

Post Office Box 2902 | Orangeburg, SC 29116 | 803-534-0035 (p) | 803-534-2306 (f)

Business Loan Checklist

| Applicant's Name: |
|--|
| Date Completed Application Received: |
| 1. Small Business Loan Application Form enclosed |
| 2. Business Plan Attach a written business plan for your business, be sure to include the following: Business description Management qualifications Operating plan Marketing plan At least two years of projected cash flows |
| 3. Personal Financial Statement Form enclosed Attach a signed current statement for each stockholder, partner, officer, & owner. |
| 4. Personal Tax Returns Attach federal tax returns for the last three years for each individual referenced in #3 above (or signed extension) |
| 5. Business Financial Statements and Tax Returns Submit income statements, balance sheets and tax returns for the last three years for business and affiliates |
| 6. Interim Business Financial Statements Submit statements that are current within ninety (90) days of application filing date |
| 7. List of Machinery or Equipment If you are buying machinery or equipment with your loan money, please attach a list of equipment and cost as quoted by the seller. |
| 8. Purchase Agreement If you are buying real estate or an on-going business with your loan money, please attach a Purchase Agreement, including the Seller's name and contact information |
| 9. Construction Plans & Project Cost For construction loans, please attach an estimated cost of the project and statement of source of additional funds Also, please attach a preliminary construction plans as prepared by a qualified, independent third party such as a contractor or architect |



Business Loan Application

| I. General Information | | | | | | | | |
|---|-------------------|-------------|----------------------------------|--|--|--|--|--|
| Name of applicant: | | | | | | | | |
| Name of business: | | | | | | | | |
| Mailing address of business: | | | | | | | | |
| Physical address of business: _ | | | | | | | | |
| | per: Fax Number: | | | | | | | |
| II. Ownership & Management Structure of business (Check O | Corporation | ckholders): | | | | | | |
| | | | | | | | | |
| III. Company History/Profile Month/year business was estab | lichod: | | | | | | | |
| Month/year business was estab | | | | | | | | |
| Tax ID or EIN#: | | | | | | | | |
| Line of Business: | | | | | | | | |
| # of Full Time Employees: | # of Part Time Er | nployees: | _ (Include owner, if applicable) | | | | | |
| IV. Collateral Name | Description | Value | | | | | | |
| Hame | Description | Value | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

V. Existing Business Loans Payable Whom Payable/ Original Original Outstanding Collateral Term Interest **Account Number** Amount Loan Date Rate Balance Used month/year VI. Description of Proposed Uses & Financing Loan Request (Please Itemize) Owner Contribution: \$____ Real Estate (i.e. Building/Land): \$_____ **Building Renovations:** Other Funding Sources: List Separately Leasehold Improvements: Machinery & Equipment: **Supplies** Inventory: Working Capital: Other (i.e. Vehicle) Total Loan Request*: **Total Project Costs:** *Total Loan Request=Total Project Costs minus owner Contribution and Other Funding Sources 1. Are you presently under indictment, on parole or probation or have you ever been charged with or arrested or convicted of any criminal offense other than a vehicle violation? Attach explanation if yes. Yes No Have you been involved in bankruptcy proceedings or insolvency proceedings or have pending personal or business judgments, unsettled lawsuits or major disputes? Attach explanation if yes. I/We authorize the New America Corporation to investigate my/our personal and business financial credit history as necessary to process a loan application. The undersigned authorize any person or consumer reporting agency to give you any information it may have on the undersigned. Each of the undersigned authorizes you to answer questions about your credit experience with the undersigned. THE UNDERSIGNED, in applying for financial assistance from New America Corporation, recognizes that prior to

New America Corporation (NAC) is an equal opportunity lender. New America Corporation does not discriminate on the grounds of race, color, religion, gender, marital status, disability, or national origin. NAC is an equal opportunity provider and employer.

Signature/Title

Signature/Title

receiving any financial assistance he or she will agree to comply with all federal, tribal, state and local laws and regulations to the

extent that such are applicable.

Name of Business

Date

| | Po | ersonal Finar | ncial Statem | ent | As of | | | | | |
|---|-------------------------------|--|---|----------------------|---|--|--|--|--|--|
| Complete this form for (1) each proprietor, or (2) each limited partner who has ownership in the business, and each general partner, or (3) each stockholder, or (4) any other person or entity providing a guaranty of the loan. | | | | | | | | | | |
| Name | Business Phone | | | | | | | | | |
| Residence Address | | | | | Residence Phone | | | | | |
| Business Name of Applicant/Borrower | | Business Phone/Fax | | | | | | | | |
| ASSETS | | | LIABILITIES | | | | | | | |
| Cash on hand in banks | \$_ | | Notes Payable | (Section 2) | \$ | | | | | |
| Savings accounts and CDs | _ | | Auto Loans – Monthly Payment \$ | | | | | | | |
| Life Insurance – Cash Value only (Section 8) | | | Credit Cards – Monthly Payment \$ | | | | | | | |
| Accounts & Notes Receivable | _ | | Other Installment Loans (Section 2) | | | | | | | |
| IRA and other Retirement Accounts | _ | | Loan on Life In | surance or Retir | ement | | | | | |
| Stocks & Bonds (Section 3) | | | Unpaid Taxes (| (Section 6) | | | | | | |
| Real Estate (Section 4) | _ | | Mortgages on Real Estate (Section 4) | | | | | | | |
| Automobile Yr./Make | | | Other Debt (Section 7) | | | | | | | |
| Automobile Yr./Make | | Guarantor on Someone Else's Loan | | | | | | | | |
| Other Personal Property (Section 5) | | Total Liabilities | | | | | | | | |
| Other Assets (Section 5) | | Net Worth (Total Assets – Total Liabilities) | | | | | | | | |
| Total Assets | _ | | Debt/Worth (Total Liabilities/Net Worth) | | | | | | | |
| Section 1. Annual Household Income | | | Annual Household Expenses | | | | | | | |
| Base Salary | | Mortgage/Rental Payment \$ | | | | | | | | |
| Spouses/Other Base Salary | | Loan Payments | | | | | | | | |
| Bonus/Commissions | | Credit Card Payments – Other debt | | | | | | | | |
| Alimony/Child Support | | | All Taxes (property, income, etc.) | | | | | | | |
| Real Estate & Investment Income | | | Living Expenses (include insurance, utilities, food, clothing, etc) | | | | | | | |
| Other Income (Describe below) | Other Income (Describe below) | | | | Alimony/Child Support | | | | | |
| Total Annual Household Income | | Total Annual Household Expenses | | | | | | | | |
| Description of Other Income in Section 1 | | | | | | | | | | |
| Section 2 – Loans Payable to Bank and | | | ary. Each attachme | | ed as a part of the statement, signed and dated.) | | | | | |
| Name and Address of Noteholder(s) | Original Balance | Current Balance | Payment Amount | Payment Frequency | How Secured or Endorsed & Type of Collateral | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

| Section 3 – Stocks & | Bonds (Use a | attachments as n | ecessary. Eacl | h attachme | ent must | t be identified as | a part | of the sta | atement, signed | and date | ed.) |
|---|---------------|-------------------|------------------|-----------------------|--------------|---------------------|-------------------|------------|-------------------|-------------|--------------------------|
| Number of Shares Name of Securiti | | of Securities | Cost | | Market Value | | Date of Quotation | | | Total Value | |
| | | | | Quotation or Exchange | | | ange | or I | Exchange | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | - | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Section 4 – Real Esta | to Owned (| ist sach parasi a | anarataly Faal | h attaah | | t be identified so | | of the et | stamont signed | 004 404 | · d \ |
| Type of Prope | | Date | | | | | | onthly | | | Name & Address of |
| Address of Prop | erty Serty | Purchased | Original Cost | Pres Marl | | Mortgage Balance | | ments | Monthly Rental | | Mortgage Lender |
| Addiess of Frop | Derty | i dichased | Cost | Vali | | Dalarice | ı ay | illellis | Income | | Wortgage Lender |
| | | | | Val | <u></u> | | | | moome | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Section 5 - Other F | Personal Pr | operty & Oth | ner Assets | includi | na bu | siness inves | stmei | nts not | described a | above | (Describe, and if any is |
| pledged as security, pr | | | | | | | | | | | |
| amount of lien, terms of | | | | | | | | | | | , |
| ameant or non, tonne o | payo, a | | ., 400000 41 | Jquoo | J -/ | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Section 6 - Unpaid | Taxes (Des | scribe in detail: | type, to who | m pavabl | e. whe | n due, amoun | t. and | to what | property, if an | ıv. a tax | lien attaches.) |
| Section 6 – Unpaid Taxes (Describe in detail: type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches.) | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Section 7 – Other Debt (Describe in detail.) | | | | | | | | | | | |
| | (= | , | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Section 8 - Life Ins | urance He | ld (Give face a | mount and c | ash surre | nder v | alue of policie | s. nan | ne of ins | urance compa | anv and | beneficiaries.) |
| Section 8 – Life Insurance Held (Give face amount and cash surrender value of policies, name of insurance company and beneficiaries.) | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| I authorize New Ame | erica Corpo | ration to make | e inquiries a | as neces | sarv t | o verify the a | accura | acy of th | ne statement | ts mad | e and to determine |
| | | | | | | | | | | | |
| my creditworthiness. I certify that the statements contained in the attachments and above are true and accurate as of the stated | | | | | | | | | | | |
| date(s). These statements are made for the purpose of either obtaining a loan, equity capital, a guaranty or some other financial accommodation. I understand false statements may result in forfeiture of benefits and possible prosecution. | | | | | | | | | | | |
| | | | | uit iii IUII | | | | | | | No |
| Have you ever filed | | | No | | | Do you have | | | Ye | | _No |
| Do you have life insu | urance? | Yes | No | | | Do you have | disab | ollity ins | urance? Ye | s | _No |
| <u> </u> | | | | | | | | | | | |
| Signature: | | | Date: | | | | ; | Social S | Security #: | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Signature: | | | Date: | | | | , | Social S | Security #: | | |
| | | | | | | | | | | | |