



FAÇADE RENOVATION PROGRAM
Business Credit Application

Loan Amount Requested: \$ _____

Purpose: *Bricks Façade Renovation for property located at:*

Edmond, OK 73034

● **Business Summary:**
Business Legal Name (Applicant):

Physical Address: _____

City: _____ County: _____ State: _____ Zip: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

DBA Name: _____

Date Business Started (mm/yy): _____

Years as Owner: _____ No. of Employees: _____

Federal Tax ID #: _____

Phone: (_____) _____ FAX: (_____) _____

CELL: (_____) _____

Product or Services: _____

Franchised? Yes No

Business Type: _____ Wholesaler _____ Manufacturer
 _____ Professional Practice _____ Service Company
 _____ Retailer

Organization Type: _____ C Corporation _____ Sub S Corporation
 _____ Partnership _____ Sole Proprietor
 _____ Other (please describe)

Average Combined Business Checking and Savings Balance from Last Statement:

\$ _____

Annual Sales Revenue in Most Recent Fiscal Year: \$ _____

At what bank do you hold your checking and/or savings accounts?

Institution: _____ City, State: _____

● **Ownership: List all owners of the business (use additional sheet if necessary):**

1) Name: _____

SSN: _____ Date of Birth: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Position/Title: _____

Applicant Ownership %: _____

Monthly Housing Payment: _____

PERSONAL FINANCIAL SUMMARY		PERSONAL INCOME SUMMARY
Cash, Saving, CD's \$	Vehicle Loans \$	From Last Tax Return \$
Marketable Stock & Bonds \$	Revolving Credit \$	Wages, Salaries, Tips, etc \$
Retirement Accounts \$	Other Personal Loans \$	Business Income (Schedule C) \$
Value of Home \$	Home Mortgage \$	Schedule E Income \$
Other Real Estate Value \$	Other Real Estate Mortgage \$	Other Income (Net)* \$
Value of Business \$	Other Personal Liabilities \$	Total (should balance to Adjusted Gross Income Line)
Total Assets \$	Total Liabilities \$	\$

*Alimony, child support, separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.

Ownership: List all owners of the business (use additional sheet if necessary):

2) Name: _____
 SSN: _____ Date of Birth: _____
 Home Address: _____
 City: _____ State: _____ Zip: _____
 Position/Title: _____
 Applicant Ownership %: _____
 Monthly Housing Payment: _____

PERSONAL FINANCIAL SUMMARY		PERSONAL INCOME SUMMARY
Cash, Saving, CD's \$	Vehicle Loans \$	From Last Tax Return \$
Marketable Stock & Bonds \$	Revolving Credit \$	Wages, Salaries, Tips, etc \$
Retirement Accounts \$	Other Personal Loans \$	Business Income (Schedule C) \$
Value of Home \$	Home Mortgage \$	Schedule E Income \$
Other Real Estate Value \$	Other Real Estate Mortgage \$	Other Income (Net)* \$
Value of Business \$	Other Personal Liabilities \$	Total (should balance to Adjusted Gross Income Line)
Total Assets \$	Total Liabilities \$	\$

*Alimony, child support, separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.

- **Financial References: (ALL existing Business Loans/Leases; mark with an "*" loans to be refinanced) Attach schedule if necessary.**

Name of Lender	Type of Credit	Interest Rate	Collateral	Payment Amount	Current Balance

- **Financial Information Requirements:**

- ✓ Certificate of Existence from Secretary of State
- ✓ Business Operating Agreement
- ✓ Copy of last 2 years complete, signed business tax returns
- ✓ Copy of last 2 years complete, signed personal tax returns for each owner of the business
- ✓ If last business tax return is more than 6 months old, provide a copy of the most recent business profit & loss
- ✓ A current business financial statement
- ✓ A current personal financial statement for each owner of the business

Edmond Economic Development Authority may require additional business and/or personal financial information prior to final loan approval.

Please answer the following:

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Are any applicants or proposed guarantors tax obligations, including payroll and sales tax, past due? |
| <input type="checkbox"/> | <input type="checkbox"/> | Has the applicant or any proposed guarantor ever obtained credit under another name?
If yes what name: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Has the applicant or any proposed guarantor ever declared bankruptcy or had any judgments, repossessions, garnishments or other legal proceeding filed against them? |

As an authorized representative of the Applicant, each individual certifies that all the information provided herein and in any supporting documentation with this application is true and correct.

The undersigned acknowledge(s) and agree(s) that Citizens Bank of Edmond, its agents, successors and assigns, may check credit and trade references in reviewing this application, and disclose information about its credit experience with the Applicant to third parties. The undersigned further acknowledge(s) and agree(s) that Edmond Economic Development Authority may also inquire as to and obtain credit reports on the above-named Applicant, owner(s), guarantor(s), and other principals. **All principals with ownership and/or guarantors must sign below.**

Signature

Date

Signature

Date

All loans are subject to underwriting and credit approval.