

CALIFORNIA SOUTHERN

Small Business Development Corporation

600 B Street, Suite 2450

San Diego, California 92101

(619) 232-7771 FAX (619) 232-6743

THE FOLLOWING INFORMATION (WHERE APPROPRIATE) **MUST** BE SUBMITTED TO CALIFORNIA SOUTHERN TO APPLY FOR A BUSINESS LOAN:

ITEMS NEEDED

- _____ Loan Application (*Completed, Signed, Dated*)
- _____ Business Financial Statements — Last 3 Fiscal Year End
- _____ Current Business Financial Statements (not older than 60 days)
- _____ Business Tax Returns — Last 3 years
- _____ Schedule of Current Debt — Business and Personal (forms enclosed)
- _____ Provide Evidence of Applicant's Liability Insurance.
- _____ Copy of Lease — If Property Leased
- _____ Construction Contract or Estimate — Evidencing Total Cost of Project, if applicable
- _____ Fictitious Name Statement if Applicable
- _____ Partnership Agreement — if Partnership
- _____ Articles of Incorporation — if Corporation
- _____ Name and Title of Corporate Officer Signing Loan Documents
- _____ Name of Corporate Secretary
- _____ Financial Privacy Act Form (enclosed)
- _____ Financial Statement Certification Form (enclosed)
- _____ Projected Cash Flow
- _____ Projected Profit and Loss
- _____ Business Plan/History
- _____ Resumés of Key Personnel

The following information is needed for all individuals owning 20% or more of business.

- _____ Personal Financial Statement, not older than 6 months — (form enclosed)
- _____ Personal Tax Returns — Last 3 years
- _____ Schedule of Current Debt (from enclosed)
- _____ Resumés

Additional Information Needed:

- _____ Business Tax returns for each business that Applicant(s) has 20% ownership.

All Tax Returns and Financial Statements must be signed and dated.

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Business Loan Application

Direct Loan State Guarantee RLF Other _____

Please describe the specific purpose of the loan: _____

Number of Employees (Including Subsidiaries and affiliates)	_____
At time of Application	_____
If Loan Approved	_____
Subsidiaries or Affiliates	_____
(Separate from above)	

Collateral Offered: _____

Amount Requested: _____ Primary Source of Repayment: _____ Secondary Source of Repayment: _____

BUSINESS INFORMATION

Business Name: _____

- Sole Proprietor General Partnership Non-Profit Corporation
 Limited Partnership Corporation Sub S Corporation

Nature of Business _____

Primary Contact: _____ Business Phone Number: _____

Business Address: _____

Tax ID Number: _____ Sic Code: _____

Year Business Established: _____ No. Of Years under current management: _____

PRINCIPALS/OWNERS Please Provide a Personal Financial Statement (Form Attached) on each Individual listed below.

Name	% Ownership	Title
_____	_____	_____
_____	_____	_____
_____	_____	_____

Accountant: _____ Phone Number: _____

BANK RELATIONSHIPS (Please list only your business accounts.)

BANK	ACCOUNT NUMBER	BUSINESS			CURRENT BALANCE
		CHECKING	SAVINGS	LOAN	

INDEBTEDNESS: Furnish the following information on all installment debts, contracts, notes and mortgages payable. Indicate by an asterisk (*) items to be paid by loan proceeds and reason for paying same (present balance should agree with latest balance sheet submitted).

To Whom Payable	Original Amount	Original Date	Present Balance	Rate of Interest	Maturity Date	Monthly Payment	Security	Current or Past Due
	\$			\$		\$		
	\$			\$		\$		
	\$			\$		\$		

ACCOUNTS PAYABLE AGING

		Current 30-Days	31 – 60 Days	61 – 90 Days	91-Days
\$	\$	\$	\$	\$	\$
\$	\$	\$	\$	\$	\$
\$	\$	\$	\$	\$	\$

ACCOUNTS RECEIVABLE AGING

LEASE INFORMATION

Do you have a lease for the property your business now occupies?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Monthly Rent \$	Years Remaining on Lease	Escalator Clause		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you Pay Taxes, Maintenance, Repair or Insurance in addition to your monthly payment				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Approximate Monthly Amount \$					

MISCELLANEOUS**YES**

Have you and/or your business ever filed bankruptcy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the business an endorser, guarantor or co-maker for obligations not listed on its financial statements?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the business owe any prior year taxes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any assets pledged or mortgaged other than those stated on the Financial Statements?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the business a party to any claim or lawsuit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you and/or your business ever defaulted on a loan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

BY SIGNING BELOW, YOU REPRESENT AND WARRANT THE FOLLOWING:

California Southern Small Business Development Corporation (CSSBDC) may rely on all of the information provided by you on this and other documents signed by you as being complete, true and correct. You are aware that submitting false information may be punishable under Section 1014 of Title 18 of the United States Code, Section 1572 of the California Civil Code and Section 779 of the California Financial Code

The foregoing information shall be your continuing representation until and unless you advise California Southern Small Business Development Corporation of material changes, and you will immediately so advise California Southern Small Business Development Corporation of any material adverse changes in your business or financial condition.

California Southern Small Business Development Corporation shall have continuing right to verify any of the foregoing information, including the right to inquire about the business and individual's credit ratings and credit condition.

APPLICANT/COMPANY NAME

AUTHORIZED SIGNATURE/TITLE

AUTHORIZED SIGNATURE/TITLE

AUTHORIZED SIGNATURE/TITLE

SIGNED THIS DAY OF _____, 20____

CALIFORNIA SOUTHERN
 Small Business Development Corporation

Personal Financial Statement Of _____
 (Name)

SS# _____

 (Street Address, City, State, Zip)

 (Name of Wife or Husband)

Home Phone # () _____

Business Phone # () _____

CURRENT ASSETS		CURRENT LIABILITIES	
Cash on hand (not in bank).....		Notes payable to (name and addresses):	
Cash in following banks (names and addresses):			
Stocks and Bonds (schedule 1)		Sales contract & chattel mtgs. (Schedule 6)	
Accounts receivable (Schedule 2).....		Accounts Payable.....	
Notes Receivable (Schedule 3).....		Current portion of long term debt	
Other current assets (Schedule 6/itemize):		Other current liabilities (Schedule 6/itemize):	
		Current year's income taxes unpaid.....	
		Prior year's income taxes unpaid.....	
		Real estate taxes unpaid	
TOTAL CURRENT ASSETS		TOTAL CURRENT LIABILITIES	
FIXED ASSETS		LONG TERM LIABILITIES:	
Real Estate (Schedule 4):		Real Estate Debt (Schedule 4):	
Residence		Residence	
Other		Other	
Cash Value of life insurance (Schedule 5)		Borrowed on life Insurance (Schedule 5).....	
Other assets & investments (Schedule 6/itemize):		Other long term debt (Schedule 6/itemized):	
TOTAL FIXED ASSETS		TOTAL LONG TERM LIABILITIES	
		NET WORTH	
TOTAL ASSETS		TOTAL LIABILITIES & NET WORTH	
GROSS INCOME FOR YEAR 20 _____		ANNUAL EXPENDITURES	
Salary		Residential Property Taxes	
Spouse's Salary		Taxes	
Dividends/Interest		Mortgage Payments	
Fees or Commissions		Other Fixed Payments	
Rentals		Living Expenses	
Other		All Other Expenses	
TOTAL		TOTAL	

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FINANCIAL STATEMENT CERTIFICATION

Any financial statement hereby furnished to you for the purpose of procuring and establishing credit from time to time with you are to be regarded as a complete and truthful statement of the undersigned's financial condition on the date indicated.

The undersigned authorizes you to make whatever inquiries about the content of the attached financial statements, including contacting taxing authorities, creditors, and credit reporting agencies; and to provide credit information about the obligations of the undersigned to credit reporting agencies or the response to other inquiries

- | | | |
|--|--|---|
| <input type="checkbox"/> Sole Proprietor | <input type="checkbox"/> General Partnership | <input type="checkbox"/> Non-Profit Corporation |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Corporation | <input type="checkbox"/> Sub S Corporation |

Borrower(s) Name:

Please Print or Type

I _____, the undersigned authorize California Southern Small Business Development Corporation to obtain credit information from the appointed Credit Reporting Agency.

Signature

Date

I _____, the undersigned authorize California Southern Small Business Development Corporation to obtain credit information from the appointed Credit Reporting Agency.

Signature

Date

