CHECK LIST

This checklist has been provided to assist you in gathering the necessary information for the initial evaluation of your loan request. More complete information will be necessary to process your application.

INFORMATION NEEDED TO CONSIDER A LOAN REQUEST

LOAN PROPOSAL – a written statement describing your business and its history, stating how you will use the loan proceeds and outlining how you plan to repay the loan.

PURCHASE CONTRACT – Required if loan proceeds will be used to acquire a business or real estate **SMALL BUSINESS LOAN REQUEST FORM** (form enclosed)

PERSONAL INFORMATION

PERSONAL FINANCIAL STATEMENT (form enclosed) **AND THREE YEARS OF TAX RETURNS** for all owners of 20% or more and all guarantors

RESUME for all owners of 20% or more and all guarantors (form enclosed)

PERSONAL INFORMATION FORM for all owners, officers, directors, managers, key employees and guarantors (form enclosed)

FINANCIAL STATEMENTS

These statements should describe the condition of your business and be presented in a format which is generally accepted for financial reporting. Included should be:

BALANCE SHEET for the last three fiscal year ends

INCOME STATEMENTS showing profit and loss for the last three fiscal year ends; three years of tax returns

INTERIM FINANCIAL STATEMENTS (90 days or less) to include balance sheet and income statement CASH

FLOW PROJECTIONS which show how much cash will be generated in the future to repay the loan

ACCOUNTS RECEIVABLE AND ACCOUNTS PAYABLE AGINGS which break out receivables and payables into 30, 60, 90 and past 90 days old categories

EARNINGS PROJECTION for the first three years of business if you are requesting funds for a startup business

SCHEDULE OF BUSINESS DEBT (form enclosed)

COLLATERAL INFORMATION

COLLATERAL LISTING – Itemize all collateral and provide the present market value of each item

COMMERCIAL /	BUSINESS LOAN REQUEST
Important Applicant Information: Federal Law requires financial	institutions to obtain sufficient information to verify your identity. You may entification to fulfill this requirement. In some instances we may use outside
, , ,	Date
	Telephone #
	Taxpayer I.D.#
	Nature of Business
Borrowing Entity / Borrower's Name and Address	Business Year End Date
	SS#
	D.O.B.
Principal/Sponsor (mirror CAR language) Name and Address	
	SS#
	D.O.B.
Principal/Sponsor (mirror CAR language) Name and Address	5.6.5.
Finicipal/Sponsor (mirror CAN ranguage) Name and Address	
Joint CreditWe intend to apply for joint	nt credit. (Initials)
Loan Request Amount Requested \$	Secured Unsecured Initial Request Additional Advance
Purpose of Loan:	
Collateral:	
	1,000,000.00 or less? Yes No If you answered yes and your
request is denied, you have the right to receive a written statement us in writing at the following email address: procapusa@gmail.com	of the specific reasons for this denial. To obtain the statement, please contact within 60 days from the date that you were notified of our decision. We will ys of receiving your request. The notice below describes additional protections
NOTICE: The federal Equal Credit Opportunity Act prohibits creditor religion, national origin, sex, marital status, age (provided the application)	ors from discriminating against credit applicants on the basis of race, color, cant has the capacity to enter into a binding contract); because all or part of groups or because the applicant has in good faith exercised any right under the ers compliance with this law concerning this creditor is:
FDIC – Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, Missouri 64106	
Ар	praisal Notice
NOTICE : If the collateral which will secure this loan is a 1-4 family and charge you for this appraisal. We will promptly give you a copy	residence, we may order an appraisal to determine the property's value of any appraisal, even if your loan does not close.
You can pay for an additional appraisal for your own use at your ow	vn expense.
terrorism and money laundering activities, federal law requires all fi	NING A NEW ACCOUNT: To help the government fight the funding of nancial institutions to obtain, verify, and record information that identifies each upopen an account, we will ask for your name, address, date of birth, and other e your driver's license or other identifying documents.
By signing below, the undersigned agree(s) to all the terms a report(s) and/or verify your references. Financial information	and conditions of this Request, and authorize(s) Lender to obtain credit will also be required.
Ву Ву	2
Signature Date Signatur	e Date
By.	
By By Signature Date Signature	ure Date
AMB 01/2014	

SMALL BUSINESS LOAN REQUEST

APPLICANT COMPANY _____Date Established: Company Name: Business Address: Tax ID#: Business Phone: FRUNS# Name of Franchise: S Corp LLC Partner Type of Entity: Other Number of Employees: Currently: After this Loan: Ownership changes in past 6 months? _____ Does ownership involve any Trusts? OWNERSHIP/MANAGEMENT OF APPLICANT COMPANY List below all owners, officers, directors, managers and key employees (attach separate sheet if needed) Name Title E-Mail Address % of Ownership OTHER BUSINESS INTERESTS/AFFILIATES/OTHER BUSINESS CONCERNS List below all business entities in which the applicant company or any of the individuals listed in the ownership section above have any ownership **Company Name** Owner (Applicant Co. or Individual) % of Ownership **ESTIMATED PROJECT COSTS** Land Acquisition \$ **New Building Construction** Land and Building Acquisition **Building Improvements or Repairs** Acquisition of Machinery/Equipment Purchase Inventory Working Capital (including Accounts Payable) **Acquisition of Existing Business** \$ Pay off Bank Loan Other Debt Repayment Franchise Fee \$ Closing Costs (approx. 5% of loan amount) TOTAL PROJECT AMOUNT LESS OWN CASH/EQUITY TO BE INJECTED TOTAL LOAN REQUESTED FOR PROJECT

PERSONAL INFORMATION FORM

To be completed by all Owners, Officers, Directors, Managers, Key Employees and Guarantors

Name:		Maiden Name:				
Title (if appli	cable):	ble):% of Ownership in company:				
Address:						
Lived there f	rom:	_ to:	(if less than 10 ye	ears, list previous address)		
Previous Add	lress:					
Lived there f	rom:	to:	U.S. Citizen:	Yes No		
Home Phone:	:	Cell Phone:	Wor	k Phone:		
Social Securi	ty #:	Gender:	Marital S	tatus:		
Date of Birth:	:	Place of Birth	(City & State):_			
Branch of Mi	litary Service	:	_Dates of Service:			
Driver's Lice	nse #:	State:	Issue Date:	Expiration:		
Race:	American Inc	lian/Alaskan Native	Ethnicity:	Hispanic or Latino		
	Asian			Not Hispanic or Latino		
	Black or Afri	can-American				
	Native Hawa	iian or Pacific Islander				
	White					
		I do not wish to	o furnish this inform	mation		
PLEASE A	NSWER THE	FOLLOWING QUE	STIONS:			
• 1	• 3	et to an indictment, crin charges are brought in a		rraignment or other means Yes No		
2. Have you Yes	ever been arre No	sted in the past six (6)	months for any crin	ninal offense?		
-		e – other than a minor v 3) plead nolo contende		nave you ever; 1) been on pretrial diversion; or		

5) been placed on any form of parole or probation (including probation before judgment)?

Yes

No

MANAGEMENT RESUME

To be completed by all Owners of 20% or more and all Guarantors

Complete all spaces, using full first, middle, maiden and last names. If an item is not applicable, please indicate so. Please include additional relevant information on a separate exhibit. Sign and date where indicated.

PERSONAL

Full Name: First Current Address:	Middle			SS#:		
		Maiden	Last			
wiou Adduooo.						
nor Address:						
lome Phone:		Work P	hone:			
spouse's Name:				SS#:		
First	Middle	Maiden	Last			
EDUCATION .						
School & Location	F	Dates rom To	Major		Did you Graduate	Type of Degree
WORK EXPERIENCE (List chronolog	gically beginning w	ith present employ	ment)		
Company Name/Location_						
Company Name/Location_ From:To	o:	Title:				
Company Name/Location_ From:To ob Responsibilities:	o:	Title:				
Company Name/Location_ From:To ob Responsibilities: Company Name/Location_	o:	Title:				
Company Name/Location_ From:To ob Responsibilities: Company Name/Location_ From:To	o: o:	Title: Title:				
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Company Name/Location_ From:To ob Responsibilities: Company Name/Location_ From:To ob Responsibilities: Company Name/Location_ From:To	o: o:	Title:Title:Title:				
Company Name/Location_ From:To ob Responsibilities: Company Name/Location_ From:To ob Responsibilities: Company Name/Location_ From:To ob Responsibilities:	o:	Title:Title:Title:				
WORK EXPERIENCE (Company Name/Location_ From: To lob Responsibilities: From: To lob Responsibilities: Company Name/Location_ From: To lob Responsibilities: Company Name/Location_ From: To lob Responsibilities: Company Name/Location_ From: To	o:	Title:Title:Title:				

SCHEDULE OF LIABILITIES - BUSINESS

Applicant:					<u>.</u>	Date:		_
Name of Creditor/ Account #	Original Amount	Original Date	Current Balance	Interest Rate	Maturity Date	Monthly Payment	How Secured	Is Debt Current
Signature:								