

COMPANY INFORMATION

Company Name _____

Doing Business As _____ Website _____

Industry _____ Date Established _____

Entity Type _____ Years Chartered _____

Primary Contact _____ Phone _____

Title _____ Mobile _____

Email _____ Fax _____

EXISTING BUSINESS LOCATIONS

Address _____

Square Footage _____ Lease Payment _____ Replaced by New Facility? Yes No

Address _____

Square Footage _____ Lease Payment _____ Replaced by New Facility? Yes No

COMPANY MANAGEMENT / KEY EMPLOYEES *Please list all Officers, Managers and Key Employees regardless of ownership.*

Name	% Owner	Title	Responsibilities	Years in Company	Years in Industry

Total quantity of current employees: _____

Estimated quantity of new employees within the next two years as a result of this project: _____

OTHER CONTACTS RELATED TO THIS TRANSACTION

Insurance Co _____ Contact _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ Email _____

Title Co _____ Contact _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ Email _____

PROJECT INFORMATION

Address _____
 City _____ State _____ Zip _____

What is the square footage of the new building? _____ What is the square footage your company will occupy? _____
Please note your company is required to occupy 51% of an existing building or 60% of a new building.

Will there be other tenants occupying space in the new building? Yes _____ No _____
If there are other tenants, please provide copies of all existing leases.

Entity or individual(s) who will own the real estate? _____

Entity or individual(s) who will own the equipment? _____

If above is an entity that is not the operating company, please provide ownership of this company: _____

Source of down payment / equity injection: _____

PROJECT COSTS

Purchase Land	\$ _____	
Purchase Land & Building	\$ _____	
Construction / Remodeling	\$ _____	<i>May include costs incurred up to nine months prior to this application</i>
Purchase / Install Equipment	\$ _____	
Purchase / Install Fixtures	\$ _____	<i>Equipment may have a requirement of a useful life of 10+ years</i>
Refinanced Debt	\$ _____	
Professional Fees	\$ _____	<i>May include cost of appraisals and environmental investigations</i>
Other	\$ _____	<i>Including construction contingency and interim interest</i>
Total Project Cost	\$ _____	

Down Payment / Equity Injection \$ _____

AFFILIATE BUSINESSES

If anyone owning 20% or more of this business also has ownership in other businesses please complete the following; use an additional sheet if necessary. Additional financial information may be required on these entities.

Business Name _____	Owner _____	Ownership % _____
Business Name _____	Owner _____	Ownership % _____
Business Name _____	Owner _____	Ownership % _____
Business Name _____	Owner _____	Ownership % _____
Business Name _____	Owner _____	Ownership % _____
Business Name _____	Owner _____	Ownership % _____
Business Name _____	Owner _____	Ownership % _____
Business Name _____	Owner _____	Ownership % _____

MISCELLANEOUS QUESTIONS

Have you, your company, or any officer of your company ever been involved in bankruptcy proceedings? Yes No

If yes, please provide copy of bankruptcy proceedings and discharge paperwork.

Are you or your business involved in any pending or prior lawsuits? Yes No

If yes, please provide details on a separate sheet.

Do you or your business have any delinquent unpaid federal taxes or unresolved liens from taxes owing? Yes No

If yes, please provide details on a separate sheet.

Have you or your business ever received a government loan? Yes No

Is your business a Franchise, or does it operate under a dealer or licensing agreement from another entity? Yes No

Please provide a copy of the agreement for review.

Does your business currently engage in export trade? Yes No If yes, what percent? %

Do you plan to begin or increase exporting as a result of this loan? Yes No If yes, what percent? %

AUTHORIZATION TO RELEASE INFORMATION

I/We hereby authorize the release to Evergreen Business Capital of any information they may require at any time for any purpose related to my/our credit transactions with them.

I/We further authorize Evergreen Business Capital to release such information to any entity they deem necessary for any purpose related to my/our credit transaction with them.

I/We hereby certify that the enclosed information, including any attachments or exhibits provided herewithin or at a later date, is valid and correct to the best of my/our knowledge.

Name of Applicant _____
Signature of Applicant _____ Date _____

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Signature of Applicant _____ Date _____

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Signature of Applicant _____ Date _____