



# **MONEY FINANCIAL SERVICES**

*Commercial Mortgages & Construction Loans*

*Hotel • Motel • Office Building • Apartment Complex*

*30 years of experience in financing*

## **LOAN APPLICATION PACKAGE**



Scan to visit our website

Return to:  
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## **MFS CONTRACT**

Whereas.....  
“the Customer”) is desirous of obtaining financial services and whereas Money Financial Services (“MFS”) is agreeable to providing these services to the Customer, now this Contract witnesseth the terms agreed between MFS and the Customer as follows:

- 1) MFS is deemed to have been appointed as an exclusive party to assist in arranging. On a best efforts basis, a lender or party to provide funds on such terms and conditions which are considered usual and reasonable on each transaction the Customer has assigned the work to MFS (save such specific transaction(s) where MFS has agreed in writing to waive exclusivity).
- 2) The Customer will provide all the customary information and materials to MFS on a timely basis in order for MFS to work on the Customer’s transactions expeditiously with a view to provide a financing offer within three (3) months from the date (whichever date comes later) of the Customer’s assigning of the respective transaction work to MFS and providing it a complete package of information that is deemed needed by MFS to process the Customer’s application.
- 3) The Customer is free to appoint other parties to work on the proposals only if MFS will not be able to arrange a financing offer within (3) months from the date of the Customer’s assigning of the respective transaction work to MFS (and providing the information discussed in clause 2 above). While this will not provide exclusivity to MFS, they will be allowed to continue their efforts on a non-exclusive basis after the said three (3) months.
- 4) MFS will consider having earned a fee of 2% (two percent) and such fee will become due at the time of the Customer’s acceptance of the terms of such an offer, though most of the payment may take place at the time of disbursement of funds to the customer, but not later than within 45 days from the date of the offer. The sum of 1% shall be due and payable immediately upon acceptance by customer of such an offer, the balance will be payable at the time of closing.
- 5) The Customer (which term includes partners, affiliates or associates of the Customer) will pay MFS a fee of 2% (two percent) immediately on any financing obtained by the Customer (which term again includes partners, affiliates or associates of the Customer) from a lender from whom financing was obtained in a prior transaction by anyone of them through the services of MFS, or from any party or parties otherwise introduced by MFS or members of MFS, for any transactions on which any discussions commenced within a period of three (3) years from the date of signing of this contract.
- 6) The Customer hereby provides MFS the right to suitably advertise or publicize the conclusion of any transaction such as when a loan is committed and/or drawn down. Such publicity will include any customary ‘tombstone’ advertising or other forms of

promotion. The format, style and material of such publicity will be developed at the sole discretion of MFS.

- 7) If any word, sentence or provision in this contract shall be held invalid or unlawful for any reason, the same shall be stricken therefrom, and shall in no way affect or impair the balance of this contract.
- 8) The lender may require a life insurance policy, assigned as collateral for the SBA loan. The Customer may purchase it from any licensed insurer of their choice.

This contract is drawn under the laws of the State of New Jersey and courts in New Jersey will have jurisdiction to settle any disputes.

We have set our hands this ..... day of .

\_\_\_\_\_  
Witnessed By

\_\_\_\_\_  
(The Customer)

\_\_\_\_\_  
Witnessed By

\_\_\_\_\_  
Usha Jay Baxi

## SBA LOAN APPLICATION

*Please gather the following that may apply:*

- | Last 3 years **Personal Tax Returns, federal** only, for all guarantors. Copy ALL pages and sign the copy with current date. If last year not filed, include copy of extension.
- | Complete **Application (form provided)**, consisting of: Loan Request Form, Personal Financial Statement (from each owner of 20% or more and any guarantor), Resume (from each officer, partner, or owner of 20% or more), Debt Schedule (if existing business has any capitalized debt), signatures of all guarantors on Authorization to Release Information.
- | **Business Plan** outlining the goals of your business and how you expect to achieve those goals.
- | **One year projection**, form provided: must include attachment explaining how sales will be achieved, pricing, type of products, hours, etc.
- | If new purchase of Real Estate, provide copy of **Purchase or Offer Agreement**. If refinance or lien to be on other real estate, include copy of **Deed, Mortgage, Note** from original loan.
- | If purchase or refinance of Real Estate, complete **Environmental Questionnaire** to the best of your knowledge. An answer of "unknown" is acceptable.
- | If purchasing Machinery, Equipment, Furniture, Fixtures, Inventory, submit copy of **written quote/bid/invoice** supporting the amount of the loan request.
- | If loan is to refinance an existing loan or lease, provide copy of original **Note or Lease Agreement**.
- | If a franchise, copy of the Franchise Disclosure Document (FDD) with current financials,
- | If leasing a location, copy of **lease** of location your business will occupy.
- | If construction/renovations, provide complete set of **plans and specifications**, and copies of **approvals, and construction bid or contractor's written quote** supporting the amount of the loan request.
- | If you are not a U.S. Citizen, copy FRONT AND BACK of your **Green Card**.
- | **Certificate and Articles of Incorporation, LLC Certificate of Formation and Operating Agreement, Partnership Agreement, Trade or Fictitious Name Registration**, as applicable.

**If you are in business**, operating as a Corporation, Partnership or L.L.C., or if you are buying an existing business, provide the following for the business entity:

- | Last 3 years **Business Tax Returns, federal** only, for applicant business. If a 20% or more owner also has a controlling interest in another business, tax returns should be provided for the affiliate, as well. Copy ALL pages and sign the copy with the current date. If last year not filed, include copy of extension.
- | **Business Interim Statement**, consisting of Balance Sheet and a Profit and Loss Statement current to within 90 days, for applicant business and all affiliates. This item can be a follow-up after the above is received.
- | If applicable, **Aging of Accounts Payable and Accounts Receivable**, as of date of most recent balance sheet provided. Totals must agree with balance sheet.
- | If purchasing an existing business, provide a copy of the **Purchase Agreement**, 3 years **Business Tax Returns, federal** only, signed by Seller with current date. IRS verification will be obtained.

Other: \_\_\_\_\_

Government forms (SBA 1919, 912 if applicable, 413, IRS 4506-C): see the Required Government Forms page.

**SMALL BUSINESS ADMINISTRATION  
LOAN REQUEST FORM**

**APPLICANT COMPANY**

Tax Payer ID # \_\_\_\_\_

Company Name \_\_\_\_\_ Phone \_\_\_\_\_

Trade Name (if different) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Type of Business \_\_\_\_\_ Date Established \_\_\_\_\_

Type of Entity: Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Sole Proprietorship \_\_\_\_\_ LLC/ LLP \_\_\_\_\_

Number of Employees: Existing \_\_\_\_\_ After This Loan \_\_\_\_\_

Bank Name \_\_\_\_\_

Accountant Name \_\_\_\_\_ Phone \_\_\_\_\_

Attorney Name \_\_\_\_\_ Phone \_\_\_\_\_

**OWNERSHIP OF APPLICANT COMPANY** List all officers, directors, partners, owners & co-owners, and all stockholders with 20% or more of total stock issued.

| NAME  | TITLE | % OF OWNERSHIP | ANNUAL COMPENSATION |
|-------|-------|----------------|---------------------|
| _____ | _____ | _____          | _____               |
| _____ | _____ | _____          | _____               |
| _____ | _____ | _____          | _____               |

**AFFILIATES** List all business concerns in which the applicant company or **any** of the individuals listed in the ownership section above have any ownership.

| COMPANY NAME | OWNER<br>(APPLICANT COMPANY OR INDIVIDUALS) | % OF<br>OWNERSHIP |
|--------------|---------------------------------------------|-------------------|
| _____        | _____                                       | _____             |
| _____        | _____                                       | _____             |
| _____        | _____                                       | _____             |

**ESTIMATED PROJECT COSTS**

|                                                          |      |       |
|----------------------------------------------------------|------|-------|
| Land acquisition*                                        | \$   | _____ |
| New building construction                                | \$   | _____ |
| Land and building acquisition*                           | \$   | _____ |
| Building improvements or repairs                         | \$   | _____ |
| Acquisition of machinery/equipment                       | \$   | _____ |
| Inventory purchase                                       | \$   | _____ |
| Working capital (including accounts payable)             | \$   | _____ |
| Acquisition of all or part of existing business          | \$   | _____ |
| Payoff SBA loan                                          | \$   | _____ |
| Payoff bank loan (non-SBA associated)                    | \$   | _____ |
| Other debt payment (non-SBA associated)                  | \$   | _____ |
| Closing costs for SBA loan                               | \$   | _____ |
| <b>TOTAL ESTIMATED PROJECT AMOUNT</b>                    | \$   | _____ |
| <b>MINUS OWN FUNDS TO BE USED IN PROJECT</b>             | - \$ | _____ |
| <b>EQUALS TOTAL ESTIMATED LOAN REQUESTED FOR PROJECT</b> | = \$ | _____ |

\*How do you wish to take title to real estate being purchased? \_\_\_\_\_

|                                              |              |  |
|----------------------------------------------|--------------|--|
| Land Acquisition                             | \$           |  |
| New Building Construction                    | \$           |  |
| Construction Contingency/Overruns            | \$           |  |
| Business Acquisition                         | \$           |  |
| Land and Building Acquisition                | \$           |  |
| Building or Leasehold Improvements/Repairs   | \$           |  |
| Acquisition of Machinery/Equipment           | \$           |  |
| Acquisition of Furniture/Fixtures            | \$           |  |
| Inventory Purchase                           | \$           |  |
| Working Capital (including Accounts Payable) | \$           |  |
| Payoff Bank Loan                             | \$           |  |
| Other Debt Payment                           | \$           |  |
| Estimated Closing Costs:                     |              |  |
| Construction Loan Fee (estimated)            | \$           |  |
| Construction Loan Interest (estimated)       | \$           |  |
| Survey Fee (estimated)                       | \$           |  |
| Title Insurance (estimated)                  | \$           |  |
| Appraisal Fee (estimated)                    | \$           |  |
| Legal Fees (estimated)                       | \$           |  |
| Construction Loan Fee (estimated)            | \$           |  |
| Construction Loan Fee (estimated)            | \$           |  |
| Other ( _____ )                              | \$           |  |
| Deposits ( _____ )                           | \$           |  |
| Franchise Fee (if applicable)                | \$           |  |
| SBA Guarantee Fee                            | \$           |  |
| Lender Fee                                   | \$           |  |
| Other Fees/Costs ( _____ )                   | \$           |  |
|                                              | \$           |  |
|                                              | \$           |  |
|                                              | \$           |  |
|                                              | \$           |  |
| TOTAL ESTIMATED PROJECT AMOUNT               | \$           |  |
| LESS OWN CASH/EQUITY TO BE INJECTED          | \$ ( _____ ) |  |
| LESS SELLER CARRY BACK (IF APPLICABLE)       | \$ ( _____ ) |  |
| TOTAL LOAN REQUESTED FOR PROJECT             | \$           |  |

|                                                              |    |       |       |       |
|--------------------------------------------------------------|----|-------|-------|-------|
| Real Estate                                                  | \$ | _____ | _____ | _____ |
| Equipment                                                    | \$ | _____ | _____ | _____ |
| Other (discuss in the comments & explanations section below) | \$ | _____ | _____ | _____ |
| Total Cost                                                   | \$ | _____ | _____ | _____ |

Number of units being acquired/built? \_\_\_\_\_

- Number of units for which real estate is being purchased? \_\_\_\_\_
- Number of units for which real estate is being leased? \_\_\_\_\_
- Number of units for which real estate is being leased/purchased? \_\_\_\_\_

\*Please indicate source of equity injection.

# MANAGEMENT RESUME

(Additional forms available upon request)

**Please fill in all spaces, use full first, middle and maiden names, no initials. If an item is not applicable, please indicate so. You may include additional relevant information on a separate exhibit. Sign and date where indicated.**

Name \_\_\_\_\_ SS# \_\_\_\_\_

First Middle Maiden Last  
Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Residence Telephone ( ) \_\_\_\_\_ Business Telephone ( ) \_\_\_\_\_

Residence Address \_\_\_\_\_  
Street City State Zip

Previous Address \_\_\_\_\_  
Street City State Zip

Lived there from \_\_\_\_\_ to \_\_\_\_\_  
Month and Year Month and Year

Spouse's Name \_\_\_\_\_ SS# \_\_\_\_\_  
First Middle Maiden Last

Are you employed by the U.S. Government? Yes ☐ No ☐ If yes, give agency/position \_\_\_\_\_

Are you a U.S. Citizen? Yes ☐ No ☐ If no, give Alien Registration number \_\_\_\_\_

Have you ever been charged with or convicted of any criminal offense other than a misdemeanor involving a motor vehicle violation? Yes ☐ No ☐ If yes, furnish details in a separate exhibit.

Are you involved in any lawsuit at this time or have you ever filed for personal or business Bankruptcy Protection? Yes ☐ No ☐ If yes, furnish details in a separate exhibit.

Have you ever obtained credit under any other name(s)? Yes ☐ No ☐ If yes, furnish details in a separate exhibit.

Have you, the business or its affiliates ever requested government financing or had a previous SBA loan? Yes ☐ No ☐

Are you more than 60 days delinquent on any obligation to pay child support under an order or agreement? Yes ☐ No ☐

Gender:\* ☐ Female ☐ Male

Race:\* ☐ African American ☐ Puerto Rican ☐ Hispanic ☐ Asian/Pacific Islander  
☐ Eskimo & Aleutian ☐ Caucasian ☐ Multi-Ethnic

\*This data is collected for statistical purposes only. It has no bearing on the credit decision. Disclosure is voluntary.

Do any other businesses in which you have an ownership interest have an SBA loan? Yes ☐ No ☐

If yes, provide details on a separate page.

## EDUCATION

| College or Technical Training / Name and Location | Dates Attended From/To | Major | Degree or Certificate |
|---------------------------------------------------|------------------------|-------|-----------------------|
| _____                                             | _____                  | _____ | _____                 |
| _____                                             | _____                  | _____ | _____                 |

## MILITARY SERVICE BACKGROUND

Branch \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Honorable Discharge? \_\_\_\_\_

Rank at Discharge \_\_\_\_\_ Major assignment/accomplishment \_\_\_\_\_

## WORK EXPERIENCE (List chronologically, beginning with present employment)

Company Name/Location \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_ Title \_\_\_\_\_  
Duties \_\_\_\_\_

Company Name/Location \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_ Title \_\_\_\_\_  
Duties \_\_\_\_\_

Company Name/Location \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_ Title \_\_\_\_\_  
Duties \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## ***HISTORY OF BUSINESS***

*(Use separate attachment to answer questions if necessary)*

***Name of Business***

Nature of Business

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Types of Products/Services

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Customer Profile

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List Key Customers

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---

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List Major Competitors

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---

Major Past Accomplishments

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---

---

Future Plans for Growth/Expansion

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---

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How will this loan benefit your company?

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Will the funding of this loan create new employment opportunities?

If so, state how

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# ONE YEAR PROJECTION OF REVENUES AND EXPENSE

Estimated Gross Sales \$ \_\_\_\_\_  
(Must include a breakdown, on a separate  
sheet, as to how this volume will be attained.)

Less: Cost of Goods Sold:

|                             |       |
|-----------------------------|-------|
| Opening Inventory .....     | _____ |
| Materials .....             | _____ |
| Direct Labor .....          | _____ |
| Subcontract Costs .....     | _____ |
| Purchases .....             | _____ |
| Overhead .....              | _____ |
| Less Ending Inventory ..... | _____ |

Total cost of Goods Sold ..... \$ \_\_\_\_\_

Estimated Gross Profit ..... \$ \_\_\_\_\_

Estimated Operating Expenses:

|                                           |          |
|-------------------------------------------|----------|
| Officer's Salaries (if Corporation) ..... | _____    |
| Employee Wages .....                      | _____    |
| Outside Services .....                    | _____    |
| Accounting & Legal Fees .....             | _____    |
| Rent .....                                | _____    |
| Equipment Leases .....                    | _____    |
| Depreciation .....                        | _____    |
| Supplies .....                            | _____    |
| Utilities .....                           | _____    |
| Telephone .....                           | _____    |
| Proposed Interest .....                   | _____    |
| Other Interest .....                      | _____    |
| Repairs .....                             | _____    |
| Taxes-Payroll .....                       | _____    |
| Taxes-Real Estate .....                   | _____    |
| Insurance .....                           | _____    |
| Advertising .....                         | _____    |
| Bad Debts .....                           | _____    |
| Car, Delivery, Travel .....               | _____    |
| Miscellaneous (Postage, etc.) .....       | _____    |
| Total Estimated Expenses .....            | \$ _____ |

Net Profit ..... \$ \_\_\_\_\_

Less: Income Taxes .....

Net Profit After Taxes .....

Less Withdrawals (if Proprietorship/Partnership) .....

Net Profit .....

NAME

TITLE

DATE

| Profit & Loss Projection |   |   |   |   |   |   |   |   |   |    |    |    |       |
|--------------------------|---|---|---|---|---|---|---|---|---|----|----|----|-------|
| Month                    | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | Total |
| Sales: Gross             |   |   |   |   |   |   |   |   |   |    |    |    |       |
|                          |   |   |   |   |   |   |   |   |   |    |    |    |       |
|                          |   |   |   |   |   |   |   |   |   |    |    |    |       |
|                          |   |   |   |   |   |   |   |   |   |    |    |    |       |
| Cost of Sales            |   |   |   |   |   |   |   |   |   |    |    |    |       |
|                          |   |   |   |   |   |   |   |   |   |    |    |    |       |
|                          |   |   |   |   |   |   |   |   |   |    |    |    |       |
|                          |   |   |   |   |   |   |   |   |   |    |    |    |       |
| Gross Profit             |   |   |   |   |   |   |   |   |   |    |    |    |       |
| Expenses                 |   |   |   |   |   |   |   |   |   |    |    |    |       |
|                          |   |   |   |   |   |   |   |   |   |    |    |    |       |
|                          |   |   |   |   |   |   |   |   |   |    |    |    |       |
|                          |   |   |   |   |   |   |   |   |   |    |    |    |       |
| Officer Salaries         |   |   |   |   |   |   |   |   |   |    |    |    |       |
| Wages                    |   |   |   |   |   |   |   |   |   |    |    |    |       |
| Rent-Property            |   |   |   |   |   |   |   |   |   |    |    |    |       |
| Rent-Equip               |   |   |   |   |   |   |   |   |   |    |    |    |       |
| Auto/Truck Expense       |   |   |   |   |   |   |   |   |   |    |    |    |       |
| Office Supplies          |   |   |   |   |   |   |   |   |   |    |    |    |       |
| Advertising              |   |   |   |   |   |   |   |   |   |    |    |    |       |
| Telephone & Utilities    |   |   |   |   |   |   |   |   |   |    |    |    |       |
| Bad Debts                |   |   |   |   |   |   |   |   |   |    |    |    |       |
| Taxes/Licenses           |   |   |   |   |   |   |   |   |   |    |    |    |       |
| Depreciation             |   |   |   |   |   |   |   |   |   |    |    |    |       |
| Repairs/Maintenance      |   |   |   |   |   |   |   |   |   |    |    |    |       |
| Accounting/Legal         |   |   |   |   |   |   |   |   |   |    |    |    |       |
| Interest                 |   |   |   |   |   |   |   |   |   |    |    |    |       |
| Interest-Other           |   |   |   |   |   |   |   |   |   |    |    |    |       |
| Insurance                |   |   |   |   |   |   |   |   |   |    |    |    |       |
| Office Expense           |   |   |   |   |   |   |   |   |   |    |    |    |       |
| Royalties                |   |   |   |   |   |   |   |   |   |    |    |    |       |
| Miscellaneous            |   |   |   |   |   |   |   |   |   |    |    |    |       |
| R & D                    |   |   |   |   |   |   |   |   |   |    |    |    |       |
|                          |   |   |   |   |   |   |   |   |   |    |    |    |       |
| Total Expenses           |   |   |   |   |   |   |   |   |   |    |    |    |       |
| Net Profit               |   |   |   |   |   |   |   |   |   |    |    |    |       |
|                          |   |   |   |   |   |   |   |   |   |    |    |    |       |
| Break Even               |   |   |   |   |   |   |   |   |   |    |    |    |       |

NOTE: Please provide assumptions used to generate the projected figures.

**HOTEL NAME****Indicative Trading Projections**

All figures in US\$

|                                                          | Year One | % | Year Two | % | Year Three | % |
|----------------------------------------------------------|----------|---|----------|---|------------|---|
| Rooms Available per Day                                  |          |   |          |   |            |   |
| No. of Days per Period                                   |          |   |          |   |            |   |
| No. of Available Rooms                                   |          |   |          |   |            |   |
| Room Rate Escallation                                    |          |   |          |   |            |   |
| Projected Average Room Rates                             |          |   |          |   |            |   |
| Projected Occupancy                                      |          |   |          |   |            |   |
| Room Occupancy Escallation                               |          |   |          |   |            |   |
| Rooms Sold                                               |          |   |          |   |            |   |
| Guest Density                                            |          |   |          |   |            |   |
| Ave. Food & Bev per guest                                |          |   |          |   |            |   |
| Other Dept income per guest                              |          |   |          |   |            |   |
| Total Daily Spend per Room                               |          |   |          |   |            |   |
| <b>Revenues</b>                                          |          |   |          |   |            |   |
| Room revenue                                             |          |   |          |   |            |   |
| Food & Beverage revenue                                  |          |   |          |   |            |   |
| Other Departments                                        |          |   |          |   |            |   |
| <b>Total Revenue</b>                                     |          |   |          |   |            |   |
| <b>Department Costs</b>                                  |          |   |          |   |            |   |
| Rooms                                                    |          |   |          |   |            |   |
| Food & Beverage                                          |          |   |          |   |            |   |
| Other Departments                                        |          |   |          |   |            |   |
| <b>Costs</b>                                             |          |   |          |   |            |   |
| <b>Department Payroll</b>                                |          |   |          |   |            |   |
| Rooms                                                    |          |   |          |   |            |   |
| Food & Beverage                                          |          |   |          |   |            |   |
| Other Departments                                        |          |   |          |   |            |   |
| <b>Department Expenses</b>                               |          |   |          |   |            |   |
| Rooms                                                    |          |   |          |   |            |   |
| Food & Beverage                                          |          |   |          |   |            |   |
| Other Departments                                        |          |   |          |   |            |   |
| <b>Department Income</b>                                 |          |   |          |   |            |   |
| Rooms                                                    |          |   |          |   |            |   |
| Food & Beverage                                          |          |   |          |   |            |   |
| Other Departments                                        |          |   |          |   |            |   |
| <b>Gross Operating Income</b>                            |          |   |          |   |            |   |
| <b>Deductions</b>                                        |          |   |          |   |            |   |
| Administrative & General                                 |          |   |          |   |            |   |
| Sales & Marketing                                        |          |   |          |   |            |   |
| Repairs & Maintenance                                    |          |   |          |   |            |   |
| Heat Light & Power                                       |          |   |          |   |            |   |
| <b>Other Expenses</b>                                    |          |   |          |   |            |   |
| <b>Gross Operating Profit</b>                            |          |   |          |   |            |   |
| Property tax & insurance                                 |          |   |          |   |            |   |
| Management Fees- 5%                                      |          |   |          |   |            |   |
| Incentive Fee-5% GP>\$250,000                            |          |   |          |   |            |   |
| F.F & E Reserve                                          |          |   |          |   |            |   |
| <b>Other</b>                                             |          |   |          |   |            |   |
| <b>Earning before depreciation,<br/>interest and tax</b> |          |   |          |   |            |   |

# Required Government Forms

Please use the current versions of these forms. Do not use older copies.

## **SBA Form 1919 - Borrower Information Form**

Completed by each owner of 20% or more of the business.

## **SBA Form 912 - Statement of Personal History**

Only required if you answer "yes" to questions 1-3 on Form 1919.

## **SBA Form 413 - Personal Financial Statement**

Required for owners of 20% or more, spouses and guarantors; must be dated within 90 days.

## **IRS Form 4506-C - IVES Request for Transcript of Tax Return**

Authorizes the lender to obtain tax transcripts through IRS IVES.

Download the current versions from [www.sba.gov](http://www.sba.gov) (SBA forms) and [www.irs.gov](http://www.irs.gov) (IRS forms), or ask Money Financial Services and we will send them to you. Return them with the rest of this package. Forms can change; if a form asks for different information than this page describes, follow the form.

## BUSINESS DEBT SCHEDULE

**COMPANY NAME** \_\_\_\_\_

**DATE:** \_\_\_\_\_  
(Same as interim financial statement)

This schedule should contain loans for contracts and notes payable, **not** accounts payable or accrued liabilities.

| CREDITOR<br>Name/Address | ORIGINAL<br>DATE | ORIGINAL<br>AMOUNT | PRESENT<br>BALANCE | INTEREST<br>RATE | MONTHLY<br>PAYMENT | MATURITY<br>DATE | COLLATERAL/SECURITY | CURRENT OR<br>DELINQUENT |
|--------------------------|------------------|--------------------|--------------------|------------------|--------------------|------------------|---------------------|--------------------------|
|                          |                  |                    |                    |                  |                    |                  |                     |                          |
|                          |                  |                    |                    |                  |                    |                  |                     |                          |
|                          |                  |                    |                    |                  |                    |                  |                     |                          |
|                          |                  |                    |                    |                  |                    |                  |                     |                          |
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|                          |                  |                    |                    |                  |                    |                  |                     |                          |
| TOTAL PRESENT BALANCE*   |                  |                    |                    |                  |                    |                  |                     |                          |

\* Total must agree with balance shown on Interim Balance Sheet.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## AFFILIATE INFORMATION

List below all business concerns in which the applicant company or any of the individuals listed in the ownership section above have any ownership. Please provide current financial statements, three years of tax returns, a history of the business (including nature of business) and a list of stockholders (including percentage of ownership), for each affiliate

| Company Name | Owner | % of Ownership |
|--------------|-------|----------------|
| _____        | _____ | _____          |
| _____        | _____ | _____          |
| _____        | _____ | _____          |
| _____        | _____ | _____          |
| _____        | _____ | _____          |
| _____        | _____ | _____          |

\_\_\_\_\_  
Applicant Company

By: \_\_\_\_\_  
Principal

# Aging of Accounts Receivable and Accounts Payable Summary

(Please attach actual schedules to support summary information)

Business Name: \_\_\_\_\_

NOTE: Accounts Receivable and Accounts Payable must reconcile with the current business balance sheet that is provided with the application.

| Aging                 | Accounts Receivable | Accounts Payable |
|-----------------------|---------------------|------------------|
| Under 30 Days         | \$ _____            | \$ _____         |
| 30-59 Days            | \$ _____            | \$ _____         |
| 60-89 Days            | \$ _____            | \$ _____         |
| 90-119 Days           | \$ _____            | \$ _____         |
| 120-180 Days          | \$ _____            | \$ _____         |
| Greater than 180 Days | \$ _____            | \$ _____         |
| TOTALS                | \$ _____            | \$ _____         |

|                                                         |          |
|---------------------------------------------------------|----------|
| A/R Concentration greater than or equal to 10% of total | \$ _____ |
| A/R Percentage greater than or equal to 90 days         | \$ _____ |
| A/P Concentration greater than or equal to 10% of total | \$ _____ |
| A/P Percentage greater than or equal to 90 days         | \$ _____ |

Identify Concentrations Greater Than 15%

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Explain Collection/Payment Process

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# Environmental Questionnaire

This Environmental Questionnaire is for the Lender's information. We suggest that you review the entire form before beginning to complete it. If you should need additional space to complete any question, please attach a sheet and number your response corresponding to the question number on this form.

1. Address of subject property

2. Name of current property owner(s) and operator(s).

3. Describe the type(s) of business(es) operated and to be operated by the Applicant and all tenants on the property.

4. Describe the type(s) of business(es) operated and to be operated on the property if Applicant is not the only operator and/or tenant.

5. To the best of your knowledge, describe the past use(s) of, or businesses operated on, the property.

6. Did or does the Applicant, current owner or any tenant have in the past, now have, or plan to obtain, an environmental permit? **If yes, attach list of the type of permits, expiration date(s), and copies of the permits. If any such permit has expired or is otherwise no longer in effect, also indicate the reason(s) why.** ☐Yes ☐No ☐Unknown

7. Are you aware of any citations, claims, complaints, notices of violations, correspondence with governmental agencies, or internal correspondence regarding or relating to the release, threatened release, or cleanup of hazardous substances or any other environmental violation or problem at this property by the previous or current owner(s) or tenant(s)? **If yes, attach an explanation of your knowledge of such notices and/or correspondence.** ☐Yes ☐No ☐Unknown (as to previous owner(s) or tenant(s))

8. To the best of your knowledge, describe the past uses of all properties adjacent to this property, the current uses of the properties, and the planned uses of the properties (if different from current uses).

|       |       |           |         |
|-------|-------|-----------|---------|
| North | Past: | Current : | Future: |
| South | Past: | Current : | Future: |
| East  | Past: | Current : | Future: |
| West  | Past: | Current : | Future: |

**Please provide additional information on a separate sheet describing information where the question was answered "Yes."**

9. Are there currently or have there been previously stored on the property, or otherwise used in connection with the property, any of the following:

|                                                               |                                                                                                     |                                                                                                      |
|---------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|
| • Any drums or containers of chemicals greater than 5 gallons | Currently <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | Previously <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| • Underground or above ground storage tanks?                  | Currently <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | Previously <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| • Asbestos or lead based paints or coatings                   | Currently <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | Previously <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |

10. Is there now or has there been previously any of the following on or leaking from or to the property:

|                                                                                    |                                                                                                     |                                                                                                      |
|------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|
| • Oily films on standing water or unusual odors?                                   | Currently <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | Previously <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| • Dying or dead vegetation?                                                        | Currently <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | Previously <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| • Stains or discoloration on or around soil, concrete, flooring, walls, or drains? | Currently <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | Previously <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |

11. Are there now or have there ever been any ground water monitoring wells on the property? ☐Yes ☐No ☐Unknown

12. Has an environmental assessment ever been performed on the property? **If yes, please attach.** ☐Yes ☐No ☐Unknown

13. Are you aware of or has there been any environmental litigation, administrative action, or environmental clean up or remediation action related to a release or threatened release of any chemicals, hazardous substance, petroleum product, or other environmental problem or issue involving the property or an adjacent property? **Currently?** ☐Yes ☐No ☐Unknown **Previously?** ☐Yes ☐No ☐Unknown

14. Are there currently any septic systems, dry wells, leach fields, wastewater pits, ponds, or lagoons on the property? (If yes, describe) ☐Yes ☐No ☐Unknown

14(a). If yes to 14, have chemicals, hazardous substances, or petroleum products ever been discharged into these systems? ☐Yes ☐No ☐Unknown

15. Have any demolition debris, hazardous substances, petroleum products, waste materials, waste piles, automotive or industrial batteries, tires, trash, or refuse been stored, dumped, buried, and/or burned on the property? ☐Yes ☐No ☐Unknown

16. Is there a transformer, capacitor, or any hydraulic equipment on the property? ☐Yes ☐No ☐Unknown

**SIGNATURE OF APPLICANT:**

**DATE:**

**PRINTED NAME OF APPLICANT:**

**TITLE OF APPLICANT:**

## **ACKNOWLEDGEMENT OF OWNER/OPERATOR (IF NOT THE APPLICANT)**

Each of the undersigned, as a current owner or operator of the subject property described in the attached Environmental Questionnaire agrees that, to my knowledge, the information set forth in such Environmental Questionnaire is materially true, accurate, and complete.

**SIGNATURE OF CURRENT OWNER/OPERATOR:**

**DATE:**

**PRINTED NAME OF CURRENT OWNER/OPERATOR:**

**TITLE OF CURRENT OWNER/OPERATOR:**