

COMPANY INFORMATION

Company name: _____

Doing business as: _____

Type of industry: _____ Date established: _____

Type of entity (check one):

Sole proprietorship Partnership, # of partners _____ Corporation, years chartered _____ LLC Trust

Address: _____ Web site: _____

City: _____ State: _____ Zip: _____

Square feet: _____ Leased? Yes No If leased, remaining term on lease: _____

Principal in charge: _____ Phone: _____

E-mail address: _____ Mobile: _____

Secondary contact person: _____ Phone: _____

E-mail address: _____ Mobile: _____

COMPANY OWNERSHIP

Owner #1

Name: _____ Title: _____ % of Ownership: _____

Responsibilities: _____

Owner #2

Name: _____ Title: _____ % of Ownership: _____

Responsibilities: _____

Owner #3

Name: _____ Title: _____ % of Ownership: _____

Responsibilities: _____

Owner #4

Name: _____ Title: _____ % of Ownership: _____

Responsibilities: _____

Owner #5

Name: _____ Title: _____ % of Ownership: _____

Responsibilities: _____

INSURANCE PROVIDER INFORMATION (as applicable)

Business Liability Insurance

Company Name: _____ Contact Person: _____ Phone: _____

Business Hazard Insurance

Company Name: _____ Contact Person: _____ Phone: _____

Business Interruption Insurance

Company Name: _____ Contact Person: _____ Phone: _____

Worker's Compensation Insurance

Company Name: _____ Contact Person: _____ Phone: _____

Auto Hazard and Liability Insurance

Company Name: _____ Contact Person: _____ Phone: _____

OTHER CONTACTS

Bank name: _____ Acct. Officer: _____

Phone: _____ E-mail: _____

Accountant: _____ Company: _____

Phone: _____ E-mail: _____

Attorney: _____ Company: _____

Phone: _____ E-mail: _____

NATURE OF THE BUSINESS

History of the Business:

Type of products or services (attach any catalogs or brochures):
--

Geographic market area:

List key customers:

List major competitors:

PROJECT INFORMATION

Briefly describe what the loan proceeds will be used for and how they will help your business:

Proposed Financing is for: Existing Business New Business Purchase of an Existing Business New Location for an Existing Business

Source of down payment/equity injection? (such as business or personal cash, home equity loan, etc.)

PROJECT COSTS

Purchase Equipment	\$
Purchase Furniture and Fixtures	\$
Construction/remodeling/leasehold improvements	\$
Inventory Purchases	\$
Install equipment	\$
Professional fees: (architects, permits)	\$
Sales tax	\$
Working Capital	\$
Refinance Business Debt	\$
Other:	\$
Other:	\$
Other:	\$
Total project cost	\$

SUMMARY OF COLLATERAL

List what type of collateral is available along with its estimated value:

EMPLOYEE QUESTIONNAIRE

Number of current employees: _____

Number of employees after this loan: _____

MISCELLANEOUS QUESTIONS

Have you or any officer of your company ever been involved in bankruptcy or insolvency proceedings? Yes No
If yes, please provide copies of Discharge and all Schedules

Are you or your business involved in any pending or prior lawsuits? Yes No
If yes, please provide details on a separate sheet

Have you or your business ever received a government loan? Yes No
If yes, please complete the attached Previous Government Financing form and provide a copy of the Loan Authorization

Have you received any technical assistance within the last 12 months? Yes No
Technical assistance providers include SBDCs, SCORE, or other paid business advisors/consultants

In the past 12 months, has the business been declined for financing for a similar loan request? Yes No

How did you hear about us?

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The following information is requested by the Federal Government for certain types of loans in order to monitor the Lender's compliance with equal credit opportunity, fair housing and home mortgage disclosure laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a Lender may neither discriminate on the basis of this information, nor on whether you choose to furnish it. However, if you choose not to furnish it, under Federal regulations this Lender is required to note race and sex on the basis of visual observation or surname. If you do not wish to furnish the above information, please check the box below. *(Lender must review the above material to assure that the disclosures satisfy all requirements to which the Lender is subject under applicable state law for the particular type of loan applied for).*

Employees						
Ethnicity	Number	%	Male #	%	Female #	%
Hispanic or Latino						
Not Hispanic or Latino						
Total						
Race	Number	%	Male #	%	Female #	%
American Indian/Alaska Native						
Asian						
Black/ African American						
Native Hawaiian/ Pacific Islander						
White						
Total						
Male						
Female						
Total						

<p>Applicant #1 <input type="checkbox"/> I do not wish to furnish this information</p> <p>Race/National Origin (Select one or more)</p> <p><input type="checkbox"/> American Indian or Alaska Native (not Alaskan)</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander</p> <p><input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> Hispanic or Latino</p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Other (Specify) _____</p> <p>Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male</p>	<p>Applicant #2 <input type="checkbox"/> I do not wish to furnish this information</p> <p>Race/National Origin (Select one or more)</p> <p><input type="checkbox"/> American Indian or Alaska Native (not Alaskan)</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander</p> <p><input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> Hispanic or Latino</p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Other (Specify) _____</p> <p>Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male</p>
--	--

<p><i>To be completed by Interviewer:</i></p> <p>This application was taken by:</p> <p><input type="checkbox"/> Face-to-face interview</p> <p><input type="checkbox"/> By mail</p> <p><input type="checkbox"/> By telephone</p>	<p>Interviewer's Name:</p> <hr/> <p>Interviewer's Signature</p> <hr/> <p>Date:</p> <hr/> <p>Interviewer's Phone Number:</p> <hr/>	<p>Name and Address of Interviewer's Employer</p> <p>Evergreen Business Capital 13925 Interurban Ave S Suite 100 Seattle, WA 98168</p>
---	---	---

CHECKLIST

Business Information		Transaction Information	
<input type="checkbox"/>	Three years of federal tax returns	<input type="checkbox"/>	Business Plan
<input type="checkbox"/>	DUNS Number (available at https://fedgov.dnb.com/webform)	<input type="checkbox"/>	Three consecutive months business bank account statements
<input type="checkbox"/>	Year-to-date financial statements dated within the last 45 days (Income Statement and Balance Sheet)	<input type="checkbox"/>	Copy of Invoices for any inventory/machinery/equipment purchased with the loan proceeds
<input type="checkbox"/>	Cash flow projections, with assumptions in narrative format *	<input type="checkbox"/>	Copies of notes to be refinanced with loan proceeds
<input type="checkbox"/>	Business debt schedule (form attached) **	<input type="checkbox"/>	Copies of transcripts on debt being refinanced with loan proceeds
<input type="checkbox"/>	Aging of accounts (form attached) **	<input type="checkbox"/>	Copies of credit card statements being refinanced (if credit card debt is in personal name then we need receipts for all transactions over \$100 to be included in refinance)
<input type="checkbox"/>	Previous government financing (form attached)	<input type="checkbox"/>	Bankruptcy: Discharge and Schedules
<input type="checkbox"/>	Corporation: Articles of Incorporation, stamped as "filed" by the State and By-Laws	<input type="checkbox"/>	DD-214 if Veteran using Veteran eligibility
<input type="checkbox"/>	Limited Liability Company: Articles of Organization, stamped as "filed" by the State and Operating Agreement	*Required for "new" business under two years old and/or when requested. ** Information and date reflected on this form should match interim year-to-date financial statement.	
<input type="checkbox"/>	Franchise agreement		
Personal Information (for each 20% or greater owner)			
<input type="checkbox"/>	Personal financial statement (form attached)		
<input type="checkbox"/>	Personal resume (form attached)		
<input type="checkbox"/>	Three years of personal tax returns		
<input type="checkbox"/>	Copy of driver's license & permanent resident alien card, if applicable		

AUTHORIZATION TO RELEASE INFORMATION

I/We hereby authorize the release to Evergreen Business Capital of any information they may require at any time for any purpose related to my/our credit transactions with them.

I/We further authorize Evergreen Business Capital to release such information to any entity they deem necessary for any purpose related to my/our credit transaction with them.

I/We hereby certify that the enclosed information, including any attachments or exhibits provided here within or at a later date, is valid and correct to the best of my/our knowledge.

1. Name of applicant(s): _____

Signature of applicant(s): _____ Date: _____

2. Name of applicant(s): _____

Signature of applicant(s): _____ Date: _____

3. Name of applicant(s): _____

Signature of applicant(s): _____ Date: _____

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or a part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, DC 20250-9410 or call 1-800-795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.