

BUSINESS LOAN APPLICATION

CIT SMALL BUSINESS LENDING CORPORATION

This checklist has been provided to assist you in gathering the necessary information for the initial evaluation of your business loan request. Complete information will be necessary to process your application. Forms are provided for items 1-12.

1. **Loan Request Form** (pages 2-4)
2. **History of Business Form** to be completed by all applicants, including location analysis, competitive analysis and future of the business.
3. **Management Resume.** Complete Management Resume form on all active principals and key managers (copy form as needed).
4. **Personal Financial Statement.** Complete the 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 voting stock and each corporate officer and director, or (4) any person or entity providing a guaranty of the loan. (Spouses must sign and date if applicable.)
5. **Personal Income and Expense Analysis** for each individual referred to in item 3 above.
6. **Statement of Personal History** for each person referred to in item 3 above.
7. **One Year Projection of Profit & Loss** by month (attach assumptions).
8. **Notes Payable Schedule.** The total of the balance due column should coincide with note balances on the interim Business Financial Statement. (If not applicable write "None" then sign and date).
9. **Aging of Accounts Receivable and Accounts Payable Summary.** Please attach actual schedules to the summary (include for affiliate businesses as well). Summary should match current balance sheet.
10. **Environmental Questionnaire** (2 pages).
11. **IRS Form 4506.** Complete request for Copy or Transcript of Tax Form and; if applicant is a corporation, signed by the president of the corporation, or any principal officer and the secretary, or the principal officer and another officer; if a partnership, one of the partners; if a sole proprietorship, the individual owner; if the loan is to acquire a business, the same signatures as above apply, based on the form of business of the seller.
12. **Signed Authorization to Release Information.**
- IN ADDITION, PLEASE PROVIDE THE FOLLOWING:
13. **Business Plan** (start-up business or business expansion). Include a description of management, feasibility analysis, assumptions, site evaluation, demographics for each location.
14. **Existing Information on Subject Property.** Include old appraisals, title policies and surveys, and any environmental work done to the property. If a refinance, copy of settlement sheet and note from first closing.
15. **Photos of Property.** Include front, sides, rear interior/exterior).
16. **Interim Profit & Loss, and Balance Sheet.** Current within 45 days of application for business being: (1) acquired, (2) existing/expanded, and (3) all affiliates of applicant (20% or more ownership interest by any of the owners/partners/ shareholders of proposed borrower).
17. **Business Financial Statements and Tax Returns.** Income statements, balance sheets, and tax returns for three prior year-end time periods, including all notes and attachments, for existing business & any affiliates.* Tax Returns for the past three years on any business being acquired, signed and dated by the seller.
18. If the business is a Corporation, a **Copy of the Certificate of Good Standing, By Laws, Articles of Incorporation** or similar instrument that evidences the full correct name of the organization.
19. If the business is a partnership, a **Copy of the Partnership Agreement** or if the business is a limited liability company, a **Copy of the Certificate of Good Standing, Operating Agreement, Articles of Organization or similar instrument..**
20. **Copies of Proposed Purchase Agreement or Executed Purchase Agreement.** Must include cost allocation of all assets being purchased.
21. **Copies of Bid and Proposals for New Equipment, Renovations, Leasehold Improvements, or New Construction.**
22. If a franchise, **Uniform Franchise Offering Circular and Copy of Franchise Agreement or Letter of Approval from Franchisor.**
23. If applicable, **Copies of all Notes or loan agreements to be Refinanced.**
24. **Personal Tax Returns.** Copy of completed federal tax returns (or signed extension) for the past three years on each individual referenced in #4 above, each with original signatures.
25. **Copy of Existing or Proposed Lease Agreement(s).**
26. If not a U.S. citizen, please attach **Proof of Resident Alien Status.** Photocopy both sides of the Alien registration card.
27. Other

*Affiliation does exist where an individual(s) has control of the Small Business Company and another concern(s) even though the ownership of one or both is small.

LOAN REQUEST FORM

APPLICANT COMPANY

Company Name _____
 DBA (if applicable) _____
 Name of Franchise (if applicable) _____
 Telephone _____
 Fax _____
 Address _____
 City _____ State _____ Zip _____
 Email Address _____
 Date Established _____
 Tax ID# _____
 State of Incorporation or Organization _____
 State Organization number _____

Type of Entity: Corporation
 Sole Proprietorship
 General Partnership
 Limited Partnership or Limited Liability Partnership
 Limited Liability Corporation

of Employees: Existing _____
 After this Financing _____
 Affiliates _____

Have you or any business controlled by you, ever had a lease or loan with Tyco Capital?
 Yes No

If yes, please describe type of transaction, amount, and term.

OWNERSHIP OF APPLICANT COMPANY

List below all owners, partners, LLC members, and stockholders totaling 100% of ownership.

Name _____
 Title _____
 Address _____
 City, State, Zip _____
 Telephone _____
 Email Address _____
 Percent of Ownership _____
 Social Security No. _____
 Most recent date of acquisition of any ownership interest _____

Name _____
 Title _____
 Address _____
 City, State, Zip _____
 Telephone _____
 Email Address _____
 Percent of Ownership _____
 Social Security No. _____
 Most recent date of acquisition of any ownership interest _____

Name _____
 Title _____
 Address _____
 City, State, Zip _____
 Telephone _____
 Email Address _____
 Percent of Ownership _____
 Social Security No. _____
 Most recent date of acquisition of any ownership interest _____

Name _____
 Title _____
 Address _____
 City, State, Zip _____
 Telephone _____
 Email Address _____
 Percent of Ownership _____
 Social Security No. _____
 Most recent date of acquisition of any ownership interest _____

(If additional owners, please attach on a separate sheet).

AFFILIATES

List below all business concerns in which the applicant company or any of the individuals listed in the Ownership Section above have 20% ownership or controlling interest.

Name _____
 Individual Name _____
 Address _____
 City, State, Zip _____
 Telephone _____
 Percent of Ownership _____

Name _____
 Individual Name _____
 Address _____
 City, State, Zip _____
 Telephone _____
 Percent of Ownership _____
 Number of Employees _____

(If additional affiliates, please attach on a separate sheet).

FINANCIAL REFERENCES (Additional financial information may be provided on a separate sheet).

PROFESSIONAL ASSISTANCE

Attorney's Name _____
 Firm _____
 Address _____
 City, State, Zip _____
 Telephone _____
 Email Address _____
 Contact _____

Accountant's Name _____
 Firm _____
 Address _____
 City, State, Zip _____
 Telephone _____
 Email Address _____
 Contact _____

BANK REFERENCES

(Business and Personal)

Name _____
 Address _____
 City, State, Zip _____
 Telephone _____
 Email Address _____
 Contact _____

Name _____
 Address _____
 City, State, Zip _____
 Telephone _____
 Email Address _____
 Contact _____

DESCRIPTION OF FINANCIAL ACCOUNTS

(Required for applicant company and each Guarantor.) Please include description and account numbers for all liquid assets (mutual funds, money market accounts, etc.).

Name of Institution _____
 Type of Account _____
 Account Number _____
 Current Balance _____ Date Opened _____

Name of Institution _____
 Type of Account _____
 Account Number _____
 Current Balance _____ Date Opened _____

Name of Institution _____
 Type of Account _____
 Account Number _____
 Current Balance _____ Date Opened _____

FIRE AND HAZARD INSURANCE

Name of Insurance Company _____
 Contact _____
 Telephone _____

ADDITIONAL CREDIT REFERENCES

Supplier _____
 Address _____
 City, State, Zip _____
 Telephone _____
 Contact _____

Supplier _____
 Address _____
 City, State, Zip _____
 Telephone _____
 Contact _____

VENDOR/TRADE REFERENCES

(Finance company, vendors, suppliers, etc.)

Name _____
 Address _____
 City, State, Zip _____
 Telephone _____
 Contact _____
 Type of Credit _____ Established _____
 Balance _____ Mo. Pmt. _____

Name _____
 Address _____
 City, State, Zip _____
 Telephone _____
 Contact _____
 Type of Credit _____ Established _____
 Balance _____ Mo. Pmt. _____

Name _____
 Address _____
 City, State, Zip _____
 Telephone _____
 Contact _____
 Type of Credit _____ Established _____
 Balance _____ Mo. Pmt. _____

ESTIMATED PROJECT OR REFINANCING COSTS

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)	_____
Environmental Fee (estimated)	_____
Other:	_____
Deposits:	_____
Franchise Fee (if applicable)	_____
SBA Guarantee Fee	_____
Lender Fee	_____
Other Fees/Costs:	_____
TOTAL ESTIMATED PROJECT AMOUNT	0.00
LESS OWNER'S CASH/EQUITY TO BE INJECTED*	_____
LESS SELLER CARRY BACK (IF APPLICABLE)	_____
TOTAL LOAN REQUESTED FOR PROJECT	0.00

IF REFINANCING, COMPLETE THE FOLLOWING LIST:

	ORIGINAL COST	CURRENT ESTIMATED FAIR MARKET VALUE	AGE/YEAR ACQUIRED
Real Estate	_____	_____	_____
Equipment	_____	_____	_____
Other (discuss in the comments & explanations section below)	_____	_____	_____
Total Cost	0.00	0.00	0

*** IF CONSTRUCTION, COMPLETE THE FOLLOWING:**

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? _____

**** IF BUSINESS AQUISION, COMPLETE THE FOLLOWING:**

** -Does business being acquired have an SBA Loan outstanding? _____

COMMENTS & EXPLANATIONS:

*Please indicate source of equity injection.

HISTORY OF BUSINESS

(Use a separate sheet to answer questions if necessary.)

BACKGROUND AND HISTORY OF COMPANY/BUSINESS

(Including Business to be Acquired)

NATURE OF BUSINESS, TYPES OF PRODUCTS/SERVICES

CUSTOMER PROFILE

LIST KEY CUSTOMERS

LIST MAJOR COMPETITORS

MAJOR PAST ACCOMPLISHMENTS

FUTURE EXPANSION

Does your company currently have plans for future expansion?

Number of locations? _____

Over what period of time? _____

How many new company locations are planned for this market?

HOW WILL THIS LOAN BENEFIT YOUR COMPANY?

WILL THE FUNDING OF THIS LOAN CREATE NEW EMPLOYMENT OPPORTUNITIES?

Signature _____

Date _____

PERSONAL FINANCIAL STATEMENT

U.S. SMALL BUSINESS ADMINISTRATION

As of

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 and each corporate officer and director, or (4) any other person or entity providing a guaranty on the loan.

Name	Business Phone
Residence Address	Residence Phone
City, State, & Zip Code	
Business Name of Applicant/Borrower	

ASSETS (Omit Cents)	LIABILITIES (Omit Cents)
Cash on hands & in banks _____	Accounts Payable _____
Savings Accounts _____	Notes Payable to Banks and Others _____
IRA or Other Retirement Account _____	(Describe in Section 2)
Accounts & Notes Receivable _____	Installment Account (Auto) _____
Life Insurance-Cash Surrender Value Only _____	Mo. Payments _____
(Complete section 8)	Installment Account (other) _____
Stocks and Bonds _____	Mo. Payments _____
(Describe in Section 3)	Loan on Life Insurance _____
Real Estate _____	Mortgages on Real Estate _____
(Describe in Section 4)	(Describe in Section 4)
Automobile-Present Value _____	Unpaid Taxes _____
Other Personal Property _____	(Describe in Section 6)
(Describe in Section 5)	Other Liabilities _____
Other Assets _____	(Describe in Section 7)
(Describe in Section 5)	Total Liabilities _____
Total	Net Worth _____
Total	Total

Section 1. Source of Income	Contingent Liabilities
Salary _____	As Endorser or Co-Maker _____
Net Investment Income _____	Legal Claims & Judgments _____
Real Estate Income _____	Provision for Federal Income Tax _____
Other Income (Describe below)* _____	Other Special Debt _____

Description of Other Income in Section 1.

*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 Bank and Others. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

Name and Address of Noteholder(s)	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 a 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 Owned. (List each parcel separately. Use attachments if necessary. Each attachment must be identified as a part of this statement and signed)

	Property A	Property B	Property C
Type of Property			
Name & Address of Property			
Date Purchased			
Original Cost			
Present Market Value			
Name & Address of Mortgage Holder			
Mortgage Account Number			
Mortgage Balance			
Amount of Payment per Month/Year			
Status of Mortgage			

Section 5. Other Personal Property and Other Assets. (Describe, and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment, and if delinquent, describe delinquency).

Section 6. Unpaid Taxes. (Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches).

Section 7. Other Liabilities. (Describe in detail).

Section 8. Life Insurance Held. (Give face amount and cash surrender value of policies – name of insurance company and beneficiaries).

I authorize SBA/Lender to make inquiries as necessary to verify the accuracy of the statements made and to determine my credit worthiness. I certify the above and the statements contained in the attachment 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 and possible prosecution by the U.S. Attorney General (Reference 18 U.S.C. 1001).

Signature: _____ Date: _____ Social Security Number: _____

Signature: _____ Date: _____ Social Security Number: _____

PLEASE NOTE: The estimated average burden hours for the completion of this form is 1.5 hours per response. If you have questions or comments concerning this estimate or any other aspect of this information, please contact chief, Administrative Branch, U.S. Small Business Administration, Washington, D.C. 20416, and Clearance Office, Paper Reduction Project (324509188), Office of Management and Budget, Washington, D.C. 20503.

Personal Income and Expense Analysis

Name _____

INCOME		MONTHLY	ANNUAL
AVAILABLE DRAW	(NP + DEPRECIATION)	_____	_____
GROSS SALARY	(PRINCIPAL)	_____	_____
GROSS SALARY	(SPOUSE)	_____	_____
RENTAL INCOME	(GROSS)	_____	_____
INTEREST INCOME	(RECURRING)	_____	_____
ALIMONY*		_____	_____
OTHER INCOME	(RECURRING)	_____	_____
TOTAL INCOME		0.00	0.00

* Alimony or child support payments need not be disclosed unless it is desired to have such payments counted toward total income.

EXPENSES		MONTHLY	ANNUAL
MORTGAGE EXPENSE	(P&I)	_____	_____
RENTAL EXPENSE		_____	_____
RESIDENCE EXPENSES	(CASH EXP. Less P&I)	_____	_____
AUTO LOANS	(ALL)	_____	_____
INSTALLMENT LOANS	(ALL)	_____	_____
REVOLVING CREDIT	(5% of ALL BALANCES)	_____	_____
UTILITIES/PHONE	(ESTIMATE)	_____	_____
INSURANCES	(ALL PERSONAL)	_____	_____
FOOD	(ESTIMATE)	_____	_____
CLOTHING	(ESTIMATE)	_____	_____
MEDICAL EXPENSES	(3 YR. AVERAGE)	_____	_____
INCOME TAXES	(HISTORICAL RATE)	_____	_____
PROPERTY TAXES	(HISTORICAL RATE)	_____	_____
ALIMONY	(IF APPLICABLE)	_____	_____
CHILD CARE	(IF APPLICABLE)	_____	_____
OTHER EXPENSES		_____	_____
MISCELLANEOUS		_____	_____
(typical range is 5% - 10% of total income)			
TOTAL EXPENSES		0.00	0.00
NET DISCRETIONARY INCOME		0.00	0.00
COVERAGE RATIO (income ÷ expense)		0.0000	0.0000

Signature _____

Date _____

MANAGEMENT RESUME

All owners, partners, directors, stockholders, and key managers should complete this form. Please fill in all spaces, use full first, middle, maiden, and last names. Please indicate if an item is not applicable.

PERSONAL

Name _____

 First Middle Maiden Last

EDUCATION

Type of Degree _____
 Name & Location of Institution _____
 Dates From/To _____
 Major _____
 Did You Graduate? _____

Type of Degree _____
 Name & Location of Institution _____
 Dates From/To _____
 Major _____
 Did You Graduate? _____

Type of Degree _____
 Name & Location of Institution _____
 Dates From/To _____
 Major _____
 Did You Graduate? _____

MILITARY SERVICE BACKGROUND

Branch _____
 From _____ To _____
 Honorable Discharge? _____
 Rank at Discharge _____
 Grade _____

WORK EXPERIENCE

Are you employed by the U.S. Government? Yes No
 Agency/Position _____
 Grade _____
 From _____ To _____
 Title _____
 Duties _____

Other Work Experience

From _____ To _____
 Title _____
 Duties _____
 Company Name/Location _____

From _____ To _____
 Title _____
 Duties _____
 Company Name/Location _____


PREVIOUS SBA OR OTHER FEDERAL GOVERNMENT DEBT

Complete the following if you or any principals or affiliates have
 1) ever requested Government Financing or
 2) are delinquent on the repayment of any Federal Debt

Name of Agency	Original Amount of Loan	Date of Request	Approved or Declined	Balance	Current or Past Due

- Have you or any officer of your company ever been involved in bankruptcy or insolvency proceedings? If yes, please furnish details in a separate exhibit. Yes No
- Are you or your business involved in any pending lawsuits? If yes, furnish details in a separate exhibit. Yes No
- Do you or your spouse or any member of your household, or anyone who owns, manages or directs your business, or their spouses or members of their households, work for the Small Business Administration, Small Business Advisory Council, SCORE, ACE, or a Federal Agency, or the participating lender? If yes, please provide the name and address of the person and the office where employed in a separate exhibit. Yes No
- Have you ever been disbarred from doing business with the U.S. Government? Yes No
- Are all your business and personal taxes current? Yes No
- Does your business currently engage in Export Trade? Yes No
- Do you plan to begin exporting as a result of this loan? Yes No

Signature _____ Date _____

 <p>United States of America SMALL BUSINESS ADMINISTRATION</p> <p>STATEMENT OF PERSONAL HISTORY</p>	<p style="text-align: center;">Please Read Carefully - Print or Type</p> <p>Each member of the small business concern or the development company requesting assistance must submit this form in TRIPLICATE for filing with the SBA application. This form must be filled out and submitted by:</p> <ol style="list-style-type: none"> 1. By the proprietor, if a sole proprietorship. 2. By each partner, if a partnership. 3. By each officer, director, and additionally by each holder of 20% or more of the ownership stock, if a corporation, limited liability company, or a development company. 		
Name and Address of Applicant (Firm Name)(Street, City, State, and ZIP Code)	SBA District/Disaster Area Office		
	Amount Applied for (when applicable)	File No. (if known)	
1. Personal Statement of: (State name in full, if no middle name, state (NMN), or if initial only, indicate initial.) List all former names used, and dates each name was used. Use separate sheet if necessary. <div style="display: flex; justify-content: space-around;"> First Middle Last </div>	Name and Address of participating lender or surety co. (when applicable and known)		
	2. Date of Birth (Month, day, and year)		
	3. Place of Birth: (City & State or Foreign Country)		
4. Give the percentage of ownership or stock owned or to be owned in the small business concern or the Development Company	Social Security No.	U.S. Citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO	
5. Present residence address: From: To: PRESENT Address: Home Telephone No. (Include A/C): Business Telephone No. (Include A/C):		Most recent prior address (omit if over 10 years ago): From: To: Address:	
<p>PLEASE SEE REVERSE SIDE FOR EXPLANATION REGARDING DISCLOSURE OF INFORMATION AND THE USES OF SUCH INFORMATION.</p> <p>IT IS IMPORTANT THAT THE NEXT THREE QUESTIONS BE ANSWERED COMPLETELY. AN ARREST OR CONVICTION RECORD WILL NOT NECESSARILY DISQUALIFY YOU; HOWEVER, AN UNTRUTHFUL ANSWER WILL CAUSE YOUR APPLICATION TO BE DENIED.</p> <p>IF YOU ANSWER "YES" TO 6, 7, OR 8, FURNISH DETAILS ON A SEPARATE SHEET. INCLUDE DATES, LOCATION, FINES, SENTENCES, WHETHER MISDEMEANOR OR FELONY, DATES OF PAROLE/PROBATION, UNPAID FINES OR PENALTIES, NAME(S) UNDER WHICH CHARGED, AND ANY OTHER PERTINENT INFORMATION.</p>			
6. Are you presently under indictment, on parole or probation? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, indicate date parole or probation is to expire.)			
7. Have you <u>ever</u> been charged with and or arrested for any criminal offense other than a minor motor vehicle violation? Include offenses which have been dismissed, discharged, or not prosecuted (All arrests and charges must be disclosed and explained on an attached sheet.) <input type="checkbox"/> Yes <input type="checkbox"/> No			
8. Have you <u>ever</u> been convicted, placed on pretrial diversion, or placed on any form of probation, including adjudication withheld pending probation, for any criminal offense other than a minor vehicle violation? <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. I authorize the Small Business Administration Office of Inspector General to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for programs authorized by the Small Business Act, and the Small Business Investment Act.			
<p>CAUTION: Knowingly making a false statement on this form is a violation of Federal law and could result in criminal prosecution, significant civil penalties, and a denial of your loan, surety bond, or other program participation. A false statement is punishable under 18 USC 1001 by imprisonment of not more than five years and/or a fine of not more than \$10,000; under 15 USC 645 by imprisonment of not more than two years and/or a fine of not more than \$5,000; and, if submitted to a Federally insured institution, under 18 USC 1014 by imprisonment of not more than twenty years and/or a fine of not more than \$1,000,000.</p>			
Signature	Title	Date	
Agency Use Only 10. <input type="checkbox"/> Fingerprints Waived <div style="display: flex; justify-content: space-between;"> Date Approving Authority </div> <input type="checkbox"/> Fingerprints Required <div style="display: flex; justify-content: space-between;"> Date Sent to OIG Date Approving Authority </div>		11. <input type="checkbox"/> Cleared for Processing <div style="display: flex; justify-content: space-between;"> Date Approving Authority </div> <input type="checkbox"/> Request a Character Evaluation <div style="display: flex; justify-content: space-between;"> Date Approving Authority </div>	

PLEASE NOTE: The estimated burden for completing this form is 15 minutes per response. You are not required to respond to any collection of information unless it displays a currently valid OMB approval number. Comments on the burden should be sent to U.S. Small Business Administration, Chief, AIB, 409 3rd St., S.W., Washington, D.C. 20416 and Desk Officer for the Small Business Administration, Office of Management and Budget, New Executive Office Building, Room 10202, Washington, D.C. 20503. OMB Approval 3245-0178. **PLEASE DO NOT SEND FORMS TO OMB.**
SBA 912 (6-00) SOP 5010.4 Previous Edition Obsolete

NOTICES REQUIRED BY LAW

The following is a brief summary of the laws applicable to this solicitation of information.

Paperwork Reduction Act (44 U.S.C. Chapter 35)

SBA is collecting the information on this form to make a character and credit eligibility decision to fund or deny you a loan or other form of assistance. The information is required in order for the SBA to have sufficient information to determine whether to provide you with the requested assistance. The information collected may be checked against criminal history indices of the Federal Bureau of Investigation.

Privacy Act (5 U.S.C. § 552a)

Any person can request to see or get copies of any personal information that SBA has in his or her file, when that file is retrievable by individual identifiers, such as name or social security numbers. Requests for information about another party may be denied unless SBA has the written permission of the individual to release the information to the requestor or unless the information is subject to disclosure under the Freedom of Information Act.

Under the provisions of the Privacy Act, you are not required to provide your social security number. Failure to provide your social security number may not affect any right, benefit or privilege to which you are entitled. Disclosures of name and other personal identifiers are, however, required for a benefit, as SBA requires an individual seeking assistance from SBA to provide it with sufficient information for it to make a character determination. In determining whether an individual is of good character, SBA considers the person's integrity, candor, and disposition toward criminal actions. In making loans pursuant to section 7(a)(6) the Small Business Act (the Act), 15 USC § 636 (a)(6), SBA is required to have reasonable assurance that the loan is of sound value and will be repaid or that it is in the best interest of the Government to grant the assistance requested. Additionally, SBA is specifically authorized to verify your criminal history, or lack thereof, pursuant to section 7(a)(1)(B), 15 USC § 636(a)(1)(B). Further, for all forms of assistance, SBA is authorized to make all investigations necessary to ensure that a person has not engaged in acts that violate or will violate the Act or the Small Business Investment Act, 15 USC §§ 634(b)(11) and 687b(a). For these purposes, you are asked to voluntarily provide your social security number to assist SBA in making a character determination and to distinguish you from other individuals with the same or similar name or other personal identifier.

When this information indicates a violation or potential violation of law, whether civil, criminal, or administrative in nature, SBA may refer it to the appropriate agency, whether Federal, State, local, or foreign, charged with responsibility for or otherwise involved in investigation, prosecution, enforcement or prevention of such violations. See 56 Fed. Reg. 8020 (1991) for other published routine uses.

**AGING OF ACCOUNTS RECEIVABLE AND
ACCOUNTS PAYABLE SUMMARY**

(Please attach actual schedules to support summary information)

NOTE: Accounts Receivable (A/R) and Accounts Payable (A/P) must reconcile with the current business balance sheet that is provided with the application.

ATTACH A DETAILED LISTING OF LARGE ACCOUNTS (OVER \$5,000)

AGING	ACCOUNTS RECEIVABLE	ACCOUNTS PAYABLE
UNDER 30 DAYS	\$ _____	\$ _____
30-59 DAYS	\$ _____	\$ _____
60-89 DAYS	\$ _____	\$ _____
90-119 DAYS	\$ _____	\$ _____
120-180 DAYS	\$ _____	\$ _____
OTHER	\$ _____	\$ _____
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:

EXPLAIN COLLECTION / PAYMENT PROCESS:

Signature _____

Date _____

ENVIRONMENTAL QUESTIONNAIRE

SUBMITTED BY: _____

("Applicant")

This questionnaire is for the Lender's information and your protection. 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 responses corresponding to the question number on this form. PLEASE PRINT CLEARLY.

GENERAL INFORMATION

A. Business Address of subject property (the "property"):

B. Name of current property owner(s) and operator(s):

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

D. 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.

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

F. Did or does Applicant, current owner or any tenant have in the past, now have or plan to obtain, an environmental permit?

Yes No Unknown

If "F" is answered "Yes", list type of permits and expiration date(s) below and attach copies of such permits. If any such permit has expired or is otherwise no longer in effect, also indicate below the reason(s) why.

G. 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 owners or tenants?

Yes No Unknown as to previous owners/tenants

If "G" is answered "Yes", please explain in detail your knowledge of such notices and/or correspondence.

H. Describe the type of business(es) currently operating on all properties adjacent to this property.

North: _____

South: _____

East: _____

West: _____

I. To the best of your knowledge, describe the past use(s) and any planned use(s) of all adjacent properties.

North: _____

South: _____

East: _____

West: _____

TRANSACTION SCREEN INFORMATION

J. Are there currently or have there been previously stored on the property, or otherwise used in connection with the property, any (check applicable boxes)

industrial drums

chemicals, or sacks or other containers of chemicals

underground storage tanks

above ground storage tanks

asbestos or lead based paints or coating

Currently: Yes No Unknown

If "Yes", identify.

Previously: Yes No Unknown

If "Yes", identify.

-
- K. Is there currently, or has there been previously, any of the following on or emanating from the property: (i) stains or discoloration on or around soil, concrete, flooring, walls or drains, (ii) oily films on standing water, (iii) stressed vegetation, (iv) unusual odors, or (v) evidence of the presence of Radon gas?

Currently: Yes No Unknown

If "Yes", identify.

Previously: Yes No Unknown

If "Yes", identify.

-
- L. Are there currently or have there been previously, any groundwater monitoring wells, wetlands or areas of fill material on the property?

Currently: Yes No Unknown

If "Yes", identify.

Previously: Yes No Unknown

If "Yes", identify.

-
- M. Has an environmental assessment ever been performed on the property?

Yes No Unknown

If "Yes", please attach a copy.

If M is answered "Yes":

- M1. Did the environmental assessment indicate the presence of any potential contamination?

Yes No Unknown

If M1 is answered "Yes":

- M2. Was the contamination cleaned up?

Yes No Unknown

- N. Are you aware of any environmental litigation, administrative action or environmental clean up or remediation action related to a release or threatened release of any chemicals, hazardous substance or petroleum product or other environmental problem or issue involving the property or an adjacent property?

Currently: Yes No Unknown

If "Yes", identify.

Previously: Yes No Unknown

If "Yes", identify.

-
- O. Are there any septic systems, dry wells, leach fields or wastewater pits, ponds or lagoons on the property?

Yes No Unknown

Which: Septic Dry Well

Leach Field Pits/ponds/lagoons

If O is answered "Yes",

- O1. Have chemicals, hazardous substances or petroleum products ever been discharged into these systems?

Yes No Unknown

- P. Have any demolition debris, hazardous substances, petroleum products, unidentified waste materials or waste piles, automotive or industrial batteries, tires, trash or refuse been dumped, buried and/or burned on the property?

Yes No Unknown

If "Yes", identify.

-
- Q. Is there a transformer, capacitor or any hydraulic equipment on the property?

Yes No Unknown

If Q is answered "Yes",

- Q1. Do records indicate the presence of PCBs?

Yes No Unknown

DATE

BY:

SIGNATURE OF APPLICANT

PRINTED NAME OF APPLICANT

PRINTED TITLE OF APPLICANT

DATE

BY:

SIGNATURE OF APPLICANT

PRINTED NAME OF APPLICANT

PRINTED TITLE OF APPLICANT

ACKNOWLEDGMENT 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.

DATE

BY: _____
SIGNATURE OF CURRENT OWNER/OPERATOR

PRINTED NAME OF CURRENT OWNER/OPERATOR

PRINTED TITLE OF CURRENT OWNER/OPERATOR

DATE

BY: _____
SIGNATURE OF CURRENT OWNER/OPERATOR

PRINTED NAME OF CURRENT OWNER/OPERATOR

PRINTED TITLE OF CURRENT OWNER/OPERATOR

Form **4506**

(Rev. May 1997)
Department of the Treasury
Internal Revenue Service

Request for Copy or Transcript of Tax Form

Read instructions before completing this form.
Type or print clearly. Request may be rejected if the form is incomplete or illegible.

OMB No. 1545-0429

Note: Do not use this form to get tax account information. Instead, see instructions below.

<p>1a. Name shown on tax form. If a joint return, enter the name shown first.</p>	<p>1. First social security number on tax form or employer identification number (see instructions)</p>
<p>2a. If a joint return, spouse's name shown on tax form.</p>	<p>2. Second social security number on tax form</p>
<p>3. Current name, address (including apt., room, or suite no.), city, state, and ZIP code.</p>	
<p>4. Address, (including apt., room, or suite no.), city, state, and ZIP code shown on the last return filed if different from line 3.</p>	
<p>5. If copy of form or a tax return transcript is to be mailed to someone else, enter the third party's name and address. CIT Small Business Lending Corp., ATTN: Keith McLaurin, 9434 Sawtooth Way, San Diego, CA 92129</p>	
<p>6. If we cannot find a record of your tax form and you want the payment refunded to the third party, check here <input type="checkbox"/></p>	
<p>7. If name in third party's records differs from line 1a above, enter that name here (see instructions).</p>	
<p>8. Check only one box to show what you want. There is no charge for items 8a, b, and c: a) <input type="checkbox"/> Tax return transcript of Form 1040 series filed during the current calendar year and the 3 prior calendar years (see instructions). b) <input type="checkbox"/> Verification of nonfiling. c) <input type="checkbox"/> Form(s) W-2 information (see instructions). d) <input type="checkbox"/> Copy of tax form and all attachments (including Form(s) W-2, schedules, or other forms). The charge is \$23 for each period requested. Note: If these copies must be certified for court or administrative proceedings, see instructions and check here. <input type="checkbox"/></p>	
<p>9. If this request is to meet a requirement of one of the following, check all boxes that apply. <input type="checkbox"/> Small Business Administration <input type="checkbox"/> Department of Education <input type="checkbox"/> Department of Veterans Affairs <input type="checkbox"/> Financial institution</p>	
<p>10. Tax form number(Form 1040, 1040A, 941, etc.)</p>	<p>12. Complete only if line 8d is checked. Amount due: a Cost for each period \$ 23.00 b Number of tax periods requested on line 11 c Total cost. Multiply line 12a by line 12b \$ Full payment must accompany your request. Make check or money order payable to "Internal Revenue Service."</p>
<p>11. Tax period(s) (year or period ended date). If more than four, see instructions.</p>	

Caution: Before signing, make sure all items are complete and the form is dated.

I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. I am aware that based upon this form, the IRS will release the tax information requested to any party shown on line 5. The IRS has no control over what that party does with the information.

Telephone number of requester

Please	Signature. See Instructions. If other than taxpayer, attach authorization document.	Date	Best time to call
Sign			
Here	Title (if line 1a above is a corporation, partnership, estate, or trust)		TRY A TAX RETURN TRANSCRIPT (see line 8a instruction)
	Spouse's signature	Date	

Instructions :

Section references are to the Internal Revenue Code.

TIP: If you had your tax form filled in by a paid preparer, check first to see if you can get a copy from the preparer. This may save you both time and money.

Purpose of Form. - Use Form 4506 to get a tax return transcript, verification that you did not file a Federal tax return, Form W-2 information, or a copy of a tax form. Allow 6 weeks after you file a tax form before you request a copy of it or a transcript. For W-2

information, wait 13 months after the end of the year in which the wages were earned. For example, wait until Feb. 1999 to request W-2 information for wages earned in 1997.

Do not use this form to request Forms 1099 or tax account information. See this page for details on how to get these items.

Note: Form 4506 must be received by the IRS within 60 calendar days after the date you signed and dated the request.

How Long Will It Take? - You can get a tax return transcript or verification of nonfiling within 7 to 10 workdays after the IRS receives your request. It can take up to 60 calendar

days to get a copy of a tax form or W-2 information. To avoid any delay, be sure to furnish all the information asked for on Form 4506.

Forms 1099. - If you need a copy of a Form 1099, contact the payer. If the payer cannot help you, call or visit the IRS to get Form 1099 information.

Tax Account Information. - If you need a statement of your tax account showing any later changes that you or the IRS made to the original return, request tax account information. Tax account information lists

(Continued on back)

3651 S. Interregional Hwy
Photocopy Unit
Stop 6716
Austin, TX 73301

certain items from your return, including any later changes. To request tax account information, write or visit an IRS office or call the IRS at the number listed in your telephone directory. If you want your tax account information sent to a third party, complete **Form 8821**, Tax Information Authorization. You may get this form by phone (call 18008293676) or on the Internet (at <http://www.irs.ustreas.gov>).

Line 1b. - Enter your employer identification number (EIN) **only** if you are requesting a copy of a **business** tax form. Otherwise, enter the first social security number (SSN) shown on the tax form.

Line 2b - If requesting a copy or transcript of a joint tax form, enter the second SSN shown on the tax form.

Note: *If you do not complete line 1b and, if applicable, line 2b, there may be a delay in processing your request.*

Line 5. - If you want someone else to receive the tax form or tax return transcript (such as a CPA, an enrolled agent, a scholarship board, or a mortgage lender), enter the name and address of the individual. If we cannot find a record of your tax form, we will notify the third party directly that we cannot fill the request.

Line 7 - Enter the name of the client, student, or applicant if it is different from the name shown on line 1a. For example, the name on line 1a may be the parent of a student applying for financial aid. In this case, you would enter the student's name on line 7 so the scholarship board can associate the tax form or tax return transcript with their file.

Line 8a. - If you want a tax return transcript, check this box. Also, on line 10 enter the tax form number and on line 11 enter the tax period for which you want the transcript.

A tax return transcript is available only for returns in the 1040 series (Form 1040, Form 1040A, 1040EZ, etc.). It shows most line items from the original return, including accompanying forms and schedules. In many cases, a transcript will meet the requirement of any lending institution such as a financial institution, the Department of Education, or the Small Business Administration. It may also be used to verify that you did not claim any itemized deductions for a residence.

Note: *A tax return transcript does not reflect any changes you or the IRS made to the original return. If you want a statement of your tax account with the changes, see **Tax Account Information** on page 1.*

Line 8b. - Check this box only if you want proof from the IRS that you did not file a return for the year. Also, on line 11 enter the tax period for which you want verification of nonfiling.

Line 8c. - If you want only Form(s) W-2 information, check this box. Also, on line 10 enter "Form(s) W-2 only" and on line 11 enter the tax period for which you want the information.

You may receive a copy of your actual Form W-2 or a transcript of the information, depending on how your employer filed the form. However, state withholding information is not shown on a transcript. If you have filed your tax return for the year the wages were earned, you can get a copy of the actual Form W-2 by requesting a complete copy of your return and paying the required fee. Contact your employer if you have lost your current year's Form W-2 or have not received it by the time you are ready to prepare your tax return.

Note: If you are requesting information about your spouse's Form W-2, your spouse must sign Form 4506.
Line 8d. - If you want a certified copy of a tax form for court or administrative proceedings, check the box to the right of line 8d. It will take at least 60 days to process your request.

Line 11. - Enter the year(s) of the tax form or tax return transcript you want. For fiscal-year filers or requests for quarterly tax forms, enter the date the period ended; for example, 3/31/96, 6/30/96, etc. If you need more than four different tax periods, use additional Forms 4506. Tax forms filed 6 or more years ago may not be available for making copies. However, tax account information is generally still available for these periods.

Line 12c. - Write your SSN or EIN and "Form 4506 Request" on your check or money order. If we cannot fill your request, we will refund your payment.

Signature - Requests for copies of tax forms or tax return transcripts to be sent to a third party must be signed by the person whose name is shown on line 1a or by a person authorized to receive the requested information.

Copies of tax forms or tax return transcripts for a jointly filed return may be furnished to either the husband or the wife. Only one signature is required. However, see the line 8c instructions. Sign Form 4506 exactly as your name appeared on the original tax form. If you changed your name, **also** sign your are current name.

For a corporation, the signature of the president of the corporation, or any principal officer and the secretary, or the principal officer and another officer generally required. For more details on who may obtain tax information on corporations, partnerships, estates, and trusts, see section 6103.

If you are **not** the taxpayer shown on line 1a, you must attach your authorization to receive a copy of the requested tax form or tax return transcript. You may **attach a copy of the authorization document** if the original has already been filed with the IRS. This will generally be a **power of attorney** (Form 2848), or **other authorization**, such as Form 8821, or evidence of entitlement (for Title 11 Bankruptcy or Receivership Proceedings). If the taxpayer is deceased, you must send Letters Testamentary or other evidence to establish that you are authorized to act for the taxpayer's estate.

Where To File. - Mail Form 4506 with the correct total payment attached, if required, to the **Internal Revenue Service Center** for the place where you lived when the requested tax form was filed.

Note: *You must use a separate form for each service center from which you are requesting a copy of your tax form or tax return transcript.*

If you lived in:	Use this address:
New Jersey, New York (New York City and counties of Nassau, Rockland, Suffolk, and Westchester)	1040 Waverly Ave. Photocopy Unit Stop 532 Holtsville, NY 11742
New York (all other counties), Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont	310 Lowell St. Photocopy Unit Stop 679 Andover, MA 01810
Florida, Georgia, South Carolina	4800 Buford Hwy. Photocopy Unit Stop 91 Doraville, GA 30362
Indiana, Kentucky, Michigan, Ohio, West Virginia	P.O. Box 145500 Photocopy Unit Stop 521 Cincinnati, OH 45250

Kansas, New Mexico, Oklahoma, Texas

Alaska, Arizona, California (counties of Alpine, Amador, Butte, Calaveras, Colusa, Contra Costa, Del Norte El Dorado, Glenn, Humboldt, Lake, Lassen, Marin, Mendocino, Modoc, Napa, Nevada, Placer, Plumas, Sacramento, San Joaquin, Shasta, Sierra, Siskiyou, Solano, Sonoma, Sutter, Tehama, Trinity, Yolo, and Yuba), Colorado, Idaho, Montana, Nebraska, Nevada, North Dakota, Oregon, South Dakota, Utah, Washington, Wyoming

P.O. Box 9941
Photocopy Unit
Stop 6734
Ogden, UT 84409

California (all other counties), Hawaii

5045 E. Butler Ave.
Photocopy Unit
Stop 52180
Fresno, CA 93888

Illinois, Iowa, Minnesota, Missouri, Wisconsin

2306 E. Bannister Rd.
Photocopy Unit
Stop 6700, Annex 1
Kansas City, MO 64999

Alabama, Arkansas, Louisiana, Mississippi, North Carolina, Tennessee

P.O. Box 30309
Photocopy Unit
Stop 46
Memphis, TN 38130

Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, a foreign country, or A.P.O. or F.P.O address

11601 Roosevelt Blvd
Photocopy Unit
DP 536
Philadelphia, PA 19255

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to establish your right to gain access to your tax form or transcript under the Internal Revenue Code, including sections 6103 and 6109. We need it to gain access to your tax form or transcript in our files and properly respond to your request. If you do not furnish the information, we will not be able to fill your request. We may give the information to the Department of Justice or other appropriate law enforcement official, as provided by law.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is: **Recordkeeping**, 13 min.; **Learning about the law or the form**, 7 min.; **Preparing the form**, 26 min.; and **Copying, assembling, and sending the form to the IRS**, 17 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can write to the Tax forms Committee, Western Area Distribution Center, Rancho Cordova, CA 95743-0001. **DO NOT** send the form to this address. Instead, see **Where To File** on this page

**CIT SMALL BUSINESS LENDING CORPORATION
AUTHORIZATION TO RELEASE INFORMATION**

In connection with this application for financing (and any update, extension, modification, renewal or review of such financing, if it is granted), each of the undersigned hereby: authorizes CIT Small Business Lending Corporation and each of its affiliates (collectively, the "Lender") to make all inquiries it deems necessary to verify the accuracy of the information provided herein and to determine my creditworthiness including, without limitation, obtaining consumer and/or business credit reports regarding me or any entity I am affiliated with. Each of the undersigned individuals hereby acknowledges that Lender will obtain a consumer credit report concerning them.

The Lender may, at any time in its sole discretion, disclose the status of the proposed financing transaction and the credit data and other information concerning or relating to the undersigned or the proposed financing transaction to the SBA, referral sources, franchisors, vendors, loan participants, other lenders, agents and affiliates of any undersigned or the Lender.

The undersigned hereby certify that the enclosed application information, including all attachments, exhibits, schedules, etc., are valid, accurate and complete.

All owners including stockholders with 20% or more ownership interest, partners, directors and guarantors must sign this form (spouses should sign when applicable).

COMPANY NAME SIGNATURE TITLE DATE

COMPANY NAME SIGNATURE TITLE DATE

COMPANY NAME SIGNATURE TITLE DATE

COMPANY NAME SIGNATURE TITLE DATE

COMPANY NAME SIGNATURE TITLE DATE

CERTIFICATE OF

- CORPORATION
- LIMITED LIABILITY COMPANY
- PARTNERSHIP (General, Limited or Limited Liability)

The following information is correct:

OFFICERS

President _____

Vice President _____

Secretary _____

Treasurer _____

MEMBERS/PARTNERS – List all

Date when last acquired

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SHAREHOLDERS

Name	Number of shares	% of shares outstanding	Date when last acquired
------	------------------	-------------------------	-------------------------

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

DIRECTORS

NOTES

NOTES

NOTES

**DISCLOSURE OF RIGHT TO REQUEST
SPECIFIC REASONS FOR CREDIT DENIAL GIVEN AT TIME OF
APPLICATION (BUSINESS CREDIT)**

If your application for business credit is denied, you have the right to receive a written statement of the specific reasons for the denial. To obtain the statement, please contact CIT Small Business Lending Corporation, Attn. Chief Credit and Portfolio Officer, 1 Tyco Drive, Livingston, New Jersey 07039 at (800)453-3548 within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement.

Applicants are not required to obtain or pay for unwanted services.

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 the applicant has the capacity to enter into a binding contract), because all or part of the applicant's income derives from any public assistance program, or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is The Federal Trade Commission, Equal Credit Opportunity, Washington, D.C. 20580.