



Thank you for choosing Jeganism Business Advisory Group (JBAG) for your business credit needs. We are committed to helping you determine the best financing option for your business. To assist us, we ask that you complete and submit the attached application so we can begin processing your request. You will also need to submit entity documents. If your business is a:

- Corporation, a copy of the file stamped Articles or Certificate of Incorporation
- Partnership, a copy of the partnership agreement and if a Limited Partnership, a copy of the file stamped Certificate of Limited Partnership
- LLC, a copy of the file stamped Articles or Certificate of Organization and Regulations
- Sole Proprietorship or a General Partnership, a copy of the filed Assumed Name Certificate

Additionally, if you are purchasing equipment, we will need a copy of the invoice or bill of sale, a description and serial number.

We ask that you also provide the following:

1. Your business tax returns or fiscal year-end financial statements for the last three years.
2. Your most recent business interim balance sheet and income statement.
3. Completed Personal Financial Statement for each principal or business owner.
4. Your personal tax returns for the last three years.
5. If you are requesting a line of credit then please provide the most recent listing/aging of your accounts receivable and payables.

Please [email](#) or [dropbox](#) the completed application and all other applicable information to us. After we have received all your information, we will call you to notify you of available options or to obtain clarification.

JBAG is committed to get you the solution desired for your financial success; we rise by lifting others. If approved, we will work with you to select the best lending program that best fits your business needs. Please note that once your loan is conditionally approved, a processing and/or commitment fee may be applicable before proceeding further.

Thank you for allowing Jeganism Business Advisory Group to serve your business needs.

**GENERAL BUSINESS INFORMATION**

Legal Name: \_\_\_\_\_

Business Structure:  Sole Proprietorship  General Partnership  Limited Liability Partnership  Not-For-Profit  
 S Corporation  Joint Venture  Limited Partnership  Professional Association  
 C Corporation  Limited Liability Company  Foreign Entity  Professional Corporation

Brief Business Description: \_\_\_\_\_

Physical Address (no P.O. Box): \_\_\_\_\_

City: \_\_\_\_\_ State & Zip: \_\_\_\_\_

Mailing Address (if different from above): \_\_\_\_\_

City: \_\_\_\_\_ State & Zip: \_\_\_\_\_

Main Business Phone: \_\_\_\_\_ Web Site Address: \_\_\_\_\_

Date Business Established: \_\_\_\_\_ Present Management Since: \_\_\_\_\_

Federal Tax I.D.: \_\_\_\_\_ Total Employees: \_\_\_\_\_

Entity Type: \_\_\_\_\_

Type of ID (For Sole Proprietors or General Partners Only):  Driver's License ID  State ID  Military ID  Passport ID  Government ID

ID#: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Place of Issuance: \_\_\_\_\_ Issue Date: \_\_\_\_\_

Primary Bank Account: \_\_\_\_\_

Avg Checking Balance: \$ \_\_\_\_\_

Annual Sales Revenue: \$ \_\_\_\_\_

*This section must be complete before submitting.*  
 Fiscal Year End (FYE) Date: \_\_\_\_\_  
 FYE Net Income: \$ \_\_\_\_\_  
 Depreciation: \$ \_\_\_\_\_  
 Interest Expense: \$ \_\_\_\_\_

Has the business declared bankruptcy in the last ten (10) years?  Yes  No  
 Has the business incurred a loss in any of the last three (3) years?  Yes  No  
 Are there any delinquent state or federal taxes owed by the business?  Yes  No  
 Is the business for sale or under agreement that would change the ownership?  Yes  No

If you answered "yes" to any of the above, provide details on an additional sheet.

**CREDIT REQUEST**

Product Type:  Unsecured Loan ≤ 50M  Commercial Real Estate  Term Xpress - Vehicle/Equipment ≤ 35M  
 Unsecured Loan > 50M  Letter of Credit  
 Secured Line of Credit  Lease  
 Secured Term Loan  SBA Guaranteed Loan

Amount Requested: \_\_\_\_\_ Term Requested (months): \_\_\_\_\_

Purpose of Funds:  Purchase Equipment  Purchase Inventory  Purchase Real Estate  Lease  Refinance  
 Finance Receivables  Improve Real Estate  Purchase Vehicle  Letter of Credit  Other

Describe: \_\_\_\_\_

**COLLATERAL** (ATTACH ADDITIONAL SHEETS IF NECESSARY)

Description: \_\_\_\_\_

Market Value: \_\_\_\_\_ Existing Lien Amount: \_\_\_\_\_

Is collateral owned by someone other than the business or owners of the business?  Yes  No If yes, enter owner's name & tax ID below.  
 Is collateral on leased property?  Yes  No If yes, enter landlord's name and address below.

Description: \_\_\_\_\_

Market Value: \_\_\_\_\_ Existing Lien Amount: \_\_\_\_\_

Is collateral owned by someone other than the business or owners of the business?  Yes  No If yes, enter owner's name & tax ID below.  
 Is collateral on leased property?  Yes  No If yes, enter landlord's name and address below.

Additional Collateral Comments: \_\_\_\_\_

**CURRENT BUSINESS DEBT** (ATTACH ADDITIONAL SHEETS IF NECESSARY)

Creditor	Type	Current Balance	Monthly Payment	Maturity	Payoff with Proceeds
	<input type="checkbox"/> Term Loan <input type="checkbox"/> Line of Credit	Orig. Bal.			<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Lease <input type="checkbox"/> Letter of Credit	Current Bal.			
	<input type="checkbox"/> Term Loan <input type="checkbox"/> Line of Credit	Orig. Bal.			<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Lease <input type="checkbox"/> Letter of Credit	Current Bal.			
	<input type="checkbox"/> Term Loan <input type="checkbox"/> Line of Credit	Orig. Bal.			<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Lease <input type="checkbox"/> Letter of Credit	Current Bal.			

**PRINCIPALS ( GUARANTORS )**

(PERSON OR ENTITY THAT OWNS/CONTROLS AT LEAST 20% INTEREST GENERALLY MUST GUARANTEE THE LOAN\*. ATTACH ADDITIONAL SHEETS IF NECESSARY.)

\*MAY REQUIRE HOLDERS OF AT LEAST 5% OWNERSHIP OR KEY MANAGEMENT PERSONS IF DEEMED VITAL TO THE SUCCESS OF THE BUSINESS

Full Legal Name: \_\_\_\_\_  
 Physical Address (no P.O. Box): \_\_\_\_\_  
 City: \_\_\_\_\_ State & Zip: \_\_\_\_\_  
 Mailing Address (if different from above): \_\_\_\_\_  
 City: \_\_\_\_\_ State & Zip: \_\_\_\_\_  
 Social Security/TIN #: \_\_\_\_\_ Date of Birth (mm/dd/yyyy): \_\_\_\_\_  
 Primary Bank Account: \_\_\_\_\_ License/ID State & #: \_\_\_\_\_  
 Principal Type:  Guarantor  Guarantor/Signer  Signer  Co-Signer/Guarantor  Co-Signer  
 Title: \_\_\_\_\_  
 Percent Ownership: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_  
 Salary (per month): \$ \_\_\_\_\_ Revolving Credit Pymts: \$ \_\_\_\_\_  
 Other Income (per month): \$ \_\_\_\_\_ Mortgage/Rent Pymt: \$ \_\_\_\_\_  
 Date of Birth (of individual): \_\_\_\_\_ Other Pymts: \$ \_\_\_\_\_  
 Has this principal declared bankruptcy in the last ten (10) years?  Yes  No  
 Is this principal a spouse to another principal on a joint personal financial statement?  Yes  No

If an entity:	Type:	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> General Partnership	<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Not-For-Profit
		<input type="checkbox"/> S Corporation	<input type="checkbox"/> Joint Venture	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Professional Association
		<input type="checkbox"/> C Corporation	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Foreign Entity	<input type="checkbox"/> Professional Corporation

Full Legal Name: \_\_\_\_\_  
 Physical Address (no P.O. Box): \_\_\_\_\_  
 City: \_\_\_\_\_ State & Zip: \_\_\_\_\_  
 Mailing Address (if different from above): \_\_\_\_\_  
 City: \_\_\_\_\_ State & Zip: \_\_\_\_\_  
 Social Security/TIN #: \_\_\_\_\_ Date of Birth (mm/dd/yyyy): \_\_\_\_\_  
 Primary Bank Account: \_\_\_\_\_ License/ID State & #: \_\_\_\_\_  
 Principal Type:  Guarantor  Guarantor/Signer  Signer  Co-Signer/Guarantor  Co-Signer  
 Title: \_\_\_\_\_  
 Percent Ownership: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_  
 Salary (per month): \$ \_\_\_\_\_ Revolving Credit Pymts: \$ \_\_\_\_\_  
 Other Income (per month): \$ \_\_\_\_\_ Mortgage/Rent Pymt: \$ \_\_\_\_\_  
 Other Pymts: \$ \_\_\_\_\_  
 Has this principal declared bankruptcy in the last ten (10) years?  Yes  No  
 Is this principal a spouse to another principal on a joint personal financial statement?  Yes  No

If an entity:	Type:	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> General Partnership	<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Not-For-Profit
		<input type="checkbox"/> S Corporation	<input type="checkbox"/> Joint Venture	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Professional Association
		<input type="checkbox"/> C Corporation	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Foreign Entity	<input type="checkbox"/> Professional Corporation

**Agreement: By signing below, I/Authorized Agent for applicant certify that the information on the applicant and its principals contained in this application and on any attachments, is representative of the current financial condition. Jeganism Business Advisory Group may verify information contained in the application with any creditors and obtain credit information from any creditors and/or credit reporting agencies. I (we) hereby authorize Jeganism Business Advisory Group and its affiliates to obtain a consumer credit bureau report on me (us) in connection with my (our) business loan request or application. This authorization will also extend to any additional or future business credit reviews as deemed necessary by Jeganism Business Advisory Group. The application and any other information furnished will remain the property of Jeganism Business Advisory Group.**

\_\_\_\_\_  
 Borrower's Signature Date

\_\_\_\_\_  
 Borrower's Signature Date



# Management Resume

Please fill in all the spaces, use the full first, middle and maiden names, no initials. If an item is not applicable, please indicate so. You may include additional relevant information on a separate exhibit. Sign & date where indicated.

Name: \_\_\_\_\_ SS # \_\_\_\_\_  
First Middle Maiden Last

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Residence Telephone: ( ) \_\_\_\_\_ Business Telephone: ( ) \_\_\_\_\_

Residence Address:

\_\_\_\_\_ Street City State Zip

Previous Address:

\_\_\_\_\_ Street City State Zip

Lived there from \_\_\_\_\_ to \_\_\_\_\_  
Month and Year Month and Year

Spouse's Name: \_\_\_\_\_ SS # \_\_\_\_\_  
First Middle Maiden Last

Are you employed by the U.S. Government? Yes  No  If yes, give agency /position \_\_\_\_\_

Are you a U.S. Citizen? Yes  No  If no, give Alien Registration number \_\_\_\_\_

Have you ever been charged or convicted of any criminal offense other than a misdemeanor involving a motor vehicle violation? Yes  No  If yes, furnish details in a separate exhibit.

Are you involved in any lawsuit at this time or have you ever filed for personal or business Bankruptcy Protection? Yes  No  If yes, furnish details in a separate exhibit.

Have you ever obtained credit under any other name(s)? Yes  No  If yes, furnish details in a separate exhibit.

## EDUCATION

College or Technical Training. Name and Location Dates Attended From/To Major Degree or Certificate

\_\_\_\_\_  
\_\_\_\_\_

## MILITARY SERVICE BACKGROUND

Branch \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Honorable Discharge? \_\_\_\_\_

Rank at Discharge \_\_\_\_\_ Major assignment/accomplishment \_\_\_\_\_

## WORK EXPERIENCE

Company Name/Location \_\_\_\_\_

Form: \_\_\_\_\_ To: \_\_\_\_\_ Title: \_\_\_\_\_

Duties: \_\_\_\_\_

Company Name/Location \_\_\_\_\_

Form: \_\_\_\_\_ To: \_\_\_\_\_ Title: \_\_\_\_\_

Duties: \_\_\_\_\_

Company Name/Location \_\_\_\_\_

Form: \_\_\_\_\_ To: \_\_\_\_\_ Title: \_\_\_\_\_

Duties: \_\_\_\_\_



# Management Resume – Continued

## Business Affiliations

(List all businesses which are totally or partially owned by you or your spouse)

Complete Legal Business Name	% Owned	# of Employees	Type of Business

**If you are buying the subject business please respond to the next 3 questions.**

(If not, please proceed to "Personal Declarations" below)

Do you have direct industry experience?      Yes     No   
 If Yes, How many years?      \_\_\_\_\_  
 If yes, in what capacity? Please Describe:      \_\_\_\_\_

## Personal Declarations

(Answer each question & attach a separate sheet with detailed explanation for any "yes" response to Questions 1-9)

1. Are you employed by the U.S. Government?..... Yes  No
2. Are you involved in any claim or lawsuit? ..... Yes  No
3. Are any of your federal, state or local taxes delinquent?..... Yes  No
4. Have you ever been involved in any bankruptcy or insolvency proceedings?..... Yes  No
5. Do you have any outstanding judgements?..... Yes  No
6. Have you ever had any property foreclosed upon or given title or deed in lieu of foreclosure?....Yes  No
7. Have you ever requested government financing before?(Includes SBA, FHA, VA, Student loans).Yes  No
8. Is this loan request under consideration at any other financial institution at this time?.....Yes  No
9. Are you required to pay alimony or child support?.....Yes  No
10. If you answered "yes" to Q 9 – what is the amount of your annual obligation?..\$ \_\_\_\_\_ Total/year
11. Are you currently delinquent with respect to any child support payments?.....Yes  No
12. Are you a U.S. Citizen? (If no, please complete Immigration and Naturalization Authorization Form)..... Yes  No

Signature \_\_\_\_\_ Date \_\_\_\_\_



## Property Information

### SUBJECT PROPERTY LOCATION

Street:		
City:	State:	Zip:
Block:	Lot:	

### CONTACT TO ACCESS PROPERTY

Name:	Phone #:
<input type="checkbox"/> Borrower <input type="checkbox"/> Seller <input type="checkbox"/> Broker <input type="checkbox"/> Agent	

### TYPE OF REAL ESTATE

Residential:
Commercial:
<input type="checkbox"/> Apartment <input type="checkbox"/> Auto Repair <input type="checkbox"/> Industrial <input type="checkbox"/> Gas Station <input type="checkbox"/> Retail <input type="checkbox"/> Hotel/Motel
<input type="checkbox"/> Office <input type="checkbox"/> Restaurant <input type="checkbox"/> Mixed Use <input type="checkbox"/> Land <input type="checkbox"/> Other: _____

### ADDITIONAL INFORMATION

Lot Size:	Building Size:	No. of Buildings:	No. of Units:
Stories:	Owner Occupied:                      %	Non-Owner Occupied:                      %	

Proposed/ Planned Use:



## AUTHORIZATION TO RELEASE INFORMATION

Date: \_\_\_\_\_

Borrower / Guarantor Name: \_\_\_\_\_

Address: \_\_\_\_\_

Co-Borrower / Guarantor Name: \_\_\_\_\_

Address: \_\_\_\_\_

### TO WHOM IT MAY CONCERN:

I (we) have applied for a real estate loan and/or other form of credit with Jeganism Business Advisory Group. As part of the application process, Jeganism Business Advisory Group or the lender of their choice may verify information contained in my/our loan application, financial statement or other documents required in connection with the loan, either before the loan is closed or as part of its quality control program.

You are hereby authorized to provide to Jeganism Business Advisory Group or any lender they designate to underwrite my loan and to any investor to whom the lender may sell all or a portion of my loan now or in the future, all information and documentation they may request. Such information includes but is not limited to:

- Income verification such as pay stubs, w-2 statements, copies of current and/or prior year tax returns, etc.
- Verification of assets including bank statements, investment and/or brokerage account statements, insurance policies, etc.
- Employment history including dates, title, income, hours worked, etc;
- Rating of loan(s) including opening date, high credit, payment amount, current balance, and payment history; Rental verification (opening date, payment amount and payment record)
- Any other information lender deems necessary in connection with the loan request.

This authorization includes re-verification after closing for quality assurance needs. This information is for the confidential use of the lender, loan participants and other agents helping to secure the requested financing in determining our credit worthiness for the loan or to confirm information we have supplied. In addition, we are aware that the documentation supplied is subject to re-verification after the date the loan disbursement. A photographic or fax copy of this authorization may be deemed to be the equivalent of the original and may be used as a duplicate original.

### APPLICANT (S):

\_\_\_\_\_  
Borrower / Guarantor

\_\_\_\_\_  
Social Security Number / EIN

\_\_\_\_\_  
Co-Borrower / Guarantor

\_\_\_\_\_  
Social Security Number / EIN