



VERMONT SMALL BUSINESS LOAN PROGRAM APPLICATION

SECTION A: BUSINESS INFORMATION

Business Name: _____
Business Address: _____
Business Telephone: _____ Business Fax: _____ Email: _____ Website: _____
Federal Tax I.D. No.: _____ NAICS Code (if known): _____ E-Mail: _____
DUNS (Dun & Bradstreet Date Universal Numbering System) Number: _____ (Available free at <http://fedgov.dnb.com/webform>)
No. of Employees: _____ Year Business Established: _____
Form of Organization: _____ Proprietorship _____ Partnership _____ Corporation _____ Subchapter S Corp. _____ Other

SECTION B: OWNERSHIP

Name: _____ SS#: _____ % Ownership: _____ Telephone: _____
Address: _____ DOB: _____
Name: _____ SS#: _____ % Ownership: _____ Telephone: _____
Address: _____ DOB: _____

(Continue on another sheet, if necessary)

SECTION C: LOAN REQUEST AND COLLATERAL INFORMATION

Amount Requested: \$ _____ Requested Loan Term: _____

Please describe the purpose of the loan.

Please provide a detailed listing of assets to be purchased with loan proceeds. If the loan is to be used for working capital, please provide a detailed listing of how the funds will be spent. (Use additional sheet(s) if necessary.)

Please list the other sources of funding for the Project. Attach commitment letters from the other lenders. For all non-bank private lenders/investors in the Project, please provide full name, address and Tax Identification Number (for an entity) or Social Security Number (for an individual) on a separate sheet.

<u>Name of Lender</u>	<u>Loan Amount</u>	<u>Terms & Interest Rate</u>	<u>Collateral</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Cash equity to be invested in the Project by the Applicant (or others): \$ _____

Terms (if any): _____

COLLATERAL INFORMATION:

Please provide a schedule of assets available as loan collateral, including a full description, value, method of valuation, who owns the collateral (if different from the applicant), and if financed, amount of existing debt and lienholder name. If the loan is for working capital or to finance inventory and/or accounts receivable, please provide an accounts receivable and/or inventory listing.

SECTION D: BUSINESS PLAN AND FINANCIAL INFORMATION

BUSINESS PLAN: Please provide a complete business plan.

(A template containing suggested information and format is appended.)

BUSINESS FINANCIAL INFORMATION: Please provide the following:

- A. Business financial statements and tax returns for at least the last three years. These should include both income statements and balance sheets for those years.
- B. Current interim income statement and balance sheet for this year-to-date.
- C. Projected income statements and balance sheets for at least two years.
- D. Cash flow projections for at least one year.
- E. Schedule of liabilities, including: each creditor's name, contact, address, phone number, original balance, current balance owed, maturity, current payment, and interest rate. Please note if presently in arrears on any loan payments.
- F. Schedule of contingent liabilities, including: amounts that may be due, to whom, and under what circumstances.

PERSONAL FINANCIAL INFORMATION:

- A. Current signed personal financial statement for each principal who owns at least 20% of the business (dated within 90 days of the application). (Form attached.)
- B. Individual tax returns from each of these individuals for the last year.
- C. A resume of business experience from each principal.

SECTION E: EMPLOYMENT INFORMATION

- A. Please complete attached Employee Compensation and Benefits forms.

SECTION F: GENERAL INFORMATION

Is this business a co-borrower or guarantor for any other business or individual? ___Yes ___No

If yes, describe: _____

Is this business or any principal stockholder or affiliate a party to any claim or lawsuit? ___Yes___No If yes, describe: _____

Has this business or any principal stockholder or affiliate ever filed for protection under the bankruptcy laws? ___Yes ___No

Is at least 51% of the business owned by U.S. citizen(s) or resident alien(s)? ___Yes ___No

Vermont Resident: ____Yes____No (____Number of Years)

Does the business owe any taxes for prior years? ___Yes ___No If yes, please explain: _____

Are all payroll withholding taxes current? ___Yes ___No If no, please explain: _____

Will these loan proceeds be used for a project that will require the approval of a governmental authority, such as a Zoning Board, Planning Commission, or District Environmental Commission? ___Yes ___No

If yes, please describe what permits have been obtained and those which will be obtained and the status of each permit application. (Attach additional sheet(s) if necessary.)

SECTION G: INSURANCE COVERAGE

Insurance Agent: _____ Telephone: _____

Address: _____

Description of coverage: _____

SECTION H: Miscellaneous: (if applicable)

- *Purchase and Sale Agreement
- *Equipment Purchase Invoice
- *Lease Agreement
- *Other information may be requested by the Lender as deemed necessary.
- *Real Estate Appraisal
- *Partnership Agreement
- *Environmental Site Assessment

I/We, the undersigned, affirm that all statements made on this Application are accurate and complete. I/We also agree to notify the Lender of any material changes in the information shown on this sheet or the accompanying documents. The Lender is hereby authorized to gather credit information about me/us and to respond to credit inquiries about my/our accounts. I/We understand that all application information will remain the property of the Lender. I/We certify that financing cannot be obtained from conventional credit sources, without Lender involvement. I/We understand that the Lender’s lending decision may be a matter of public record.

Signature: _____ Title: _____ Date: _____

Signature: _____ Title: _____ Date: _____

VEDA is an equal opportunity provider and employer

Dun & Bradstreet Data Universal Numbering System (DUNS) Number

There is **no cost** for a business to obtain a DUNS number and the process takes about 10 minutes. If you already have a DUNS number, you can use the number you have. If you do not have a DUNS number, using the on-line method is best - register online at <http://fedgov.dnb.com/webform>. **Registering online is quicker – telephone inquiries have resulted in a 15-30 day delay.**

Online Instructions

1. There is **NO CHARGE** to obtain a Duns number; just follow the prompts and instructions; a number may be obtained as quickly as 24 hours depending on the volume.

Telephone Instructions

1. Dial 1-866-705-5711
2. Enter “5” if registering as a government loan applicant and select “1” at the next menu for new DUNS number.
3. Enter “4” if registering as a government grant applicant and select “1” at the next menu for new DUNS number.
4. At this point a service representative will answer and suggest you buy the Credit Builder Service. **It IS NOT necessary to purchase this service** in order to obtain your loan.
5. Provide answers to the following questions:
 - a. Name of business
 - b. Business address
 - c. Local phone number
 - d. Name of CEO/business owner
 - e. Legal structure of the business (corporation, partnership, LLC, proprietorship)
 - f. Year business started
 - g. Primary line of business
 - h. Total number of employees (full and part time)

Revised 8/21/13

About the D-U-N-S Number

Created in 1962, the Data Universal Numbering System or D-U-N-S® Number is D&B's copyrighted, proprietary means of identifying business entities on a location-specific basis. **Assigned and maintained solely by D&B, this unique nine-digit identification number has been assigned to over 100 million businesses worldwide.**

A D-U-N-S® Number remains with the company location to which it has been assigned even if it closes or goes out-of-business.

The D-U-N-S® Number also "unlocks" a wealth of value-added data associated with that entity, including the business name, physical and mailing addresses, tradestyles ("doing business as"), principal names, financial, payment experiences, industry classifications (SICs and NAICS), socio-economic status, government data and more. The D-U-N-S® Number also links members of corporate family trees worldwide.

The D-U-N-S® Number is widely used by both commercial and federal entities and was adopted as the standard business identifier for federal electronic commerce in October 1994.

The D-U-N-S Number® was also incorporated into the Federal Acquisition Regulation (FAR) in April 1998 as the Federal Government's contractor identification code for all procurement-related activities.

Please note: Getting a D-U-N-S Number alone does not establish a full D&B credit file for your business. This is important, because if you need to show others your business is creditworthy -- for example, if you will be seeking a loan or making purchases on credit -- you will also need a credit file.

<https://eupdate.dnb.com/requestoptions.asp> or <http://fedgov.dnb.com/webform>

The website above is where you sign up for a DUNS number if you do not already have one.

BUSINESS PLAN TEMPLATE

A comprehensive business plan is a very important part of your application for your lender. If properly and thoughtfully completed, it can also serve as an important tool for your business. A complete business plan should (at a minimum) include the following information:

- a. A description of the business and the products or services produced or provided including:
 1. Size and character of the past, present and future markets for the business' products.
 2. Principal competitors and their market shares.
 3. Principal customers (include names of individuals to contact, their addresses and telephone numbers); Percentage of sales represented by your top 5 customers.
 4. Principal suppliers (include names of individuals to contact, their addresses and telephone numbers).
 5. Competitive advantage of applicant (e.g., price, performance, delivery, service, etc.).
- b. Marketing plan:
 1. Organization of the sales force
 2. Distribution channels
 3. Advertising/promotion strategy
- c. Production plan:
 1. Production capabilities including programs for:
 - a) Production management and scheduling;
 - b) Inventory control (e.g., is product produced for each job or produced for stock?); and
 - c) Quality control.
 2. Present production capacity. How will the project affect production capacity?
 3. Discuss the availability and price of key raw materials. Where do you source key materials? Are you dependent on any one source?
 4. Discuss contingencies for future expansion or contraction.
- d. A description of management structure, including key personnel and their functions.
- e. Terms of trade credit.
- f. Business location including consideration for labor pool, transportation, utilities, and expansion possibilities.

Additional information and resources on business plan preparation may be found at www.thinkvermont.com/sbdc.

Employee Compensation and Benefits

	Before Project (at time of application)	Within 3 Years
# of full-time hourly employees	_____	_____
Average hourly wage <i>without</i> benefits:	\$ _____/hr	\$ _____/hr
Average hourly wage <i>with</i> benefits:	\$ _____/hr	\$ _____/hr
# of salaried employees:	_____	_____
Average annual salary <i>without</i> benefits:	\$ _____/yr	\$ _____/yr
Average annual salary <i>with</i> benefits:	\$ _____/yr	\$ _____/yr
Employee benefits as % of total payroll:	_____%	_____%

	FY_____	FY_____	FY_____
Total payroll last three years:	\$ _____	\$ _____	\$ _____

Please describe benefits offered to employees:

LOAN APPLICANT CERTIFICATION, CIVIL RIGHTS and EQUAL CREDIT NOTICE

LOAN APPLICANTS (individual(s), public or private organizations, or other legal entities) MUST CERTIFY THE FOLLOWING:

- has the authority to incur the debt and carry out the purpose of the loan;
- are citizens of the United States or reside in the United States after being legally admitted for permanent residence. In the case of an organization, at least 51 percent of the outstanding membership or ownership must be either citizens of the United States or residents of the United States after being legally admitted for permanent residence;
- are not government employees or active duty military personnel (unless within 6 months of anticipated separation date);
- are located in a rural area of a State (town with a population of less than 25,000);
- are unable to finance the proposed project from its own resources or through commercial credit or other Federal, State, or local programs at reasonable rates and terms;
- along with its principal officers (including their immediate family) hold no legal or financial interest or influence in the Intermediary extending the credit requested. Also, the Intermediary and its principal officers (including immediate family) hold no legal or financial interest or influence in the Loan Applicant;
- do not have any delinquent debt to the Federal Government. If delinquent, are not eligible to receive a loan from USDA Rural Development IRP revolving loan funds. IRP revolving loan funds may not be used to satisfy the delinquency.

LOAN APPLICANT HEREBY CERTIFIES all Items listed above.

BUSINESS APPLICANT (please print) _____

Name of Authorized Signer (print) _____

Authorized Signature _____ Date: _____

Name of Authorized Signer (print) _____

Authorized Signature _____ Date: _____

Name of Authorized Signer (print) _____

Authorized Signature _____ Date: _____

Civil Rights and Equal Opportunity

The following information is requested by the Federal Government in order to monitor the Provider/Lender's compliance with the Equal Credit Opportunity Act. You are not required to furnish this information, but are encouraged to do so.

The law requires that the Provider/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 the Provider/Lender is required to note race and sex on the basis of visual observation or surname.

If you do not wish to furnish the following information, please check the box below.

Applicant

- American Indian/Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Other

Ethnicity:

- Hispanic or Latino
- Not Hispanic or Latino

I do not wish to furnish this information

Sex

- Male
- Female

Co - Applicant

- American Indian/Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Other

Ethnicity

- Hispanic or Latino
- Not Hispanic or Latino

I do not wish to furnish this information.

Sex

- Male
- Female

EQUAL CREDIT OPPORTUNITY NOTICE

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided that the applicant has the capacity to enter into a binding contract); and because all or parts of the applicant's income is derived from any public assistance program; or because the applicant has in good faith, exercised any rights under the Consumer Credit Protection Act. The Federal agency that administers compliance with this law concerning this credit is the Federal Trade Commission. If a person believes he or she was denied assistance in violation of this law, they should contact the Federal Trade Commission, Washington, DC 20580.

ENVIRONMENTAL INFORMATION “SHORT FORM”

The purpose of this “short form” is to collect a basic amount of information to help Rural Development complete its Environmental Review. Depending on the information provided with this form, you may be requested to complete Form 1940-20, “Request For Environmental Information”. **If your project involves ground disturbing construction or major building addition/rehab.**, the 1940-20 will be required and you should contact RD (B&I Loan Guarantee) or your Intermediary (IRP loans) as soon as possible.

DESCRIPTION OF PROJECT: Please provide a brief description of how the proposed funds (from all sources) will be used by your business. If your project involves construction (whether interior or exterior or renovations), please describe that in detail.

LOCATION OF PROJECT: Please provide an accurate street map outlining the project site. **If a clear and detailed site map is not provided, we can not proceed with the review and your project will experience an approval delay.**

Is your business located within a 100-year floodplain? _____ If NO, how did you verify this? _____

PERMITS REQUIRED: List any local (zoning), State or Federal permits that you will be required to obtain (or currently hold) for your project. If a permit is in process, please explain its current status.

OTHER REGULATIONS: Please list the State, Federal, local or other regulations that your business is required to comply with:

HAZARDOUS WASTES / MATERIALS: Please list any regulated hazardous materials or wastes that your business uses or creates:

If applicable, please describe how your hazardous wastes/materials are stored, handled and disposed of:

If real estate will serve as collateral for the requested loan, does the property contain any areas where regulated hazardous substances or petroleum products appear to have been released?

Does your property contain an underground storage tank? If so, please describe the type, size, age, date of last State certification and any other relevant facts.

POTENTIAL IMPACT TO HISTORIC PROPERTIES:

Is your business located in a designated historic district or an area that could be considered eligible for designation as a historic district?

Is the building that you are located in 50 years or older (if yes, **provide color pictures** of the building from all sides – digital photos are preferred)?

UTILITY AVAILABILITY:

Is your business facility connected to a municipal wastewater system? If no, please describe the existing on-site system, including capacity.

Is your business facility connected to a municipal water system?

USDA
Form RD 400-4
(Rev. 12-09)

ASSURANCE AGREEMENT
(Under Title VI, Civil Rights Act of 1964)

FORM APPROVED
OMB No. 0575-0018

The _____
(name of recipient)

(address)

("Recipient" herein) hereby assures the U. S. Department of Agriculture that Recipient is in compliance with and will continue to comply with Title VI of the Civil Rights Act of 1964 (42 USC 2000d et. seq.), 7 CFR Part 15, and Rural Housing Service, Rural Business-Cooperative Service, Rural Utilities Service, Risk Management Agency, or the Farm Service Agency, (hereafter known as the "Agency") regulations promulgated thereunder, 7 C.F.R. § 1901.202. In accordance with that Act and the regulations referred to above, Recipient agrees that in connection with any program or activity for which Recipient receives Federal financial assistance (as such term is defined in 7 C.F.R. § 15.2) no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination.

1. Recipient agrees that any transfer of any aided facility, other than personal property, by sale, lease or other conveyance of contract, shall be, and shall be made expressly, subject to the obligations of this agreement and transferee's assumption thereof.
2. Recipient shall:
 - (a) Keep such records and submit to the Government such timely, complete, and accurate information as the Government may determine to be necessary to ascertain our/my compliance with this agreement and the regulations.
 - (b) Permit access by authorized employees of the Agency or the U.S. Department of Agriculture during normal business hours to such books, records, accounts and other sources of information and its facilities as may be pertinent to ascertaining such compliance.
 - (c) Make available to users, participants, beneficiaries and other interested persons such information regarding the provisions of this agreement and the regulations, and in such manner as the Agency or the U. S. Department of Agriculture finds necessary to inform such persons of the protection assured them against discrimination.
3. The obligations of this agreement shall continue:
 - (a) As to any real property, including any structure, acquired or improved with the aid of the Federal financial assistance, so long as such real property is used for the purpose for which the Federal financial assistance is made or for another purpose which affords similar services or benefits, or for as long as the Recipient retains ownership or possession of the property, whichever is longer.
 - (b) As to any personal property acquired or improved with the aid of the Federal financial assistance, so long as Recipient retains ownership or possession of the property.
 - (c) As to any other aided facility or activity, until the last advance of funds under the loan or grant has been made.
4. Upon any breach or violation this agreement the Government may, at its option:
 - (a) Terminate or refuse to render or continue financial assistance for the aid of the property, facility, project, service or activity.
 - (b) Enforce this agreement by suit for specific performance or by any other available remedy under the laws of the United States or the State in which the breach or violation occurs.

Rights and remedies provided for under this agreement shall be cumulative.

In witness whereof, _____ on this
(name of recipient)

date has caused this agreement to be executed by its duly authorized officers and its seal affixed hereto, or, if a natural person, has hereunto executed this agreement.

(S E A L)

	_____ <i>Recipient</i>
	_____ <i>Date</i>
Attest: _____	_____ <i>Title</i>

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0570-0018. The time required to complete this information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

PERSONAL FINANCIAL STATEMENT

Submitted to: _____

Date: _____

IMPORTANT: Read these directions before completing this Statement

- If you are applying for individual credit in your own name and are relying on your own income, or assets and not the income or assets of another person as the basis for repayment of the credit requested, or if this statement relates to your guaranty of the indebtedness of other person(s), firm(s), or corporation(s), complete only Sections 1, 3, and 4.
- If you are applying for individual credit but are relying on income from alimony, child support, or separate maintenance or on the income or assets of another person as a basis for repayment of the credit requested, complete all Sections. Provide information in Section 2 about the person whose alimony, support, or maintenance payments or income or assets you are relying on. Alimony, child support, or separate maintenance income, need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.

Section 1 - Individual Information (type or print)	Section 2 - Other Party Information (type or print)
Name _____	Name _____
Address _____	Address _____
City, State & Zip _____	City, State & Zip _____
Social Security # _____	Social Security # _____
Date of Birth _____	Date of Birth _____
Position or occupation _____	Position or occupation _____
Business name _____	Business name _____
Business address _____	Business address _____
City, State & Zip _____	City, State & Zip _____
Length at present address _____	Length at present address _____
Length of employment _____	Length of employment _____
Res. phone _____ Bus. phone _____	Res. phone _____ Bus. phone _____
Have (either of) you or any firm in which you were a major owner ever declared bankruptcy, or settled any debts for less than the amounts owed? If yes, please provide details on a separate sheet. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are (either of) you a defendant in any suit or legal action? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are (either of) you presently subject to any unsatisfied judgements to tax liens? <input type="checkbox"/> Yes <input type="checkbox"/> No	
When, if ever, have (either of) you been audited by IRS?	

Section 3 - Statement of Financial Condition as of _____							
Assets (Do not include assets of doubtful value)	In dollars (omit cents) [Individual]	[Joint]	If joint, with whom	Liabilities	In dollars (omit cents) [Individual]	[Joint]	If joint, with whom
Cash, Checking & Savings, CD's - see Schedule A				Notes payable to banks & others - see Schedule H			
U.S. Gov't. & marketable securities - see Schedule B				Due to brokers			
Non-marketable securities - see Schedule C				Amounts payable to others-secured			
Securities held by broker in margin accounts				Amounts payable to others-unsecured			
Restricted, control or margin account stocks				Accounts & bills due			
Real estate owned - see Schedule D				Unpaid income tax			
Accounts, loans, & notes receivable				Other unpaid taxes & interest			
Automobiles				Real estate mortgages payable - see Schedules D & H			
Cash surrender value-life insurance - see Schedule E							
Vested interest in deferred compensation/profit-sharing plans - see Schedule F							
Business ventures - see Schedule G							
Other assets/personal property itemize - see Schedule G if applicable							
				Total Liabilities			
				Net Worth			
Total Assets				Total Liabilities and Net Worth			

Section 4 - Annual Income For Year Ended _____								
Annual Income	[Individual]	[Joint]	Annual Expenditures	[Individual]	[Joint]	Contingent Liabilities Estimated Amounts	[Individual]	[Joint]
Salary, bonuses & commissions \$			Mortgage/rental payments \$			Do you have any... Yes No		
Dividends & interest			Real estate taxes & assessments			Contingent liabilities (as endorser, co-maker or guarantor?)... <input type="checkbox"/> <input type="checkbox"/>		
Real estate income			Taxes-federal, state & local			(On leases? on contracts?) <input type="checkbox"/> <input type="checkbox"/>		
Other income (alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.)			Insurance payments			Involvement in pending legal actions? <input type="checkbox"/> <input type="checkbox"/>		
			Other contract payments (car payments, charge cards, etc.)			Contested income tax liens? <input type="checkbox"/> <input type="checkbox"/>		
			Alimony, child support, maintenance			Any estimated capital gains tax on the unrealized asset appreciation? <input type="checkbox"/> <input type="checkbox"/>		
			Other expenses			Other special debt or circumstances? <input type="checkbox"/> <input type="checkbox"/>		
Total Income \$			Total Expenditures \$			If "yes" to any question(s) describe:		
						Total Contingent Liabilities	\$	

(COMPLETE SCHEDULES AND SIGN ON REVERSE SIDE)

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 ORDER FROM Bankers Systems, Inc., St. Cloud, MN Form C-100-T
 These forms are intended for use in commercial lending transactions.
 Where any other use is contemplated, it is suggested that a careful review
 be made to ensure compliance with applicable laws and regulations.



SCHEDULE A - CASH, CHECKING AND SAVINGS ACCOUNTS, CERTIFICATES OF DEPOSIT, MONEY MARKET FUNDS, ETC.

Name of Financial Institution	Type of Account	Owner	(J)	If Pledged, to Whom?	Balance

SCHEDULE B - U.S. GOVERNMENT & MARKETABLE SECURITIES (Use additional sheet if necessary)

Number of Shares or Face Value of Bonds	Description	In Name of	Are these Registered, Pledged, or Held by Others?	Market Value	Exchanges Where Traded

SCHEDULE C - NON-MARKETABLE SECURITIES (Use additional sheet if necessary)

Number of Shares	Description	In Name of	Are these Registered, Pledged, or Held by Others?	Value	Method of Valuation

SCHEDULE D - INVESTMENTS IN REAL ESTATE (Use additional sheet if necessary)

Description/Location of Real Estate Investment	(J)	Date of Original Investment/Amount	% Owned By You	Market Value of Your % of Investment	Present Balance	Monthly Payment	Mortgage Maturity Date	Mortgage Owed To

SCHEDULE E - LIFE INSURANCE CARRIED, INCLUDING GROUP INSURANCE

Name of Insurance Company	Owner of Policy	Beneficiary and Relationship	Face Amount	Policy Loans	Cash Surrender Value

SCHEDULE F - VESTED INTEREST IN DEFERRED COMPENSATION/PROFIT-SHARING PLANS

% Vested	Company Name	Account Number	Manner of Payout (Annuity, Lump Sum, etc.)	Distribution Date	Beneficiary	Amount

SCHEDULE G - BUSINESS VENTURES (Use additional sheets if necessary)

List Name and Address of Any Business Venture In Which You Are a Principal or Partner	Your Position/ Title in the Business	Line of Business	Years in Business	Total Assets Listed in Section 3	Your % of Ownership	Net Worth of Business	Present Net Value of Your Investment

SCHEDULE H - LOANS OWING BANKS, BROKERS, FINANCE COMPANIES, AND OTHERS (MASTERCARD, VISA, ETC.)

Owing to (Acct. No.)	(J)	Date of Original Borrowing/Amount	Present Balance	Due	Monthly Payment	Date of Final Pay't	Secured by

The information contained in this statement is provided to induce you to extend or to continue the extension of credit to the undersigned or to others upon the guaranty of the undersigned. The undersigned acknowledges and understands that you are relying on the information provided herein in deciding to grant or continue credit or to accept a guaranty thereof. Each of the undersigned represents, warrants, and certifies that (1) the information provided herein is true, correct and complete and gives a correct and complete showing of the financial condition of the undersigned, (2) the undersigned has no liabilities direct, indirect or contingent except as set forth in this statement, and (3) legal and equitable title to all assets listed herein is in the undersigned's sole name, except as may be herein otherwise noted. Each of the undersigned agrees to notify you immediately and in writing of any change in name, address, or employment and of any material adverse change (1) in any of the information contained in this statement or (2) in the financial condition of any of the undersigned or (3) in the ability of any of the undersigned to perform its (or their) obligations to you. In the absence of such notice or a new and full written statement, this should be considered as a continuing statement and substantially correct. You are authorized to make all inquiries you deem necessary to verify the accuracy of the information contained herein, and to determine the credit-worthiness of the undersigned and the undersigned hereby authorizes all persons of whom you make such inquiries to respond thereto in full. Each of the undersigned authorizes you to answer questions about your credit experience with the undersigned.

Date signed _____ Signature (individual) _____

Date signed _____ Signature (other party) _____