Seacoast Commerce Bank®

BUSINESS LOAN APPLICATION

BUSINESS INFORMATION

Company Name _____ DBA or Franchise (If applicable) _____

Phone ( ) - _____ Fax ( ) - _____ E-Mail _____

Street _____ Suite # _____ Website _____

City _____ State _____ Zip Code _____

Date Company Founded _____ Date of Current Ownership _____ Number of Current Locations _____

Number of Employees (Current) _____ Number of Employees (After Financing) _____ Tax Identification # _____

Type of Organization ☐ C Corp ☐ S Corp ☐ LLC ☐ LLP ☐ LP ☐ GP ☐ Sole Prop. State of Organization _____

Does business currently have any plans for future locations? ☐ Yes ☐ No (If Yes, how many?) _____

Do sales to any one customer exceed 10% of business's annual revenue? ☐ Yes ☐ No

Type of Business ☐ Service ☐ Retail ☐ Wholesale ☐ Mfg. ☐ Distribution ☐ Other (Describe) _____

Describe products and services: _____

_____

Customer Profile/Key Clients: _____

Major Competitors: _____

PROJECT SUMMARY

Real Estate Purchase	$	Working Capital	$	Business/Practice Acquisition	$
Building Improvements	$	Inventory	$	Other (Describe)	$
Equipment Purchase	$	Debt Refinance	$	Other (Describe)	$
Briefly Describe Project					

OWNERSHIP

List below all owners, partners, Limited Liability Corporation (LLC) members, and stockholders totaling 100% of ownership. For corporations identify all corporate officers regardless of ownership. For a Partnership or LLC, identify the managing /general partner or managing member. **If additional owners, check here ☐ and attach a separate sheet**.

Name _____ Title _____ Ownership % _____ Social Security # _____

Address _____ City _____ State _____ Zip Code _____

Name _____ Title _____ Ownership % _____ Social Security # _____

Address _____ City _____ State _____ Zip Code _____

Name _____ Title _____ Ownership % _____ Social Security # _____

Address _____ City _____ State _____ Zip Code _____

Name _____ Title _____ Ownership % _____ Social Security # _____

Address _____ City _____ State _____ Zip Code _____

AFFILIATES

List below all business concerns in which the applicant company or any of the individuals listed in the Ownership Section above have 20% ownership or controlling interest. Affiliation also exists where an individual(s) has control of the Small Business Company and another concern(s) even though the ownership of one or both is small. **If additional affiliates, check here ☐ and attach a separate sheet**.

Company Name _____ Owned By: _____ Ownership % _____

Address _____ # Employees _____

Company Name _____ Owned By: _____ Ownership % _____

Address _____ # Employees _____

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BUSINESS DEBT

If additional loans and/or leases, check here ☐ and attach a separate sheet. Please attach a seperate sheet for each affiliate.

Lender	Purpose	Original Amount	Current Balance	Monthly Payment	Interest Rate	Maturity Date	Security	Status	As of Date
		$	$	$				☐ Current ☐ Past Due	
		$	$	$				☐ Current ☐ Past Due	
		$	$	$				☐ Current ☐ Past Due	
		$	$	$				☐ Current ☐ Past Due	

ACCOUNTS RECEIVABLE / PAYABLE INFORMATION

If business (or the business/practice being acquired) has accounts receivable/payable, please attach an accounts receivable/payable summary aging report. If not available, complete the schedule below. **If the company has no accounts receivable or payable, check here ☐ and proceed to the next section.**

Does any customer make up more than 10% of the accounts receivable? ☐ Yes ☐ No			Does any supplier make up more than 10% of the accounts payable? ☐ Yes ☐ No			As of Date
Days Outstanding	**0 - 30**	**31 - 59**	**60 - 89**	**90 - 119**	**120 and Over**	
Accounts Receivable	$	$	$	$	$	
Accounts Payable	$	$	$	$	$	

Figures should reconcile with most recent Tax Return or Interim Financial Statement provided to Lender

REFERENCES AND PROFESSIONAL SERVICES

Bank Reference:

Bank Name: _____ Contact: _____ Phone Number: ( ) -

Address _____ City _____ State _____ Zip Code _____

Professionals: (if currently available)

Accounting Firm: _____ Contact _____ Phone Number: ( ) -

Attorney: _____ Contact _____ Phone Number: ( ) -

Insurance: _____ Contact _____ Phone Number: ( ) -

APPLICANT COMMENTS

ADDITIONAL INFORMATION WILL BE REQUIRED TO COMPLETE YOUR LOAN REQUEST

Upon receipt of this application, a Seacoast Commerce Bank representative will contact you to discuss your transaction in further detail. Prior to final review of this application, your representative will request other forms or documents based on your specific loan request.

DISCLOSURE OF RIGHT TO REQUEST SPECIFIC REASONS FOR CREDIT DENIAL GIVEN AT TIME OF APPLICATION (BUSINESS CREDIT)

If your application for business credit is denied, you have the right to receive a written statement of the specific reasons for the denial. To obtain the statement, please contact Seacoast Commerce Bank, Attn: SBA Credit Administrator, 11939 Rancho Bernardo Rd., Ste. 200, S.D., CA 92128 at 858-432-7017 within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement.

NOTICE: The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract), because all or part of the applicant's income derives from any public assistance program, or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is The Federal Depisit Insurance Corporation (FDIC). Consumer Response Center, 2345 Grand Boulevard, Suite 100, Kansas City, MO 64108.

Seacoast Commerce Bank AUTHORIZATION TO RELEASE INFORMATION

In connection with this application for financing (and any update, extension, modification, renewal or review of such financing, if it is granted), each of the undersigned hereby: authorizes Seacoast Commerce Bank (the "Lender) to make all inquiries it deems necessary to verify the accuracy of the information provided herein and to determine my creditworthiness including, without limitation, obtaining consumer and/or business credit reports regarding me or any entity I am affiliated with. **Each of the undersigned individuals hereby acknowledges that Lender will obtain a consumer credit report concerning them.** The Lender may, at any time in its sole discretion, disclose the status of the proposed financing transaction and the credit data and other information concerning or relating to the undersigned or the proposed financing transaction to the SBA, referral sources, franchisors, vendors, loan participants, other lenders, agents and affiliates of any undersigned or the Lender. The undersigned hereby certify that the enclosed application information, including all attachments, exhibits, schedules, etc., is true, valid, accurate and complete as of the date of this application. The undersigned understands that false statements may result in the denial of the application.

APPLICANT SIGNATURE: _____ Date _____

TITLE: _____

APPLICANT SIGNATURE: _____ Date _____

TITLE: _____

APPLICANT SIGNATURE: _____ Date _____

TITLE: _____

APPLICANT SIGNATURE: _____ Date _____

TITLE: _____