

HOLTMAYER & MONSON BORROWER DATA SHEET

Section 1: Borrower Information

Name of Borrower: _____
Name of Business (if different) _____
Contact Person: _____ Title: _____
Street Address: _____
City, State, ZIP _____
Mailing Address (if different) _____
City, State, ZIP _____
Business Phone: _____ Fax: _____
County: _____
Lender: _____
Lender Contact: _____ Phone #: _____

Section 2: Loan Request Amount

Loan Request Amount _____
Term _____ Years

Section 3: Type of Business (check all that apply)

	Industry (NAICS)
Manufacturing	_____
Retail	_____
Service	_____
Wholesale/Distributor	_____

Section 4: Length of Time in Business

Start-up _____
1-3 Years _____
4-5 Years _____
> 5 Years _____

Section 5: Use of Proceeds

New Construction/Expansion (1) _____
Acquisition of Machinery and Equipment (2) _____
Land and Building Acquisition (3) _____
Additional Working Capital (4) _____
Purchase Inventory _____
Refinance Existing Debt _____
Leasehold Improvements _____
Other: Please specify _____

SUBTOTAL _____

LESS: Owner's Contribution (if not cash explain on separate sheet) _____

TOTAL LOAN REQUEST _____

MANAGEMENT RESUME

Please fill in all spaces. If an item is not applicable, please indicate as such. You may include additional relevant information on a separate exhibit. SIGN/DATE where indicated.

PERSONAL INFORMATION:

NAME _____ SS# _____

DATE OF BIRTH _____ PLACE OF BIRTH _____

RESIDENCE TELEPHONE _____ BUSINESS TELEPHONE _____

RESIDENCE ADDRESS _____

FROM _____ TO PRESENT DATE

PREVIOUS ADDRESS _____

FROM _____ TO _____

SPOUSE'S NAME _____ SS# _____

ARE YOU EMPLOYED BY THE U.S. GOVERNMENT? Yes No AGENCY/POSITION _____

ARE YOU A U.S. CITIZEN? Yes No IF NO, GIVE ALIEN REGISTRATION NUMBER _____

EDUCATION:

High School/College/Technical-Name/Location	Dates Attended	Major	Degree/Certificate
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

MILITARY SERVICE BACKGROUND:

Branch of Service _____ Dates of Service _____

WORK EXPERIENCE: List chronologically beginning with present employment.

Company Name/Location _____

From _____ To _____ Title _____

Duties _____

Company Name/Location _____

From _____ To _____ Title _____

Duties _____

Company Name/Location _____

From _____ To _____ Title _____

Duties _____

Signature Date



PERSONAL FINANCIAL STATEMENT

OMB APPROVAL NO. 3245-0188

EXPIRATION DATE: 09/30/2014

U.S. SMALL BUSINESS ADMINISTRATION

As of _____

Complete this form for: (1) each proprietor; (2) general partner; (3) managing member of a limited liability company (LLC); (4) each owner of 20% or more of the equity of the Applicant (including the assets of the owner's spouse and any minor children); and (5) any person providing a guaranty on the loan. Return completed form to: 7(a) loans - to the lender processing the SBA application; 504 loans - to the Certified Development Company processing the SBA application; Disaster loans - to the Disaster Processing and Disbursement Center at 14925 Kingsport Road, Fort Worth, TX 76155-2243; and 8(a)/BD applicants who are individuals claiming social and economic disadvantaged status and their spouses - electronically at <http://www.sba.gov> or send hard copy with paper application to either of the two following offices:

8(a) BD only	Mail to the following address, if your firm is located in one of the states below:	Mail to the following address, if your firm is located in one of the states below:
	US Small Business Administration DPCE Central Office Duty Station Parkview Towers 1150 First Avenue 10th Floor, Suite 1001 King of Prussia, PA 19406	Small Business Administration Division of Program Certification and Eligibility 455 Market Street, 6th Floor San Francisco, CA 94105
	MA, ME, NH, CT, VT, RI, NY, PR (Puerto Rico), VI (US Virgin Islands), NJ, PA, MD, VA, WV, DC, DE, GA, AL, NC, SC, MS, FL, KY, TN	IL, OH, MI, IN, MN, WI, TX, NM, AR, LA, OK, MO, IA

Name Business Phone

Residence Address Residence Phone

City, State, & Zip Code

Business Name of Applicant/Borrower

ASSETS	(Omit Cents)	LIABILITIES	(Omit Cents)
Cash on hand & 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	\$ _____

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 Real Estate (e.g. Primary Residence, Other Residence, Rental Property, Land, etc.)			
Address			
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 creditworthiness.
CERTIFICATION: (to be completed by each person submitting the information requested on this form)

By signing this form, I certify under penalty of criminal prosecution that all information on this form and any additional supporting information submitted with this form is true and complete to the best of my knowledge. I understand that SBA or its participating Lenders, or Certified Development Companies will rely on this information when making decisions regarding an application for a loan from SBA or an SBA Participating Lender, or for participation in the SBA 8(a) Business Development (BD) program.

Signature: _____

Date:

Print Name:

Social Security No:

Signature: _____

Date:

Print Name:

Social Security No:

NOTICE TO LOAN APPLICANTS: CRIMINAL PENALTIES AND ADMINISTRATIVE REMEDIES FOR FALSE STATEMENTS:

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. A false statement is punishable under 18 U.S.C. §§ 1001 and 3571 by imprisonment of not more than five years and/or a fine of up to \$250,000; under 15 U.S.C. § 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, a false statement is punishable under 18 U.S.C. § 1014 by imprisonment of not more than 30 years and/or a fine of not more than \$1,000,000.

NOTICE TO APPLICANTS OR PARTICIPANTS IN THE 8(a) BD PROGRAM: CRIMINAL PENALTIES AND ADMINISTRATIVE REMEDIES FOR FALSE STATEMENTS:

Any person who misrepresents a business concern's status as an 8(a) Program participant or SDB concern, or makes any other false statement in order to influence the 8(a) certification or other review process in any way (e.g., annual review, eligibility review), shall be: (1) Subject to fines and imprisonment of up to 5 years, or both, as stated in Title 18 U.S.C. § 1001; (2) subject to fines of up to \$500,000 or imprisonment of up to 10 years, or both, as stated in Title 15 U.S.C. § 645; (3) Subject to civil and administrative remedies, including suspension and debarment; and (4) Ineligible for participation in programs conducted under the authority of the Small Business Act.

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 Officer, Paper Reduction Project (3245-0188), Office of Management and Budget, Washington, D.C. 20503. PLEASE DO NOT SEND FORMS TO OMB.

Debt Summary

	Loan #1	Loan #2	Loan #3	Loan #4
Lending Category				
To Whom Payable				
Account Number				
Type of Loan				
Original Amount				
Original Date				
Present Balance				
Interest (%) Rate				
Maturity Date				
Payment				
Security				
Status				

	Loan #5	Loan #6	Loan #7	Loan #8
Lending Category				
To Whom Payable				
Account Number				
Type of Loan				
Original Amount				
Original Date				
Present Balance				
Interest (%) Rate				
Maturity Date				
Payment				
Security				
Status				

	Loan #9	Loan #10	Loan #11	Loan #12
Lending Category				
To Whom Payable				
Account Number				
Type of Loan				
Original Amount				
Original Date				
Present Balance				
Interest (%) Rate				
Maturity Date				
Payment				
Security				
Status				

	Loan #13	Loan #14	Loan #15	Loan #16
Lending Category				
To Whom Payable				
Account Number				
Type of Loan				
Original Amount				
Original Date				
Present Balance				
Interest (%) Rate				
Maturity Date				
Payment				
Security				
Status				

Participating Lender Exposure before new loan _____ Business Name: _____
 Other Lenders Exposure before new loan _____
 Unclassified before new loan _____ ^A By: _____
 Date: _____

PROFIT & LOSS - PROJECTIONS

INCOME STATEMENT:

Interim

Proforma 1

Proforma 2

Proforma 3

RMA %

STATEMENT DATE:

MONTHS:

PERCENTAGE (%) CHANGE:

%

%

%

%

	Interim	Proforma 1	Proforma 2	Proforma 3	RMA %
Cash Sales					
Credit Sales					
Total Sales					
Less Returns & Allowances					
Net Sales					
Cost of Goods Sold					
Gross Profit					
Compensation of Officers Salaries					
Salaries & Compensation					
Payroll Taxes					
Total Salaries & Compensation					
Repairs & Maintenance					
Bad Debts					
Rents					
Taxes & Licenses					
Depreciation & Amortization					
Advertising & Selling Expenses					
Pension, Profit Sharing, Etc. Plans					
Employee Benefit Programs					
Insurance					
Office Expense					
Telephone & Utilities					
Supplies					
Other:					
Other:					
Miscellaneous					
Total Other Operating Expenses					
Total Operating Expenses					
Total Operating Profit (Loss)					
Interest & Dividends					
Other Income:					
Total Other Income					
Interest Expense: SBA Loan					
Interest Expense:					
Interest Expense:					
Total Interest Expense					
Other Expense:					
Total Other Expense					
Net Other Income (Expense)					
Earnings (Losses) Before Taxes					
Income Taxes					
Profit (Loss) After Tax					
Dividends/Withdrawals					

AFFILIATE ELIGIBILITY ADDENDUM (Addendum C)

For each possible affiliate (including the Operating Company for an Eligible Passive Company/Operating Company borrowing structure), state the name, basis of affiliation, primary industry and NAICS code. To use the 7a size standard, state the average annual receipts over last 3 completed fiscal years (or, if in business less than 3 years, for the number of years in business) and number of employees. For the alternative size standard, state the tangible net worth and average net income after Federal income taxes for the preceding two completed fiscal years. (The alternative size standard is found at 13 CFR §121.301.)

1. Legal Name of Affiliate: _____

Basis of Affiliation: common ownership ** (see below)

Primary Industry _____ NAICS Code: _____

7a Size Standard:

Average Annual Receipts: _____ Number of Employees: _____

Alternative Size Standard:

Tangible net worth _____ Average net income as described above _____

2. Legal Name of Affiliate: _____

Basis of Affiliation: _____ ** (see below)

Primary Industry _____ NAICS Code: _____

7a Size Standard:

Average Annual Receipts: _____ Number of Employees: _____

Alternative Size Standard:

Tangible net worth _____ Average net income as described above _____

3. Legal Name of Affiliate: _____

Basis of Affiliation: _____ ** (see below)

Primary Industry _____ NAICS Code: _____

7a Size Standard:

Average Annual Receipts: _____ Number of Employees: _____

Alternative Size Standard:

Tangible net worth _____ Average net income as described above _____

** If necessary, continue discussion of basis of affiliation below:

HOLTMAYER & MONSON GUARANTEED LOAN CHECKLIST

BORROWER _____

DATE _____

	Required	Included	Due From		Comments
			Lender	Borrower	
1 Lender's Application: SBA Form 4 and 4-1					
2 SBA Eligibility Information Sheet					
3 Lender's Credit Analysis					
4 Credit Reports-all principals owning 20% or >					
5 Source and Amount of Equity Injection					
6 Interim Financial Statement(P/L & Bal. Sheet) 90 days					
7 Historical Financial Statements and Tax Returns (3 years)					
8 A/R and A/P Agings as of Interim Financial Stmt. Date					
9 3 Years Operating projections with Assumptions					
10 Net Worth Reconciliation					
11 Description and History of Business-Narrative					
12 Mgmt Resume for ALL Principals no matter % ownership (SBA form)					
13 List of Machinery & Equipment offered as Collateral					
14 List of Machinery & Equipment to be Acquired					
15 Personal Financial Statements for all Principals owning 20% or >					
16 2 Years Personal Tax Returns for all Principals owning 20% or >					
17 Affiliate Information for all principals owning 20% or >					
18 Franchise Information					
19 Construction Information and/or Contract					
20 Appraisal					
21 Copy of Lease for Rented Facilities					
22 Environmental Analysis and/or Questionnaire					
23 Bank Transcript or Loan History					
24 Corporate and/or LLC Documents					
25 Purchase Agreement					
26 Debt Summary					
27 Other					
28 Other					