mi	nor
traffic violation?	Yes No					
Are you presently under indictn	nent, on parole	e or probation?		Yes	No	
Have you ever been convicted,	placed on pret	trial diversion, or	placed on	any form o	of probation,	
including adjudication withhe	ld pending pro	bation, for any c	riminal off	ense other	than a minor	
vehicle violation?	Yes No					
If you answered "Yes" to any of	the above que	stions, please ex	plain below	v:		
		·			·	
<u>EDUCATION</u>						
	Name	Dates At	tended	Graduate	?	Degree
High School:						
High School:						
College (s):						
Technical/Other:						

PERSONAL HISTORY / RESUME FORM	(continued)				
(to be filled out by all individuals with	20% or more ownership	in business)			
MILITARY SERVICE BACKGROUND					
		Branch:			
From:		To:			
Rank at Discharge:		Honorable ?	Yes	No	
Major Assignments:					
WORK / PROFESSIONAL EXPERIENCE					
Employer Name	Address	Dates Employed		Title	
Employer Namo	Address	Dates Employed		Title	
Employer Name	Address	Dates Employed		rice	
Employer Name	Address	Dates Employed		Title	
	, idai ess	Duces Employed		ricc	
Employer Name	Address	Dates Employed		Title	
Summary of Duties and Skills, Special	Awards and Achievemen	ts:			
	, ,		•		
COMMUNITY SERVICE / ACTIVITIES					



# Authorization to investigate credit history and order retail credit reports (Required for all business owners with 20%+ ownership and guarantors)

I certify that the information provided in this application is accurate and true to the best of my knowledge. I (we) authorize PlainsCapital Bank to acquire the necessary credit information, both personal and business, including history, account information, credit history and other pertinent data necessary to process this loan request, and to share such information on an "as needed basis" to other departments and agencies (such as the Small Business Administration, Certified Development Corporations, and participant lending institutions). I (we) authorize PlainsCapital Bank to inquire with retail credit reporting agencies to determine creditworthiness. I (we) understand that FALSE statements made in this application may result in forfeiture of benefits and possible prosecution by the

U. S. Attorney General (Reference 18 U.S.C. 1001).

Name (Please Print)		Social Sec. #	Date
AddressStreet	City, State, Zip	Signature	
Spouse Name (Please Print)		Social Sec. #	Date
AddressStreet	City, State, Zip	Spouse's Signature	

PERSONAL CASH FLOW STATEMENT			
(Attachment to Personal Financial State	ment)		
Name:	warandian Carmana and Haa	£	
Please provide the following information			
the current year and next year projecte		exists, please	
explain how this situation will be remed	aiea.		
Sources of Cash		Current Year	Projected Year
Salaries, Wages, Earned Income			<u></u>
James, Wages, Lames mesme			-
Commissions, Bonuses			
Dividends & Interest Income			
Royalties			
Other distributions (trusts, estates, etc.)			
Other Sources of Income			
Other Sources of Income			
	TOTAL INCOME RECEIVED	D <u>\$</u>	<u>\$</u>
Uses of Cook			
<u>Uses of Cash</u> Personal Expenses (Management, Rent			
and Household, etc.)			
Bank Loans - Principal & Interest			_
Home Mortgage - Principal & Interest			
5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 -			
Other Loans - Principal & Interest			
Credit Card Payments			
Insurance Payments			
Income Tax not covered by Withholding			
Other Expenses			
	TOTAL CASH OUTLAYS	\$	\$
	CASH SURPLUS/DEFICIT	\$	\$
Signature:		Date	e: