



METROBROWARD ECONOMIC DEVELOPMENT CORPORATION

BUSINESS PROFILE

(Use Separate Attachments to Answer Questions if Necessary)

Company Name	
Nature of Business <i>(Describe the type of business you are in and how/why you became involved)</i>	
Outlook: <i>(What is your outlook concerning the business activity in which you are engaged?)</i>	
How will this loan benefit your company?	
Customer Profile: <i>(What are the primary markets who use your products/services?)</i>	
List Key Customers	Geographic Sales Area
List Major Competitors	Major Suppliers
Future Plans: <i>(What is your growth strategy? Rapid growth, moderate, or maintain market position. What are the impediments that may impact your success?)</i>	
Major Past Accomplishments, How your business differs from the competition, and your competitive advantages:	
Marketing Analysis and Strategy: <i>(Explain your promotional, pricing and distribution strategies).</i>	


METRO BROWARD
 METRO BROWARD ECONOMIC DEVELOPMENT CORPORATION

BUSINESS LOAN APPLICATION

I. GENERAL INFORMATION

Name of Individual completing this form:
Title:

Legal Business Name
Type of Business:
Principal Business Product:

SIC Code:	Tax I.D. #:
Is the Business?	<input type="checkbox"/> Start-up <input type="checkbox"/> Established
Date business established:	

Legal Structure of the Business	<input type="checkbox"/> Proprietorship	<input type="checkbox"/> Partnership
<input type="checkbox"/> Corporation	<input type="checkbox"/> Sub-Chapter S	<input type="checkbox"/> Non-Profit
<input type="checkbox"/> LLC	<input type="checkbox"/> Other	

Business Street Address:
City, State Zip Code

Years at current location:	
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Telephone Number:	Fax Number:
E-mail Address:	Website Address:

II. OWNERSHIP

List names of all stockholders, partners, owners and officers and percentage of ownership.
 Attach separate sheet if additional space is needed.

1. Name:	Title:	SS#
Street Address:	Home Telephone:	Work Telephone:
	E-Mail Address:	Fax Number:
Percent of Company Owned:	# Of Years Owned:	
Other Companies Owned:	Annual earnings from company:	

2 Name:	Title:	SS#
Street Address:	Home Telephone:	Work Telephone:
	E-Mail Address:	Fax Number:
Percent of Company Owned:	# Of Years Owned:	
Other Companies Owned:	Annual earnings from company:	

3. Name:	Title:	SS#
Street Address:	Home Telephone:	Work Telephone:
	E-Mail Address:	Fax Number:
Percent of Company Owned:	# Of Years Owned:	
Other Companies Owned:	Annual earnings from company:	

4. Name:	Title:	SS#
Street Address:	Home Telephone:	Work Telephone:
	E-Mail Address:	Fax Number:
Percent of Company Owned:	# Of Years Owned:	
Other Companies Owned:	Annual earnings from company:	

III. MANAGEMENT

List Key Officers, Managers and Employees. Attach separate sheet if additional space is needed. Include resumes with application.

Name	Title/Responsibility	Annual Salary	Years of Experience

IV. BUSINESS BACKGROUND INFORMATION

Please provide a brief history of your business' future plans and projections and describe your products and/or services and the competition you face.

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Please provide information on your previous business experience and experience relevant to the success of the company.

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Please provide information on any environmental issues related to the business property. If a Phase I or Phase II Environmental Assessment has been done, please provide a copy.

V. STRATEGIC ALLIANCES:

List any key alliances you may have negotiated with other companies or suppliers.

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VI. FINANCIAL INFORMATION:

Approximate Annual Sales Revenue	
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BUSINESS BANKING INFORMATION:

1. Bank:	Contact:	Phone:
Account Type:	Account Number:	Account Balance

2. Bank:	Contact:	Phone:
Account Type:	Account Number:	Account Balance

3. Bank:	Contact:	Phone:
Account Type:	Account Number:	Account Balance

CREDIT RELATIONSHIPS:

1. Name/Address of Creditor	Purpose of Loan	Original Loan Amount	Amount Presently Owing
	Repayment Terms	Maturity Date	

CREDIT RELATIONSHIPS CONTINUED:

2. Name/Address of Creditor	Purpose of Loan	Original Loan Amount	Amount Presently Owing
	Repayment Terms	Maturity Date	

3. Name/Address of Creditor	Purpose of Loan	Original Loan Amount	Amount Presently Owing
	\$	\$	\$
	Repayment Terms	Maturity Date	

MISCELLANEOUS FINANCIAL INFORMATION:

1. Has the business or principal owner ever been turned down for a business loan?	<input type="checkbox"/> No <input type="checkbox"/> Yes
If so, when?	
Please provide the name of entity that denied the loan, the primary contact and the phone number.	

2. Has the business or principal owner ever declared bankruptcy?	<input type="checkbox"/> No <input type="checkbox"/> Yes
If yes, please provide details on a separate sheet.	

3. Is the business a defendant in any lawsuit?	<input type="checkbox"/> No <input type="checkbox"/> Yes: Amount \$
If yes, please provide details on a separate sheet.	

4. Are you a co-maker, endorser, or guarantor on any loan or contract?	<input type="checkbox"/> No <input type="checkbox"/> Yes: Amount \$
If Yes", to whom owed?	
5. Are there any unsatisfied judgments against you?	<input type="checkbox"/> No <input type="checkbox"/> Yes: Amount \$
If yes, to whom owed?	

6. Do you owe back taxes to the state or federal government?	<input type="checkbox"/> No <input type="checkbox"/> Yes: Amount \$
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7. Are you obligated to make child support payments?	<input type="checkbox"/> No <input type="checkbox"/> Yes: Amount \$
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VII. LOAN REQUEST

Amount Of MBEDC Loan	
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Date the financing is needed by:	
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USE OF FUNDS:

Category	Total Project Cost	MBEDC Portion of Total Project Cost
Total		

AMOUNT OBTAINED FROM OTHER SOURCES

Source	Amount	Security/Collateral
OWNERS' EQUITY	\$	\$
	\$	
Total	\$	

SUMMARY OF COLLATERAL OFFERED

Attach a detailed list of collateral offered that includes the method of valuation. The MBEDC will require the transfer of a first or second lien position deed on real estate or buildings and will require an assignment of other assets offered as collateral. If assets are jointly owned, the MBEDC may require the signature of other owner on a security instrument at loan closing, as allowed Section 202(d) (4) of the Equal Credit Opportunity Act. A current appraisal of real estate and buildings offered as collateral may also be require as a condition of the loan closing.

Type of Collateral Eg: Residence	Cost	Present Value	Present Liens or Mortgage Balance
	\$	\$	\$
	\$		\$
	\$		\$
	\$		\$
Total	\$	\$	\$

VIII. COMMUNITY BENEFIT

Please list the minority persons you currently employ. For this application, the following are considered minority persons: Blacks (Non-Hispanic), Hispanics, Asians/Pacific Islanders, and American Indians/Alaskan Natives.

	Present Employment	Present Payroll (Dollars)	# Of Jobs to be Created	Future Payroll (Dollars)	Date By Which Jobs Will Be Created
Minority Female					
Minority Male					
Non-Minority Female					
Non-Minority Male					

IX. CERTIFICATION

I certify, as the authorized representative of the applicant company, that all information furnished as part of and in support of this application is true and complete to the best of my knowledge and belief. Verification may be obtained from any source named in the application or support documents.

Signature

Date

Title

Signature

Date

Title

LOAN APPLICATION CHECKSHEET

- \$50.00 Loan Application Fee (checks payable to MetroBroward Economic Development Corp)
- Last three (3) months of bank statements for the business checking account
- Accountant prepared business financial statements
 - Profit and loss statements for the past three years
 - Balance sheet statements for the past three years
 - Pro forma financial projections
- Business federal tax returns for the past three years
- Quotes for purchase or collateral appraisal documents
- Interim financial statements
- Management resumes
- Most recent federal tax returns for each principal owner listed in Section II.
- Personal Financial Statement
- Organizational Papers
 - Articles of Incorporation
 - Fictitious name statement
 - Copy of business license
- Executive Summary from Business Plan

Please Submit Application to
 MetroBroward Economic Development Corporation
 3627 W Broward Boulevard
 Fort Lauderdale, Florida 33312

METROBROWARD BUSINESS LOAN APPLICATION



BANK REFERENCE FORM

Date: _____

Name of Bank: _____

Customer Account Number(s): _____

I, _____ hereby authorize Metro-Broward to obtain information on the afore-mentioned account(s).

Customer Signature: _____

Bank official please provide the following information on the above referenced customer:

Checking Account Relationship

Date account was opened: _____

() Average Balance \$ _____ Aggregate Balance \$ _____

Time Deposit Account

Savings Account

Date account was opened: _____ Date account was opened: _____

Present Balance \$ _____ Present Balance \$ _____

Aggregate Balance \$ _____ Aggregate Balance \$ _____

Borrowing Relationship

() Commercial Loan () Installment Loan () Mortgage Loan

() Real Estate Loan () Term Loan () Other _____

Opening Date: _____ High Credit: _____

Is the Loan: () Unsecured () Secured (Type of Collateral) _____

Maturity Date: () Under 1year () 1-5 years () 6-10 years () Over ten years

Overall Relationship: () Excellent () Good () Fair () Not Rated

Other Comments: _____

Name/Title of person providing the information: _____



OMB APPROVAL NO. 3245-0188
EXPIRATION DATE: 3/31/2008

PERSONAL FINANCIAL STATEMENT

U.S. SMALL BUSINESS ADMINISTRATION

As of _____, _____

Complete this form for: (1) each proprietor, or (2) each limited partner who owns 20% or more interest and each general partner, or (3) each stockholder owning 20% or more of voting stock, or (4) any person or entity providing a guaranty on the loan.

Name Business Phone

Residence Address Residence Phone

City, State, & Zip Code

Business Name of Applicant/Borrower

ASSETS		(Omit Cents)	LIABILITIES		(Omit Cents)
Cash on hand & in Banks	\$	_____	Accounts Payable	\$	_____
Savings Accounts	\$	_____	Notes Payable to Banks and Others	\$	_____
IRA or Other Retirement Account	\$	_____	(Describe in Section 2)		
Accounts & Notes Receivable	\$	_____	Installment Account (Auto)	\$	_____
Life Insurance-Cash Surrender Value Only	\$	_____	Mo. Payments \$ _____		
(Complete Section 8)			Installment Account (Other)	\$	_____
Stocks and Bonds	\$	_____	Mo. Payments \$ _____		
(Describe in Section 3)			Loan on Life Insurance	\$	_____
Real Estate	\$	_____	Mortgages on Real Estate	\$	_____
(Describe in Section 4)			(Describe in Section 4)		
Automobile-Present Value	\$	_____	Unpaid Taxes	\$	_____
Other Personal Property	\$	_____	(Describe in Section 6)		
(Describe in Section 5)			Other Liabilities	\$	_____
Other Assets	\$	_____	(Describe in Section 7)		
(Describe in Section 5)			Total Liabilities	\$	_____
Total	\$	_____	Net Worth	\$	_____
			Total	\$	_____

Section 1. Source of Income	Contingent Liabilities
Salary	As Endorser or Co-Maker
Net Investment Income	Legal Claims & Judgments
Real Estate Income	Provision for Federal Income Tax
Other Income (Describe below)*	Other Special Debt

Description of Other Income in Section 1.

*Alimony or child support payments need not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income.

Section 2. Notes Payable to Banks and Others. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

Name and Address of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	How Secured or Endorsed Type of Collateral

Section 3. Stocks and Bonds. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed).

Number of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value

Section 4. Real Estate Owned. (List each parcel separately. Use attachment if necessary. Each attachment must be identified as a part of this statement and signed.)

	Property A	Property B	Property C
Type of Property			
Address			
Date Purchased			
Original Cost			
Present Market Value			
Name & Address of Mortgage Holder			
Mortgage Account Number			
Mortgage Balance			
Amount of Payment per Month/Year			
Status of Mortgage			

Section 5. Other Personal Property and Other Assets. (Describe, and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment and if delinquent, describe delinquency)

Section 6. Unpaid Taxes. (Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches.)

Section 7. Other Liabilities. (Describe in detail.)

Section 8. Life Insurance Held. (Give face amount and cash surrender value of policies - name of insurance company and beneficiaries)

I authorize SBA/Lender to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of either obtaining a loan or guaranteeing a loan. I understand FALSE statements may result in forfeiture of benefits and possible prosecution by the U.S. Attorney General (Reference 18 U.S.C. 1001).

Signature: _____ Date: _____ Social Security Number: _____

Signature: _____ Date: _____ Social Security Number: _____

PLEASE NOTE: The estimated average burden hours for the completion of this form is 1.5 hours per response. If you have questions or comments concerning this estimate or any other aspect of this information, please contact Chief, Administrative Branch, U.S. Small Business Administration, Washington, D.C. 20416, and Clearance Officer, Paper Reduction Project (3245-0188), Office of Management and Budget, Washington, D.C. 20503. PLEASE DO NOT SEND FORMS TO OMB.