

UDI CDC Revolving Loan Fund Program Application for Business Loan 631 United Drive #100 Durham, North Carolina 27713

Section 1 - About Your Business

Business Name		Year Established				
Mailing Address		City:	State:	Zip Code:		
Previous Address		City:	State:	Zip Code:		
Phone:						
Does the business have ot	her locations? NO	Yes (Attach Locatio	ons)			
Number of Employees	At time of appliccation	If loa	n is approved			
Business Owners/Principles	5					
Name	Owner%	н	ow Long?			
Name	Owner%	Н	ow Long?			
Name	Owner%	Н	ow Long?			
Busniess Description Please briefly describe the	product or service your busine	ss offers:				
Please check the item belo	ow that best describes your bu	siness:				
Manufacturer Who	lesaler Service	_ Retailer	Other (describe)			
New business (attach busin	ess plan) Existing B	Business Bu	uyout	Other(describe)		
Business Contacts						
Accountant Name:	M	ailing Address:		_ Phone:		
Attorney Name:	N	lailing Address:		Phone:		
Insurance Agent Name:	N	lailing Address:		Phone:		

Section 2 - About Your Loan

What is the total amount of your loan request?
What is the purpose of this loan?
What repayment terms are you requesting?
What is the source of repayment for this loan?
What are alternate sources of repayment for this loan?
What collateral will you be pledging for this loan?

Use of proceeds (Enter gross dollar amounts rounded to nearest hundreds)	Loan Requested	UDI use only		
Land Acquisition				
New construction/ expansion/repairs				
Acquisition and/or repair of machinery & equipment				
Inventory Purchase				
Working capital (incl. accounts payable) Acquisition of existing			-	
business Payoff/Ioan consolidation				
Payoff bank loan				
Other Debt Repayment				
All Other				
Total Loan Requested			-	
Collateral (Please provide itemized list which contains serial and identification numbers for all articles that have an original value greater than \$500)		Present Market Value	Present Loan Balance	UDI use only
Land & Building		\$	\$	
Machinery & Equipment		\$	\$	
Furniture & Fixtures		\$	\$	
Accounts Receivable		\$	\$	
Inventory		\$	\$	
Other		\$	\$	
Totals		\$	\$	

Section 3 - About Your Finances

Please list bank References				
Bank Name	Branch		Officer	
Mailing Address		City:	State:	Zip Code:
Relationship: Deposit L	.oan			
Bank Name	Branch _		Officer	
Mailing Address		City:	State:	Zip Code:
Relationship: Deposit L	.oan			
Bank Name	Branch _		Officer	
Mailing Address		City:	State:	Zip Code:
Relationship: Deposit L	.oan			
How your bussiness filled for bankruptc	sy, had any judge	ments against it or is it now	a defendant	in any legal acton?
NO Yes (please explain) _				
Are there any delinquent taxes (i.e. payr	roll, personal pro	perty)?		
NO Yes (please indicate a	mount here \$)		
Please list all business installment debts	s, lease contracts	, notes, and mortgages pay	able:	
Creditor Name		Nature of debt:		
Original amount \$ Monthly	payment \$	Current balance \$		Maturity date:
Creditor Name		Nature of debt:		
Original amount \$ Monthly	payment \$	Current balance \$		Maturity date:
Creditor Name		Nature of debt:		
Original amount \$ Monthly	payment \$	Current balance \$		Maturity date:
Please attach personal financial stateme or guarantor of this loan.	ent for each own	er, partner, or any other pers	son who will	be co-maker, endorser,
Do you affirm that the applicant does no marital status? Please Check Yes		n the basis of race, religion,	sex, handica	p, sexual preference or
The undersigned certifies that the information provided here that there are no encumbrances against the foregoing prop the information encloses, and to perform a credit investigat its credit experience with you. It is also agreed that the final	perty except those specit tion. The undersigned au	fically disclosed and in the supporting fin thorizes UDI to give credit information to	ancial statements r any credit reportir	eferenced. UDI is authorized to verify
Signature and Title				