



ARKANSAS CAPITAL

LOAN APPLICATION

In addition to the following information, you are also required to complete the [SBA Personal Financial Form](https://www.sba.gov/sites/default/files/forms/SBA_Form_413_7a-504-SBG.pdf), which can be downloaded at [https://www.sba.gov/sites/default/files/forms/SBA Form 413 7a-504-SBG.pdf](https://www.sba.gov/sites/default/files/forms/SBA_Form_413_7a-504-SBG.pdf).

BUSINESS INFORMATION

Company Name and DBA (if applicable):

Phone: _____ Fax: _____ Cell: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____ DUNS #: _____

Date Company Founded: _____ Date of Current Ownership: _____

Federal Tax ID #: _____ # of Current Employees: _____ After Financing: _____

Type of Organization (check one): Sole Proprietor C Corp S Corp LLC Partnership

OWNERSHIP INFORMATION

List all owners, partners, LLC members, and stockholders totaling 100% of ownership. For corporations, identify all corporate officers regardless of ownership. For Partnerships or LLCs, identify the managing/general partner or managing member. Attach a separate sheet if necessary.

Name/Title: _____ Ownership%: _____

Address: _____

City: _____ State: _____ Zip: _____ SSN: _____

Name/Title: _____ Ownership%: _____

Address: _____

City: _____ State: _____ Zip: _____ SSN: _____

Name/Title: _____ Ownership%: _____

Address: _____

City: _____ State: _____ Zip: _____ SSN: _____

AFFILIATES

List below all business concerns in which the applicant company or any of the individuals listed in the Ownership section have 20% ownership or controlling interest. Affiliation also exists when an individual(s) has control of the Small Business Company and another concern even though the ownership of one or both is small. Attach separate sheet if necessary.

Company Name: _____

Owned by: _____ Ownership %: _____ Number of Employees: _____

Address: _____ City: _____ State: _____ Zip: _____

Company Name: _____

Owned by: _____ Ownership %: _____ Number of Employees: _____

Address: _____ City: _____ State: _____ Zip: _____

Company Name: _____

Owned by: _____ Ownership %: _____ Number of Employees: _____

Address: _____ City: _____ State: _____ Zip: _____

REFERENCES AND PROFESSIONAL SERVICES

Bank: _____

Contact: _____ Phone: _____

Accounting Firm: _____

Contact: _____ Phone: _____

Attorney Firm: _____

Contact: _____ Phone: _____

Insurance Firm: _____

Contact: _____ Phone: _____

PREVIOUS SBA OR OTHER FEDERALLY GUARANTEED FINANCING

Federal Agency: _____ Date of Application: _____ Original Amount: \$ _____

Current Balance: \$ _____ Status of Loan (Current or Delinquent): _____

Federal Agency: _____ Date of Application: _____ Original Amount: \$ _____

Current Balance: \$ _____ Status of Loan (Current or Delinquent): _____

BUSINESS PROFILE

Please answer the questions below or provide the information on a separate attachment.

Nature of business, products, services and locations:

Who are your major customers?

Who are your major suppliers?

Who are your major competitors?

How do you market your products or services?

What are your long-term plans?

REQUIRED DOCUMENT CHECKLIST

1. Authorization to Release Credit* (form attached)
2. Personal Financial Statement* (SBA Form 413 or Equivalent)
3. Personal Income Tax Returns for past three years*
4. Corporate Income Tax Returns for past three years*
5. Interim Financial Statement (Current within 60 days)**
6. Aging Summary of Accounts Receivable and Accounts Payable**
7. Proposed Cost Breakdown (form attached)
8. Business Schedule of Debt (form attached)
9. Personal Resume* (form attached)
10. Copy of Real Estate and/or Business Purchase Agreement (if applicable)
11. Copy of all Promissory Notes for any debt being refinanced
12. Environmental Questionnaire (form attached, complete when real estate is being purchased or used as collateral)
13. Articles of Incorporation/Organization and Bylaws**
14. Copy of Franchise Agreement and Franchisor's Disclosure Statement (if applicable)
15. Copy of cost documents (i.e. construction contract, vendor quotes, professional fees, etc.)
16. Copy of existing or proposed lease agreement (if applicable)
17. For a new business, a projected annualized Income Statement for two years with detailed assumptions attached
18. For a new business, a monthly cash flow analysis for the first 12 months of operations or for three months beyond the breakeven point (whichever is longer) together with detailed assumptions attached.
19. Legible copy of driver's license
20. Other: _____

*Needed for all owners of 20% of more in the operating company and/or a real estate holding company.

** Needed for the operating company, real estate holding company and any affiliated companies.

AUTHORIZATION TO RELEASE INFORMATION

I/We hereby authorize the release to ACCG Lending and/or assigns any and all information ACCG Lending and/or assigns may require at any time for any purpose related to our credit application/loan transaction with ACCG Lending and/or assigns.

I/We hereby authorize ACCG Lending to release any and all information and/or data (including, but not limited to, personal and/or business financial statements, personal and/or business income tax returns, payment and/or credit history) to any entity ACCG Lending deems necessary for any purpose related to our credit application/loan transaction with ACCG Lending and/or assigns.

I/We hereby acknowledge that all loan approvals will be in writing and subject to the terms and conditions set forth in the loan authorization materials.

Authorized Signature, Title

Date

Authorized Signature, Title

Date

Authorized Signature, Title

Date

Authorized Signature, Title

Date

NOTICES: Intentional falsification of information, statement or values for any purpose including, but not limited to, the purpose of obtaining any loan, money, property, or anything of value from ACCG Lending, the United States Small Business Administration, and/or the United States Department of Agriculture may lead to the disqualification of the applicant and possible criminal prosecution.

To help the Federal Government fight the funding of terrorism and money laundering activities, Federal law requires all Government program lenders to obtain, verify, and record information that identifies each person who applies for a loan under a Federal Government program. This means that when you apply for a loan under a Federal Government program, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

PROPOSED COST BREAKDOWN

<u>Purpose</u>	<u>Amount (\$)</u>
Real Estate Purchase:	\$ _____
New Construction:	\$ _____
Machinery & Equipment:	\$ _____
Furniture:	\$ _____
Fixtures:	\$ _____
Professional Fees:	\$ _____
Purchase Business:	\$ _____
Leasehold Improvements:	\$ _____
Debt Refinance:	\$ _____
Payment of Accounts Payable:	\$ _____
Purchase of Inventory:	\$ _____
Other Expenses (describe below):	
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL:	\$ _____

SCHEDULE OF BUSINESS DEBT

As of _____, 20_____*

Existing Debt Obligations: List separately all obligations of the company evidenced by a Note, Capital Lease or Line of Credit. This section requires more detail than found on any CPA prepared financial statement. It is a critical part of the information that is analyzed.

Name of Creditor: _____

Original Date: _____ Original Amount: \$ _____ Present Balance: \$ _____

Interest Rate: _____ Monthly Payment: \$ _____ Maturity Date: _____

Collateral: _____

Name of Creditor: _____

Original Date: _____ Original Amount: \$ _____ Present Balance: \$ _____

Interest Rate: _____ Monthly Payment: \$ _____ Maturity Date: _____

Collateral: _____

Name of Creditor: _____

Original Date: _____ Original Amount: \$ _____ Present Balance: \$ _____

Interest Rate: _____ Monthly Payment: \$ _____ Maturity Date: _____

Collateral: _____

Name of Creditor: _____

Original Date: _____ Original Amount: \$ _____ Present Balance: \$ _____

Interest Rate: _____ Monthly Payment: \$ _____ Maturity Date: _____

Collateral: _____

*Debt Schedule must correspond with Interim Financial Statement by date and account balances.

SCHEDULE OF BUSINESS DEBT (continued)

Name of Creditor: _____

Original Date: _____ Original Amount: \$ _____ Present Balance: \$ _____

Interest Rate: _____ Monthly Payment: \$ _____ Maturity Date: _____

Collateral: _____

Name of Creditor: _____

Original Date: _____ Original Amount: \$ _____ Present Balance: \$ _____

Interest Rate: _____ Monthly Payment: \$ _____ Maturity Date: _____

Collateral: _____

Name of Creditor: _____

Original Date: _____ Original Amount: \$ _____ Present Balance: \$ _____

Interest Rate: _____ Monthly Payment: \$ _____ Maturity Date: _____

Collateral: _____

Name of Creditor: _____

Original Date: _____ Original Amount: \$ _____ Present Balance: \$ _____

Interest Rate: _____ Monthly Payment: \$ _____ Maturity Date: _____

Collateral: _____

Name of Creditor: _____

Original Date: _____ Original Amount: \$ _____ Present Balance: \$ _____

Interest Rate: _____ Monthly Payment: \$ _____ Maturity Date: _____

Collateral: _____

Are you presently subject to an indictment, criminal information, arraignment, or other means by which formal criminal charges are brought in any jurisdiction? _____

Have you been arrested in the past six months for any criminal offense? _____

For any criminal offense – other than a minor vehicle violation – have you ever:
1) been convicted; 2) plead guilty; 3) plead nolo contendere; 4) been placed on pretrial diversion; or, 5) been placed on any form of parole or probation (including probation before judgment)? _____

Military Service Background (Please provide certified copy of DD-214 or DOD Photo Card and DD2648 for Reservist or Form 2648-1 for active duty)

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Honorable Discharge? Yes No

Job Description: _____

Work Experience (List chronologically, beginning with present employment):

Name of Company: _____ **Percent Owned:** _____

Address: _____

City: _____ State: _____ Zip: _____

Employed From: _____ Employed To: _____

Duties: _____

Name of Company: _____ **Percent Owned:** _____

Address: _____

City: _____ State: _____ Zip: _____

Employed From: _____ Employed To: _____

Duties: _____

Name of Company: _____ **Percent Owned:** _____

Address: _____

City: _____ State: _____ Zip: _____

Employed From: _____ Employed To: _____

Duties: _____

Education (College or Technical Training)

Name and Location: _____

Major: _____

Date Attended: _____ Degree or Certificate: _____

Name and Location: _____

Major: _____

Date Attended: _____ Degree or Certificate: _____

Name and Location: _____

Major: _____

Date Attended: _____ Degree or Certificate: _____

Name and Location: _____

Major: _____

Date Attended: _____ Degree or Certificate: _____

Name and Location: _____

Major: _____

Date Attended: _____ Degree or Certificate: _____

High School Attended: _____

City and State: _____ Year graduated: _____

Comments (Bankruptcies, Pending Lawsuits, Judgments, Arrests, Convictions, Probations, Previous Names Used and Previous Address):

3) Is the subject property structure a multi-tenant residential dwelling, nursing home, or daycare center constructed prior to 1978? **If yes, please describe:** Yes No

4) Is there any historical or archeological significance to the subject property? Yes No

5) Is the subject property structure to be significantly renovated or demolished? Yes No

6) Is there Asbestos Containing Material in the materials of the subject property? Yes No

7) Are there any transformers or other stationary hydraulic equipment on the subject property which are owned by the subject property owner? Yes No

8) Are there any underground storage tanks (UST's) currently on the subject property? **If yes, attach copies of the registration, spill insurance certificate, recent tank and line tightness test results (within last six months) and verification that UST's meet all current compliance requirements.** Yes No

9) Have any UST's ever been removed from the subject property or abandoned in place? **If yes, state the year removed and attach a copy of all removal documents and the "No Further Action" letter issued by the appropriate state agency.** Yes No

10) Are there currently or have there ever been any fill pipes, vent pipes, or access ways protruding from the ground on the subject property? Yes No

11) Are there any ground storage tanks without secondary containment on the property? Yes No

12) Is the subject property registered with the EPA regarding any permits or for hazardous waste generation, treatment, storage or disposal? **If yes, attached a copy of permit or registration.** Yes No

13) Is any hazardous waste including petroleum products currently being treated or dispensed at the subject property? **If yes, describe the type and method of treatment, storage or disposal:** Yes No

14) Is any hazardous waste including petroleum products currently being disposed of off-site? **If yes, attach a copy of the most recent waste manifest for the disposed waste.** Yes No

15) Are there any present or past enforcement actions by a regulatory agency for the subject property? **If yes, describe:** Yes No

16) Are there any existing environmental liens, lawsuits, administrative actions, or environmental easements associated with the use of the subject property? Yes No
If yes, describe:

17) Are there now or have there ever been pits, ponds, or lagoons used for dumping wastes located on the subject property? Yes No

18) Are there any groundwater monitoring wells (for groundwater contamination) located on the subject property? If yes, state how many and describe their purpose: Yes No

19) Does the subject property discharge waste (or wastewater) to an on-site sewer, on-site septic system ditch or other waterway? Yes No
If yes, state the nature of the discharge and attach copy of the permit.

20) Are there any outstanding Fire and/or Health Department violations for the subject property? If yes, describe: Yes No

21) Does the subject property have any Wetlands? Yes No

22) Is the subject property or portion thereof used for agriculture? Yes No

23) Is there any evidence that toxic chemicals are used at the subject property? Yes No

24) Are there any discarded chemical containers on the subject property? Yes No

25) Are there waste piles of any type on the subject property? Yes No

26) Is there any evidence of distressed vegetation at the subject property? Yes No

27) Is there evidence of oily film on standing water at the subject property? Yes No

28) Is there evidence of any discolored soils at the subject property? Yes No

29) Are there any unusual odors at the subject property? Yes No

Signature of Current Property Owner

Date of Visual Inspection

Signature of Loan Applicant (if different)

Date of Visual Inspection

NOTICE TO APPLICANT

Please take note that in the event of a loss to the SBA/USDA on any SBA/USDA loan, the names of the small business and guarantors of the SBA/USDA loan will be referred for listing in the CAIVRS database. This listing may affect your eligibility for further financial assistance associated with the Federal Government.

By signing below, you acknowledge you have read, understand, and accept the terms described in this notice.

Authorized Signature, Title

Date

Authorized Signature, Title

Date

Authorized Signature, Title

Date

Authorized Signature, Title

Date

Taxpayer Consent

The undersigned hereby understands, acknowledges, and agrees that Arkansas Capital Corporation (“Lender”) and the other “Receiving Parties”, as hereafter defined, are authorized to obtain, use and share the undersigned’s tax return information for purposes of (i) providing a loan proposal; (ii) originating, maintaining, managing, monitoring, servicing, selling, insuring, or securitizing a loan and all collateral for any such loan; (iii) marketing purposes; or (iv) as otherwise permitted by applicable laws, including state and federal privacy and data security laws.

The term “Lender,” as used above, includes Lender’s affiliates, agents, (including, but not limited to, attorneys, accountants, appraisers, brokers and lender service providers), and any of aforementioned parties’ respective successors and assigns.

The term “Receiving Parties,” as used above, includes (i) any actual owners of a loan resulting from a loan application or guarantee thereof, as applicable, (ii) any potential purchasers of a loan resulting from a loan application or guarantee thereof, as applicable, or (iii) any acquirers of any beneficial or other interest in the loan (including, but not limited to, the United States Small Business Administration), any mortgage/title insurer, guarantor, any servicers or service providers for the forgoing parties and any of aforementioned parties’ respective successors and assigns.

Authorized Signature, Title

Date

Authorized Signature, Title

Date

Authorized Signature, Title

Date

Authorized Signature, Title

Date

Selling Entity (if applicable):

Authorized Signature, Title

Date