



Commercial and Business Lending  
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[www.cblending.com](http://www.cblending.com)

## LOAN APPLICATION

**Applicant** (You may apply for credit in your name alone, regardless of your marital status.)

FULL LEGAL NAME OF COMPANY/BORROWER:				TELEPHONE	
PRIMARY CONTACT:		TAX ID # OR SSN:		BUSINESS:	
				HOME: N/a	
				FAX:	
STREET ADDRESS:		CITY	COUNTY	STATE	ZIP CODE
BILLING ADDRESS (IF DIFFERENT FROM ABOVE):		CITY	COUNTY	STATE	ZIP CODE
PROPOSED BUSINESS ADDRESS:		CITY	COUNTY	STATE	ZIP CODE
OTHER		CITY	COUNTY	STATE	ZIP CODE
NATURE OF BUSINESS:				DATE ESTABLISHED:	
TYPE OF ENTITY: <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> OTHER (DESCRIBE) <input type="checkbox"/> SUBCHAPTER S CORPORATION <input type="checkbox"/> LIMITED LIABILITY COMPANY					
LOAN TYPE: SBA 7a <input type="checkbox"/> SBA 7a RD <input checked="" type="checkbox"/> SBA 504 <input type="checkbox"/> STATE PROGRAMS <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> _____ (DESCRIBE)					

**Company Ownership** (List below all owners, principals and officers.)

NAME	TITLE	% OF OWNERSHIP

**Affiliates** (List below all business concerns in which the applicant company or any of the individuals listed in the ownership section above have any ownership. Attach current financial statements.)

COMPANY NAME	OWNER (APPLICANT COMPANY OR INDIVIDUALS)	% OF OWNERSHIP

### Project Cost

### Collateral Offered

	Enter Dollar Amounts		Present	Present
Real Estate Acquisition		Land		
New Construction/Expansion/Repair		Building		
Acquisition and/or Repair of Machinery and Equipment		Machinery & Equip.		
Inventory		Furniture		
Working Capital (Including Loan Fees)		Maint. Reserve (Cash)		
Acquisition of Existing Business		Accounts Receivable		
Payoff SBA Loan		Inventory		
Payoff Bank Loan (Non SBA Associated)		Residential Real Estate		
Other Debt Payment (Non SBA Associated) - Debis/DDC		Other		
TOTAL PROJECT		Total		
EQUITY/CAPITAL INJECTION/DOWN PAYMENT		Source of Applicant's Equity/Capital Injection		
LOAN AMOUNT		CASH		
REPAYMENT TERMS--YEARS				

**Lease Information**

DO YOU HAVE A LEASE FOR THE PROPERTY YOUR BUSINESS NOW OCCUPIES?			<input type="checkbox"/> YES <input type="checkbox"/> NO
MONTHLY RENTAL	\$	YEARS REMAINING ON LEASE	RENEWAL OPTION <input type="checkbox"/> YES <input type="checkbox"/> NO

**Miscellaneous** - If answered "Yes", provide detail; attach a separate sheet if necessary

IS ANY LOAN APPLICANT, OR ANY DIRECTOR, EXECUTIVE OFFICER OR PRINCIPAL SHAREHOLDER OF LOAN APPLICANT, AN EXECUTIVE OFFICER, DIRECTOR OR PRINCIPAL SHAREHOLDER OF A FINANCIAL INSTITUTION?			<input type="checkbox"/> YES <input type="checkbox"/> NO
HAS YOUR BUSINESS EVER FILED BANKRUPTCY OR DEFAULTED ON ANY DEBTS?			<input type="checkbox"/> YES <input type="checkbox"/> NO
IS THE BUSINESS AN ENDORSER, GUARANTOR, OR CO-MAKER FOR OBLIGATIONS NOT LISTED IN ITS FINANCIAL STATEMENTS?			<input type="checkbox"/> YES <input type="checkbox"/> NO
DOES YOUR BUSINESS USE OR STORE ANY HAZARDOUS/TOXIC MATERIALS, OR PRODUCE HAZARDOUS/TOXIC WASTE?			<input type="checkbox"/> YES <input type="checkbox"/> NO
IS THE BUSINESS A PARTY TO ANY CLAIM OR LAWSUIT?			<input type="checkbox"/> YES <input type="checkbox"/> NO
DOES THE BUSINESS OWE ANY TAXES FOR YEARS PRIOR TO THE CURRENT YEAR?			<input type="checkbox"/> YES <input type="checkbox"/> NO
DOES YOUR COMPANY MAINTAIN KEY PERSON LIFE INSURANCE ON ANY OWNER, OFFICER OR SHAREHOLDER?			<input type="checkbox"/> YES <input type="checkbox"/> NO
LIFE INSURANCE AGENT	INSURANCE COMPANY	TELEPHONE	
NAME OF INSURED	BENEFICIARY	\$Amount	
ACCOUNTANT NAME		Tel ( )	
ATTORNEY NAME		Tel ( )	
BUSINESS INSURANCE AGENT		Tel ( )	
RESIDENTIAL INSURANCE AGENT		Tel ( )	
CERTIFIED DEVELOPMENT CORPORATION		Tel ( )	
REAL ESTATE AGENT		Tel ( )	

**AGREEMENT**

- By signing below, **you certify** that all the information you've given with this application is **true and complete**. You authorize us to verify all your statements with any source, obtain credit and employment history, (including your spouse's, if you live in a community property state) and exchange information with others about your credit and account experience with us. You agree to provide additional information that we **may require** to process this application, including but not limited to true and complete federal income tax returns, employment verification and income verification.
- You also agree to reimburse the Bank / Lender, and Hawaii Lending Specialists, LLC / RD Lending, Inc. for its expenses incurred in connection with any credit commitment. These expenses include without limitation the appraisal(s), environmental services and legal costs and are payable even though the extension of credit may not be consummated.

\_\_\_\_\_  
 Authorized Signature

\_\_\_\_\_  
 Authorized Signature

\_\_\_\_\_  
 Print Name, Title

\_\_\_\_\_  
 Print Name, Title

\_\_\_\_\_  
 Address, City, ST ZIP

\_\_\_\_\_  
 Address, City, ST ZIP

\_\_\_\_\_  
 Soc. Sec. or Tax ID No.      Date

\_\_\_\_\_  
 Soc. Sec. or Tax ID No.      Date