

OPERATING COMPANY INFORMATION

Full Legal Business Name _____

Address _____ City _____ State _____ Zip _____

OPERATING COMPANY OWNERSHIP (Please disclose full 100% ownership)

Name _____ Title _____ % Ownership _____

Name _____ Title _____ % Ownership _____

Name _____ Title _____ % Ownership _____

Name _____ Title _____ % Ownership _____

Name _____ Title _____ % Ownership _____

- a. Are any owners delinquent on any business or personal taxes? Yes No
- b. Have you or any officer of your company ever been involved in bankruptcy or insolvency proceedings? Yes No
- c. Are you or your business involved in any pending lawsuits? Yes No
- d. Is this business a franchise? Yes No
If Yes, franchise name _____ (Please provide a copy of the agreement)
- e. Does your company or any owner have an existing or prior SBA or other government loan? Yes No
- f. Does your business presently, or will it as a result of this loan, engage in export trade? Yes No
- g. Does or will the company lease any real estate for operations? Yes No
- h. Is this a start-up business? Yes No
If yes, MUST submit business plan and two full year projections. The assumptions Utilized in preparing the projections MUST be included.

DETAIL OF PROPOSED USES OF FUNDS (PROJECT COSTS)

A. REAL ESTATE PURCHASE

COMMENTS

Address: _____ \$ _____

- MUST PROVIDE PURCHASE CONTRACT
(can be an LOI)

Total Cost \$ _____

B. NEW CONTRUCTION (to include remodeling & improvements)

Land: Previously Acquired; free and clear \$ _____

Building Costs (provide contractor detail/budget) \$ _____

Remodeling Costs (provide contractor detail/budget) \$ _____

Leasehold Improvements \$ _____

Other (specify) \$ _____

Total Cost \$ _____

C. MACHINERY/EQUIPMENT/FURNITURE/FIXTURES

Machinery (provide quotes) \$ _____

Equipment (provide quotes) \$ _____

Furniture \$ _____

Fixtures \$ _____

Other (specify) \$ _____

Total Cost \$ _____

D. OTHER

Acquisition of Existing Business \$ _____
(Must provide purchase contract or LOI)

Inventory Purchase \$ _____

Debt Refinancing \$ _____
(MUST provide copies of the notes being refinanced)

Working Capital \$ _____
(Please provide a description of the anticipated use below)

Total Cost \$ _____

TOTAL ESTIMATED PROJECT COSTS \$ _____

LESS OWNER CASH/EQUITY TO BE USED IN PROJECT* \$ _____

TOTAL LOAN REQUESTED FOR THE PROJECT \$ _____

Brief Description of the Financing Request:

*Describe the owner equity injection on page 3

SOURCE OF EQUITY INJECTION

What is the source of the cash being contributed by the owners? _____

Will any of the cash be gifted funds? If yes, from whom? _____

Will any of the cash be borrowed from any source? _____

Will there be any seller financing? If yes, what is the dollar amount and what are the repayment terms?

If equity in assets is being contributed rather than cash, please explain:

FOR EACH 20% OR MORE OWNER OF THE APPLICANT BUSINESS

- SBA Form 413; Personal Financial Statement** - If married spouse must sign and date the form as well.
- SBA Form 1919**
- Complete **Personal Tax Returns** for the past 3 years

BORROWING ENTITY

- Complete Business Tax Returns for the past 3 years
- Interim Current Year to Date P&L and Balance Sheet
- Business Debt Schedule

Provide a description of what your business does:

Describe any seasonality in your business: _____

DOES ANY 20% OWNER HOLD OWNERSHIP IN ANY OTHER BUSINESSES? IF YES, PLEASE PROVIDE THE FOLLOWING FOR EACH BUSINESS:

What is the name of each business?

What is the 100% ownership breakdown of each business?

What are the duties of our borrower in each business?

Brief description of each business.



CREDIT AUTHORIZATION FORM

The undersigned authorizes Quantum National Bank (“the Lender”) or its assignees to make such inquiries and gather such information as the lender deems necessary and reasonable concerning information provided to the lender on this Loan Application Authorization or on any such required document, including inquiries to the Internal Revenue Service, and any Credit Bureau Reporting Agency or agencies. The undersigned further agrees to notify the Lender of any material change in any such information.

ACKNOWLEDGEMENT: By signing below the applicant hereby acknowledges that Quantum National Bank, its servicers, successors, or assigns, may verify or reverify any information contained in the application or otherwise provided, or obtain any information, or data relating to the loan, for any legitimate business purpose, through any source, including a consumer reporting agency.

AUTHORIZED BY: _____ DATE: _____
(APPLICANT SIGNATURE)

PRINT NAME: _____
(FIRST, MIDDLE, AND LAST NAME)

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

PHONE #: _____

SOCIAL SECURITY #: _____ - _____ - _____ DATE OF BIRTH: ____/____/____

NAME OF BUSINESS: _____

EMAIL ADDRESS: _____

Thank you for the opportunity to serve you and your financial needs!

Quantum National Bank
505 Peachtree Industrial Blvd.
Suwanee, GA 30024
770-945-8300

WORK / PROFESSIONAL EXPERIENCE

List all your jobs beginning with your present employment, going back to when you were a student. Emphasize accomplishments as well as responsibilities.

If a formatted résumé is available, you can put "see attached" below and provide a copy of your formatted résumé. Please still fill out page one of the résumé form and sign below.

1. Name of Employer: _____ City: _____ State: _____
From: _____ To: _____ Title: _____
Month & Year Month & Year

Duties:

2. Name of Employer: _____ City: _____ State: _____
From: _____ To: _____ Title: _____
Month & Year Month & Year

Duties:

3. Name of Employer: _____ City: _____ State: _____
From: _____ To: _____ Title: _____
Month & Year Month & Year

Duties:

4. Name of Employer: _____ City: _____ State: _____
From: _____ To: _____ Title: _____
Month & Year Month & Year

Duties:

5. Name of Employer: _____ City: _____ State: _____
From: _____ To: _____ Title: _____
Month & Year Month & Year

Duties:

COMMUNITY / PROFESSIONAL ACTIVITIES & AWARDS:

Signature _____

Date _____



Business Debt Schedule

List all Installment Debts, Notes Payable, Contracts, and Mortgages
Do not include Accounts Payable or Accrued Liabilities.

Business Name _____

As of Date _____

Please star (*) any SBA loans.

Creditor Name	Original Date	Original Amount	Term	Present Balance	Interest Rate	Maturity Date	Monthly Payment	Collateral	Loan Purpose
*Total Present Balance					Total Monthly Payment				

* Total must agree with the balance shown on your most recent business financial statement.

NOTES AND COMMENTS:

This information is certified to the best of my knowledge. SIGNATURE _____ DATE _____