



# VEDA State Infrastructure Bank (SIB) Electric Vehicle Charging Station Loan Program

## Section A: Business Description

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

Borrower's Legal Name (if different from above): \_\_\_\_\_

Business Address: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Project Site Address: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Business Telephone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail address: \_\_\_\_\_

Web Site Address: \_\_\_\_\_

Federal Tax ID Number: \_\_\_\_\_ DUNS No. \_\_\_\_\_

Form of Organization:

Proprietorship  Partnership  Corporation  Subchapter S Corp.  LLC

## Section B: Ownership/Applicant Name(s)

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

Address: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

SS #: \_\_\_\_\_ DOB: \_\_\_\_\_ % Ownership: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

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

Address: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

SS #: \_\_\_\_\_ DOB: \_\_\_\_\_ % Ownership: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Primary Contact**

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

Telephone Number: \_\_\_\_\_

FAX Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Section C: The Loan Request**

Project Cost: \_\_\_\_\_

Your Down Payment: \_\_\_\_\_

Other Financing *(this may include grants/incentive payments, other loans, etc. – please indicate source):*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Loan Amount Requested: \_\_\_\_\_

Project description:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please provide listing of assets to be purchased with Project loan proceeds. *(Attach additional sheet if necessary.)*

Description	Material costs \$	Labor Costs \$	Other costs \$

**Collateral Information**

Please provide a list of assets available as loan collateral, including description, value, method of valuation, who owns the collateral (if different from the Applicant) and, if financed, amount of existing debt and lienholder name:

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**Section D: Personal Financial Information For All Business Owners**

- 1. Please submit your personal tax returns for the last year.
- 2. Please complete the attached Personal Financial Statement.

All financial information will be kept confidential.

**Section E: General Information**

Are you or your business a party to any claim or lawsuit?  Yes  No

If yes, describe: \_\_\_\_\_  
\_\_\_\_\_

Have you or your business ever filed for protection under bankruptcy laws, or settled debt for less than the amount owed?  
 Yes  No If yes, please provide details on a separate page.

Do(es) the applicant(s) or business have any previous or pending criminal charges or criminal convictions (other than minor motor vehicle violations)?  
 Yes  No If yes, please provide a brief written description on a separate page.

Does the business owe any State or Federal taxes for prior years, or do you have any judgments against you for that lien(s)?  
 Yes  No If yes, please provide details on a separate page.

**Section F: Insurance Coverage**

Insurance agent: \_\_\_\_\_ Tel: \_\_\_\_\_

Address: \_\_\_\_\_

Description of coverage: \_\_\_\_\_

**Section G: Business Plan and Financial Information** *(Please attach additional sheets with this information)*

**Business Plan.** Please provide the following:

1. A description of your business and the products or services produced or provided.
2. What geographic market do you compete in and who are your major competitors?
3. How do you market your business?
4. Please describe the management structure for your business, including key personnel and their functions.

**Business Financial Information.** Please provide the following:

1. Current income statement and balance sheet for this year-to-date. The balance sheet should show all assets, liabilities and contingent liabilities.
2. Business financial statements and tax returns for the last three years. These should include both income statements and balance sheets for all years.

**Section H: Authorization**

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 and verify credit information about me/us and to respond to credit inquiries about my/our accounts. Any information released by Lender will be in accordance with the Fair Credit Reporting Act. I/We understand that all application information will remain the property of the Lender. I/We understand that the Lender's lending decision may be a matter of public record.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

VEDA reserves the right to request additional Project information based on SIB requirements.

**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.

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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 insure compliance with applicable laws and regulations.



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. <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>	
Are (either of) you a defendant in any suit or legal action? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>	
Are (either of) you presently subject to any unsatisfied judgements to tax liens? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>	
When, if ever, have (either of) you been audited by IRS?	

Section 3 - Statement of Financial Condition as of _____							
Assets <small>(Do not include assets of doubtful value)</small>	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							
				<b>Total Liabilities</b>			
				<b>Net Worth</b>			
<b>Total Assets</b>				<b>Total Liabilities and Net Worth</b>			

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"/>		
<b>Total Income</b> \$			<b>Total Expenditures</b> \$			If "yes" to any question(s) describe:		
						<b>Total Contingent Liabilities</b>	\$	

(COMPLETE SCHEDULES AND SIGN ON REVERSE SIDE)

**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) \_\_\_\_\_