



ECIDA - RDC Business Loan / Line of Credit Application

A. Business Information:

Business Legal Name: _____
 Business Address: _____
 Tax ID Number: _____
 Business Contact Name: _____ Business Contact Phone Number: _____
 Business Contact Email Address: _____ Website: _____

Legal Structure: C-Corp. S-Corp LLC
 General Partnership Limited Partnership Sole Proprietorship

Date Business was established: _____ Employment: Current FT: ___; PT: ___ At Year 3: FT: ___; PT: ___
 Description of Business: _____

Is the business (check all that apply): MBE: WBE: Veteran Owned: N/A

B: Loan Highlights:

RDC Term Loan Amount: _____	RDC Line of Credit Amount: _____
+Bank Loan Amount: _____	+Bank Loan Amount: _____
+Borrower Equity: _____	+Borrower Equity: _____
= Total Project Cost: _____	= Total Project Cost: _____

If applying for a Line of Credit is your business (check all that apply):
 Commercial Contractor: ___ Commercial Building Trades: ___ Agribusiness (non-cannibas): ___
 Day Care Center (non-home based): ___ Other: _____

Description of how funds are to be used: _____

Please list the assets you wish to use as collateral: Real Estate Equipment A/R Inventory Other
 Address (if real estate): _____
 Property Description: _____

Business Schedule of Long-Term Debts

<i>Lender Name</i>	<i>Original Amount</i>	<i>Current Loan Balance</i>	<i>Monthly Payment</i>
Total			

C: Personal/Guarantor(s) Information:

1. Name: _____ U.S. Citizen: Yes: ___ No: ___
Address: _____
Date of Birth: _____
Email: _____ Phone/Cell Number: _____
% of Ownership: _____ Title: _____ Length as Owner: _____

2. Name: _____ U.S. Citizen: Yes: ___ No: ___
Address: _____
Date of Birth: _____
Email: _____ Phone/Cell Number: _____
% of Ownership: _____ Title: _____ Length as Owner: _____

D: Primary Lender Information

Bank/Lending Institution: _____ Title: _____
Bank Contact Name: _____ Email Address: _____
Phone Number: _____

E: Attorney Information

Firm Name: _____ Contact Name: _____
Phone Number: _____ Email Address: _____

F: Insurance Agent

Agency Name: _____ Contact Name: _____
Phone Number: _____ Email Address: _____

G: Miscellaneous:

- Yes No Is the Company or its principals presently the subject of any litigation, or is any litigation threatened, which would have a material adverse effect on the Company's financial condition?
- Yes No Has the Company or its principals ever settled a debt with a lending institution for less than the full amount outstanding?
- Yes No Has the company, its affiliates or its principals ever filed bankruptcy, a creditor's rights or receivership proceeding, or sought protection from creditors?
- Yes No Has the Company or its principals ever been convicted of any felony or misdemeanor, other than a minor traffic violation, or are any charges pending?
- Yes No Has the Company, its affiliates or its principals, been cited for a violation of federal, State or local laws or regulations with respect to labor practices, hazardous wastes, environmental pollution or operating practices?
- Yes No Are there any outstanding judgments or lien pending against the Company, its affiliates or its principals other than liens in the normal course of business? Amount: \$ _____
- Yes No Has the company or principal(s) ever been issued an injunction, been imposed civil penalties or fines? been accused of false or misleading statements, or been the subject of a proceeding or had any allegations made against them, by any federal, state, local agency or authority including but not limited to the SEC, FCC, FDA, or OSHA? If yes, please attach a written explanation to this application.

H: Required Financial and Business Information:

- Business Plan (Company history, ownership, key management/experience, description of products/services, description of facility, primary suppliers, target market, competition etc.)
- Most recent three (3) years of business tax returns.
- Most recent interim financial statements (income statement and balance sheet).
- Three (3) years projected financial statements (income statement and balance sheet)
- Accounts Receivable Aging and/or Inventory Listing (Line of Credit only)
- Most recent three (3) years owners/guarantors tax returns for individuals owning 20% or greater of business.
- Completed Personal Financial Statement on each guarantor owning 20% or greater of business.
- Declination letter from bank or lending institution.
- Federal Regulations acknowledgement form
- Other financial information may be required as requested.

I: Acknowledgment, Authorization and Signatures:

Acknowledgment: The Applicant/I acknowledge that the Buffalo and Erie County Regional Development Corporation, and the Buffalo and Erie County Industrial Land Development Corporation are subject to New York State’s Freedom of Information Law (FOIL) and the New York Open Meetings Law as codified pursuant to the New York Public Officers Law. Applicant/I understand that all information and records related to this application are potentially subject to disclosure under FOIL subject to limited statutory exclusions.

Authorization: I hereby authorize the RDC/ILDC and or its affiliates to request , verify and review all data you require about the company and its principals/guarantors, including but not limited to, credit reports and/or background information obtained from your bank (as identified on this application) third-party service providers/agencies, now and for all future reviews of this application and/or for collection of loan. I authorize you to give credit and/or background information obtained about me and the company to others, for the purpose of evaluating my application. Applicant acknowledges that all the information in this application and other materials furnished by the company for your review is true and accurate and that there are currently no material adverse changes which may affect said information.

Borrowers Acknowledgment and Signatures: I have read the foregoing application and the attachments and know the contents thereof, and hereby represent, including but not limited to, and otherwise agree that I am aware of and will comply with federal statutory and regulatory requirements that apply to activities carried out with anticipated loan proceeds.

Upfront Cost Requirements: Applicants understand that the personal credit report and business credit report costs remitted with this application are non-refundable.

Authorized Signer

Title

Date

Personal Guarantor #1

Title

Date

Personal Guarantor #2

Title

Date

PERSONAL FINANCIAL STATEMENT



A Member of the ECIDA Financing and Development Group

Complete this form for: (1) Each proprietor; or (2) each limited partner who owns 20% or more interest and each general partner; or (3) each stockholder owning 20% or more of voting stock; or (4) any person or entity providing a guaranty on the loan. Duplication of this form for this purpose is permissible.

NAME	DATE	RESIDENCE PHONE	
RESIDENCE ADDRESS	CITY	STATE	ZIP
BUSINESS NAME OF APPLICANT/BORROWER		BUSINESS PHONE	

Assets

Cash on hand and in Banks	\$ _____
Savings Accounts.....	\$ _____
IRA or other Retirement Account(s)	\$ _____
Accounts and Notes Receivable	\$ _____
Life Insurance - cash surrender value only	\$ _____
<i>Complete Section 8</i>	
Stocks and Bonds <i>Describe in Section 3</i>	\$ _____
Real Estate <i>Describe in Section 4</i>	\$ _____
Automobile - present value	\$ _____
Other Personal Property <i>Describe in Section 5</i>	\$ _____
Other Assets <i>Describe in Section 5</i>	\$ _____
TOTAL ASSETS	\$ _____

Liabilities

Accounts Payable.....	\$ _____	
Total Notes Payable to Banks and Others.....	\$ _____	
<i>Describe in Section 2</i>		
Loan on Life Insurance	\$ _____	
Mortgages on Real Estate <i>Describe in Section 4</i> ..	\$ _____	
Unpaid Taxes <i>Describe in Section 6</i>	\$ _____	
Other Liabilities <i>Describe in Section 7</i>	\$ _____	
TOTAL LIABILITIES	\$ _____	
 NET WORTH (Total Assets -Total Liabilities)		\$ _____

Additional Liabilities

As Endorser or Co-Maker	\$ _____	Provision for Federal Income Tax	\$ _____
Legal Claims & Judgments	\$ _____	Other Special Debt	\$ _____

Section 1 - Source of Income

Salary	\$ _____	Real Estate Income	\$ _____
Net Investment Income	\$ _____	Other Income <i>Describe below</i>	\$ _____

Description of other income. Alimony or child support payments need not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income.

Section 2 - Notes Payable to Banks and Others (including installment & auto loans)

Use attachments if necessary. Each attachment must be identified as part of this statement and signed.

NAME OF NOTE HOLDER	ADDRESS	ORIGINAL BALANCE	CURRENT BALANCE	PAYMENT AMOUNT	FREQUENCY (MONTHLY, ETC.)	HOW SECURED OR ENDORSED TYPE OF COLLATERAL

Section 3 - Stocks and Bonds

Use attachments if necessary. Each attachment must be identified as 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

List each parcel separately. Use attachment if necessary. Each attachment must be identified as part of this statement and signed.

	PROPERTY A	PROPERTY B	PROPERTY C
TYPE OF PROPERTY			
ADDRESS			
DATE PURCHASED			
ORIGINAL COST			
PRESENT MARKET VALUE			
NAME & ADDRESS OF MORTGAGE HOLDER			
MORTGAGE ACCOUNT #			
MORTGAGE BALANCE			
AMOUNT OF PAYMENT PER MONTH/YEAR			
STATUS OF MORTGAGE			

Section 5 - Other Personal Property & Assets

Describe. If any is pledged as security, state name and address of lien holder, amount of lien, terms of payment and, if delinquency, describe delinquency.

Section 6 - Unpaid Taxes

Describe in detail. Specify type, to whom payable, when due, amount and to what property, if any, tax lien is attached.

Section 7 - Other Liabilities

Describe in detail.

Section 8 - Life Insurance Held

List face amount and cash surrender value of policies, name of insurance company(ies) and beneficiaries.

Authorization

I authorize Lender to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of either obtaining a loan or guaranteeing a loan. I understand FALSE statements may result in forfeiture of benefits.

SIGNATURE	DATE	SOCIAL SECURITY NUMBER
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