Business Loan Application

FULL LEGAL NAME OF COMPANY/BORROWER:			TELEPHONE NUMBE BUSINESS: (RS:		
PRIMARY CONTACT:		TAX ID i	# OR SSN:		HOME: FAX:	()
STREET ADDRESS:	CITY		COUNTY	STATE	ZIP(CODI	Ξ
BILLING ADDRESS (IF DIFFERENT FROM ABOVE):	CITY		COUNTY	STATE	ZIP(CODI	Ξ
PROPOSED BUSINESS ADDRESS:	CITY		COUNTY	STATE	ZIP(CODI	<u> </u>
E-MAIL ADDRESS:							
NATURE OF BUSINESS:				DATE ESTAB	LISHED:		
		OPRIETORSI LIABILITY CO	HIP OTHER (DES				
Company Ownership (List below all owners, principals and	d officers.)						
NAME				TITLE		%	OF OWNERSHIP
Affiliates (List below all business concerns in which the appointment financial statements.) COMPANY NAME	olicant comp	any or any o				1	wnership. Attach
OOM ANT NAME			OWNER (APPL	ICANT COMPA	NY OR INDIVIDUALS	S)	OWNERSHIP
Project Cost							
	Ente	er Dollar A	mounts				
Real Estate Acquisition							
New Construction/Expansion/Repair							
Acquisition and/or Repair of Machinery and Equipment							
Payoff Bank Loan							
Other Debt Payment							
TOTAL PROJECT							
EQUITY/CAPITAL INJECTION/DOWN PAYMENT							
LOAN AMOUNT							

YEARS REMAINING ON LEASE

DO YOU HAVE A LEASE FOR THE PROPERTY YOUR BUSINESS NOW OCCUPIES?

MONTHLY RENTAL

... YES ... NO

... YES ... NO

RENEWAL OPTION

Miscellaneous - If answered "Yes", provide detail; attach a separate sheet if necessary.

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Is any loan applicant, or any director executive officer, director or principal of the control o	O YES O NO				
Has your business ever filed bankru	O YES O NO				
Is the business an endorser, guarantor, or co-maker for obligations Not listed in its financial statements?			O YES O NO		
Does your business use or store any hazardous/toxic materials, or Produce hazardous/toxic waste?			O YES O NO		
Is the business a party to any claim or lawsuit?			O YES O NO		
Does the business owe any taxes for years prior to the current year?			O YES O NO		
Does your company maintain key person life insurance on any owner, officer or Shareholder?			O YES O NO		
Life insurance agent	Insurance company	Tele	phone		
Name of insured	Beneficiary	\$ An	nount		
Accountant name			Telephone		
Attorney name			Telephone		
Business insurance agent			Telephone		
			Telephone		
			elephone elephone		
Real estate agent			Telephone		
A CDEEMENT					

AGREEMENT

- By signing below, you certify that all the information you've given with this application is true and complete. You authorize us to verify all your statements with any source, obtain credit and employment history, (including your spouse's, if you live in a community property state) and exchange information with others about your credit and account experience with us. You agree to provide additional information that we may require to process this application, including but not limited to true and complete federal income tax returns, employment verification and income verification.
- By signing below, you agree that HBS Finance, its subsidiaries, parent company, affiliates, lending partners, employees and independent contractors may share your personal data with other companies or individuals, including but not limited to insurance companies, financial institutions, title companies, and escrow companies, in order to obtain the requested financing.
- You also agree to reimburse HBS Finance for its expenses incurred in connection with any credit commitment. These
 expenses include without limitation the Bank's appraisal, environmental services and legal costs and are payable even
 though the extension of credit may not be consummated.

Authorized Signatur	re			Authorized Signature			
Print Name, Title			_	Print Name, Title			
Street Address			_	Street Address			_
City	State	Zip Code	_	City	State	Zip Code	
Tax ID # or SSN	D	Pate		Tax ID # or SSN	Date	e	_