

TA Provider Source Code:	Participating Bank Partner Code:
TA Counselor Name:	_ SBA District Office:
TA Counselor Phone:	_ TA Fax: Email:
LOAN PURPOSE: <u>WORKING CAPITAL</u>	Loan Amount Requested: \$
(For businesses in operation less than 24 months, Borrower funds must be at least 10% of business' total Capital Needs)	Borrower Funds: \$
must be an icase 10 % by business total carpinal recomp	Total Capital Needs of Business \$
COMPANY NAME & ADDRESS	
Business Name:	dba:
EIN Number:	
Physical Address of Business:	Mailing Address if different from Physical Address:
Street Address, Suite Number	Street Address, Suite Number
City, County	City, County
State, Zip	State, Zip
Date Business Moved to This Location:	Business Website Address:
Phone:	Fax:
Cell Phone:	E-Mail:
GENERAL BUSINESS	
Type of Business Entity:	Nature of Business:
(Corporation, LLC, Sole Proprietor, Partnership)	(Describe your business: ie. Auto Repair Shop, Barber Shop, etc.)
SIC Code: NAICS Cod	e: Duns Number:
When did the business begin operations?	(Existing Business with D&B Number) ———— How long have you owned the business? ———————————————————————————————————
Number of Current Employees: Jobs	You Will Create: Number of Jobs Retained:
Do you Export Products? □ yes □ no	Is your business a Start-Up? □ yes □ no
Is your Business a Franchise? □ yes □ no	Name of Franchisor:

(Franchise must be on the SBA Approved Franchise List)



Name of Contact Person an Owner of Business? gves no COMPANY FINANCIAL INFORMATION Actual Gross Sales Last Year: \$ Actual Gross Sales Previous Year 1: \$	CONTACT INFORMATION						
COMPANY FINANCIAL INFORMATION Actual Gross Sales Last Year: \$ Actual Gross Sales Previous Year 1: \$ Actual Gross Sales Previous Year 2: \$ Is Your Business a For Profit or Nor-For Profit? Do you plan to purchase an existing business? (Voin, loan fund may not be used to purchase a busines) How many people either own at least 20% of this business, or are Officers, Directors or Managers of the Business? The products and/or services of the Applicant business are available to the general public yes no Does anyone who owns 20% or more of this business own/control 51% or more of another business(es)? yes no If YES: Name of Principal(s): Name of the Business(es): Sales Last 3 Years: Does anyone owning 20% or more of the business currently have an SBA Loan(s): yes no Number of SBA Loans Outstanding: Total Amount of Outstanding SBA Loans: \$ Are these loans current and nont orherwise in default: Amount: Date: Amount: yes no Has anyone who owns 20% or more of this business ever had an SBA Loan or other loan which was made by the Federal Government? yes no Have you or the business or affiliates ever requested government financing? yes no Are you or the business currently involved in any pending lawsuits? yes no							
Actual Gross Sales Last Year: \$ Actual Gross Sales Previous Year 1: \$	Name of Contact	Title	Phone	Number			
Actual Gross Sales Last Year: \$ Actual Gross Sales Previous Year 1: \$ Actual Gross Sales Previous Year 2: \$ Is Your Business a	Is Contact Person an Owner of Business?			□ yes □ no			
Actual Gross Sales Last Year: \$ Actual Gross Sales Previous Year 1: \$ Actual Gross Sales Previous Year 2: \$ Is Your Business a	COMPANY FINANCIAL INFORMATION						
Actual Gross Sales Previous Year 2: \$ Is Your Business a							
Do you plan to purchase an existing business? (Note, loan flunds may not be used to purchase a business) How many people either own at least 20% of this business, or are Officers, Directors or Managers of the Business? The products and/or services of the Applicant business are available to the general public. Does anyone who owns 20% or more of this business own/control 51% or more of another business(es)?	Actual Gross Sales Last Year: \$	Actual Gross Sales I	Previous Year 1: \$				
CNoire, loam funds may not be used to purchase a business)	Actual Gross Sales Previous Year 2: \$	Is Your Business a	□ For Profit or □	Not-For Profit?			
The products and/or services of the Applicant business are available to the general public.				□ yes □ no			
Does anyone who owns 20% or more of this business own/control 51% or more of another business(es)? □ yes □ no If YES: Name of Principal(s):	How many people either own at least 20% of this business,	or are Officers, Direct	tors or Managers of th	ne Business?			
If YES: Name of Principal(s):	The products and/or services of the Applicant business are a	vailable to the general	l public.	□ yes □ no			
Nature of this Business(es):	Does anyone who owns 20% or more of this business own/c	control 51% or more	of another business(es	s)? □ yes □ no			
Nature of this Business(es): Sales Last 3 Years: Does anyone owning 20% or more of the business currently have an SBA Loan(s): Total Amount of Outstanding SBA Loans: SBA Lender: Amount: Date: SBA Lender: Amount: Date: Amount: Date: Outstanding SBA Loans SBA Loans: SBA Lender: Amount: Date: Outstanding SBA Loans: Outstanding S	If YES: Name of Principal(s):						
Sales Last 3 Years: Does anyone owning 20% or more of the business currently have an SBA Loan(s): yes no Number of SBA Loans Outstanding: Total Amount of Outstanding SBA Loans: \$ SBA Lender: Amount: Date: SBA Lender: Amount: Date: Amount: Date: Pare these loans current and not otherwise in default: yes no Has anyone who owns 20% or more of this business ever had an SBA Loan or other loan which was made by the Federal Government or guaranteed by the Federal Government? yes no Have you or the business or affiliates ever requested government financing? yes no If YES please provide: Financial Company or Agency Date	Name of the Business(es):						
Does anyone owning 20% or more of the business currently have an SBA Loan(s):	Nature of this Business(es):						
Number of SBA Loans Outstanding: Total Amount of Outstanding SBA Loans: \$ SBA Lender: Amount: Date: SBA Lender: Amount: Date: Amount: Date: SBA Lender:	Sales Last 3 Years:						
SBA Lender: Amount: Date: SBA Lender: SBA Lender: Amount: Date: SBA Lender: SBA Lender: Amount: Date: SBA Lender: S	Does anyone owning 20% or more of the business currently	have an SBA Loan(s)):	□ yes □ no			
Are these loans current and not otherwise in default: Has anyone who owns 20% or more of this business ever had an SBA Loan or other loan which was made by the Federal Government or guaranteed by the Federal Government? Have you or the business or affiliates ever requested government financing? Financial Company or Agency Date If YES: Did any of this financing ever default and cause a loss to the government? Are you or the business currently involved in any pending lawsuits? yes □ no Oyes □ no yes □ no	Number of SBA Loans Outstanding:	Total Amount of O	utstanding SBA Loans	s: \$			
Has anyone who owns 20% or more of this business ever had an SBA Loan or other loan which was made by the Federal Government or guaranteed by the Federal Government?	SBA Lender: Amount: Date:	SBA Lender:	Amount:	. Date:			
made by the Federal Government or guaranteed by the Federal Government? Have you or the business or affiliates ever requested government financing? Financial Company or Agency Date If YES: Did any of this financing ever default and cause a loss to the government? Are you or the business currently involved in any pending lawsuits? yes □ no	Are these loans current and not otherwise in default:			□ yes □ no			
Have you or the business or affiliates ever requested government financing? If YES please provide: Financial Company or Agency Date If YES: Did any of this financing ever default and cause a loss to the government? □ yes □ no Are you or the business currently involved in any pending lawsuits? □ yes □ no	Has anyone who owns 20% or more of this business ever had an SBA Loan or other loan which was						
If YES please provide:	made by the Federal Government or guaranteed by the Federal Government?						
Financial Company or Agency Date If YES: Did any of this financing ever default and cause a loss to the government? Are you or the business currently involved in any pending lawsuits? Date yes □ no	Have you or the business or affiliates ever requested government	nent financing?		□ yes □ no			
If YES: Did any of this financing ever default and cause a loss to the government? □ yes □ no Are you or the business currently involved in any pending lawsuits? □ yes □ no	If YES please provide:	r Agency)ate			
Are you or the business currently involved in any pending lawsuits? □ yes □ no							
				•			
Has this business ever filed for Rankruntsy Protection or Receivership?	Has this business ever filed for Bankruptcy Protection or Receivership?			□ yes □ no			
If YES, When:	• •	cervership;		- yes - 110			



PRINCIPAL INFORMATION	ON (Must be completed by a	ll owners of 20% or more and all	officers, directors and/or managers of the	business)
Social Security Number:			Date of Birth:	
Prefix: (Mr/Mrs/Ms/Dr)				(Ir /Sr)
Prefix: (Mr./Mrs./Ms./Dr.)	First Name	Middle Name	Last Name	()1./01./
Home Phone:	Work Phone:		E-Mail:	
Place of Birth: City:		State:	Country:	
What % of the Business do yo	u own?	. What is your title in th	he Business?	
Are you a US Citizen?				□ yes □ no
If NO, Do You Have a Legal F Homeland Security?	Permanent Resident C	ard Issued Through the	US Department of	□ yes □ no
Alien Registration Number:		Please at	tach a copy of the front and ba	ick of the card.
CURRENT RESIDENCE II	NFORMATION			
PRIMARY RESIDENCE:		PRIMARY MAIL	ING ADDRESS:	
Street Address, Apr	or Unit #		Street Address, Apt or Unit	#
City, County, State	e, Zip		City, County, State, Zip	
Residence Type: (Own, Rent, Milit	ary Housing, Live with Relativ	Annual House	hold Income: \$	
Date Moved to this location:_		Amount of Mo	o. Rent or Mortgage Payment	:: \$

ASSETS & LIABILITIES

Please complete the attached Personal Financial Statement in detail.



PRINCIPAL INFORMATION (Must be completed by all owners of 20% or more and all officers, directors and/or managers of the business)

Prefix: (Mr./Mrs./Ms./Dr.)				(Jr./Sr.)
	First Name	Middle Name	Last Name	 ()
Are you presently under indicting	nent, on parole, or on	probation?	[□ yes □ no
Have you ever been charged wit (including offenses which have l		criminal offense other than a minor vo		⊐ yes □ no
		ersion, or placed on any form of proba minal offense other than a minor vehic		⊐ yes □ no
Has an application for the loan	you are applying for i	now been submitted to SBA under an	y program?	□ yes □ no
		disbarment, declared ineligible, or vol y Federal department or agency?		⊐ yes □ no
any obligation to pay child supp	oort arising under an a nd a custodial parent	business, are you more than 60 days of administrative order, court order repay , or repayment agreement between the vices?	yment e holder and a	⊐ yes □ no
		tion may not be eligible for processing to Express Capital Loan Program.	under Borrego S	prings
Have you, the business, or its af	filiates ever requested	government financing?	[⊐ yes □ no
If Yes, is any of the financing cu	rrently delinquent?			⊐ yes □ no
Did any of this financing ever d	efault and cause a los	s to the government?		⊐ yes □ no
Have you, the business, or its af	filiates had a previous	s SBA loan?	1	⊐ yes □ no
If yes, is the loan either current	or paid in full?			⊐ yes □ no
Have you ever filed for Bankruptcy Protection or Receivership?				□ yes □ no
If YES, When:				
Are you or the business currently	y involved in any pen	nding lawsuits?	1	⊐ yes □ no
Did you or the business pay any	one to assist in prepa	ration of this loan(packager, accounta	nt, lawyer etc)?[⊐ yes □ no
Will more than \$10,000 of the	loan proceeds be used	I for construction?	[□ yes □ no
Ethnicity*: □ Hisp./Latino	□ Not Hisp./Lat Itical purposes only. It	mer. Asian Native Haw./Pacifi ino thas no bearing on the credit decision.		
Are you a Veteran of the United	States Armed Forces	?		□ yes □ no
If yes, was service between June	1964 and August 197	73?	[⊐ yes □ no
Are you a service disabled Vetera	an?		[□ yes □ no

4 of 8



PRINCIPAL INFORMATION (Must be completed by all owners of 20% or more and all officers, directors and/or managers of the business)

Prefix: (Mr./Mrs./Ms./Dr.)					_(Jr./Sr.)
	First Name	Middle Name	Last Name		_ ()1./31.)
Are you a member of the Rese				□ y	es 🗆 no
Are you Active Duty TAP or v	within one year of retire.	ment?		□ y	es 🗆 no
Are you a spouse of any of the	e above?			□ y	es 🗆 no
Are you a widow/widower of a	a service member who d	lied in service or of a service related di	sability?	□ y	es 🗆 no
		cant where there is any appearance of a ving questions. If "false" is checked, th			
		member of the employee's household it debtor, or has a financial interest in t		rue	□ False
No former SBA employee sepattorney, agent, creditor or de		s than one year is an employee, officer nterest in the Applicant.	, director, □ Ti	ue	□ False
	the individual's househo	Development Center program, the incolor of the control of the Applicant.		ue	□ False
a close relative or household n	nember of such an indiv	mployee of the legislative or judicial b vidual) is a sole proprietor, general par s, or has a financial interest in the App	tner, officer,	rue	□ False
relative or household member	of such an individual) i	y Council or a SCORE volunteer (or a is a sole proprietor, general partner, of , or has a financial interest in the App	ficer,	rue	□ False
a close relative or household n	nember of such an indiv	certified development company or micridual) is a sole proprietor, general part, or has a financial interest in the App	tner, officer,	rue	□ False
		ctors have a significant financial interest a packaging SBA loans for at least two		rue	□ False
government employee or a Ma	ajor or Lieutenant Com ted to the Lender a state	y Associate's household is a GS-13 or mander or higher in the military, the ement of no objection by the pertinen	small	ue	□ False



PRINCIPAL INFORMATION (Must be completed by all owners of 20% or more and all officers, directors and/or managers of the business) Prefix: (Mr./Mrs./Ms./Dr.) _(Jr./Sr.) First Name Middle Name Last Name I agree that all SBA loan proceeds will be used only for business related purposes as specified in the loan application and, to the extent feasible, to purchase only American-made equipment and products. I realize that the penalty for knowingly making a false statement or overvaluing security to obtain a guaranteed loan from SBA is that I may be fined up to \$10,000 and/or be put in jail for up to 5 years under 18 USC \$1001 and if submitted to a Federally insured institution, I may be fined up to \$1,000,000 and/or be put in jail for up to 20 years under 18 USC \$1014. I authorize the SBA Office of Inspector General to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for programs authorized by the Small Business Act, as amended. I authorize Borrego Springs Bank, N.A. to release and otherwise share credit, loan, financial, and other information with my SBA Approved Technical Assistance Provider, and likewise, for my Technical Assistance Provider to release and other wise share credit, loan, financial and other information with Borrego Springs Bank, N.A. I understand and acknowledge SBA's requirement for ongoing Technical Assistance for a minimum of one year from the date of loan closing.

Signature

Date



LOAN APPLICATION DISCLOSURES

Applicant's Copy: Retain for your records

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. We may request a photocopy of those documents. This notice is being provided to you for adequate notice given under the Act.

ADVERSE ACTION 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 Borrego Springs Bank is the Office of the Comptroller of the Currency, Customer Assistance Group, 1301 McKinney Street, Suite 3450, Houston TX 77010. If your application for business credit is denied, you have the right to a written statement of the specific reasons for denial. To obtain this statement, please write Borrego Springs Bank, 7777 Alvarado Road, Suite 501, La Mesa, CA 91941-3645 or call 619-668-5150, 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.

PRIVACY NOTICE UNDER FEDERAL LAW

At Borrego Springs Bank we value your trust and respect your privacy. This Notice applies to our existing and former consumer customers, meaning individuals who obtain a financial product or service from us primarily for personal, family or household purposes. "Personal information" refers to most non-public personally identifiable financial information about you, but does not include information that is available from public sources, such as telephone directories or government records.

Collection, Use and Retention of Information About You

We collect personal information about you from the following sources:

- Information we receive from you on applications and other forms
- Information about your transactions with us, our affiliates, or others; and
- Information we receive from consumer reporting agencies and other lawful sources.

Disclosure of Information

We do not disclose personal information about you or our former customers to anyone except as permitted by law. Examples of what is permitted by law include: disclosing personal information to affiliated or non-affiliated companies if it is necessary or helpful in completing a transaction, to report to consumer reporting agencies; to comply with government or court orders; to report an apparent crime; or if you give us your consent.

Marketing Disclosures

We also may disclose all of the information we collect, as described above, to companies that perform marketing services on our behalf. The third parties sign agreements with us that contain confidentiality provisions.

Security of Account Information

We restrict access to personal information about you to our employees and agents who have a need to know such information. We maintain physical, electronic, and procedural safeguards that comply with federal standards to guard your personal information.

Changes to this Notice

We may amend this notice from time to time and will notify you of any amendments if required by applicable law.

Questions

If you have any questions regarding this Notice, you can write to us at 7777 Alvarado Road Suite 515 attn: Operations Administration, La Mesa, Ca 91941 or call us at 1-800-722-5720.



OHIO APPLICATION DISCLOSURE

Made pursuant to Ohio Revised Code Section 4112.021

IMPORTANT

DO NOT SIGN THIS FORM UNTIL YOU CAREFULLY READ IT AND UNDERSTAND ITS CONTENTS

The Ohio laws against discrimination require that all creditors make credit equally available to all credit worthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio civil rights commission administers compliance with this law.

BY SIGNING BELOW, WE ACKNOWLEDGE THAT WE HA	VE READ, RECEIVED, AND UNDERSTAND
THIS APPLICATION DISCLOSURE. THIS DISCLOSURE IS	DATED:
APPLICANT:	
X	X
Applicant	Co-Applicant



OMB APPROVAL NO. 3245-0188 EXPIRATION DATE: 8/31/2011

PERSONAL FINANCIAL STATEMENT

U.S. SMALL BUSINESS ADMINISTRATION				AS Of		- ,
Complete this form for: (1) each proprietor, or (2) each or more of voting stock, or (4) any person or each	ach limited partner who ntity providing a guarar	owns 20%	6 or more inter	est and each gener	al partner, or (3) eac	h stockholder owning
Name						_
Residence Address				Resider	nce Phone	
City, State, & Zip Code						
Business Name of Applicant/Borrower						
ASSETS	(Omit Cent	s)		LIA	BILITIES	(Omit Cents)
Cash on hand & in Banks	\$	Acc	ounte Davable		\$_	
	· ·	I	-		\$_	
Savings Accounts	\$				Ψ_	
IRA or Other Retirement Account	\$		(Describe in S	,	•	
Accounts & Notes Receivable	\$	Inst			\$_	
Life Insurance-Cash Surrender Value Only	\$	—— .	Mo. Payments			
(Complete Section 8)	•	Inst	allment Accou		\$_	
Stocks and Bonds (Describe in Section 3)	\$		Mo. Payments	\$ \$	 \$_	
	\$	Loa	tagass en Dog	ance	 φ	
Real Estate(Describe in Section 4)	Ψ		Mortgages on Real Estate \$(Describe in Section 4)			
Automobile-Present Value	\$	Unp	aid Taxes		\$_	
Other Personal Property	\$		(Describe in S			
(Describe in Section 5)		Oth	er Liabilities		\$	
Other Assets	\$		(Describe in S			
(Describe in Section 5)	Ψ		Total Liabilities			
Total	\$					
Section 1. Source of Income		Cor	ntingent Liabi	lities		
	¢				\$	
Salary	\$	I				
Net Investment Income	\$					
Real Estate Income	\$		Provision for Federal Income Tax \$ Other Special Debt \$			
Other Income (Describe below)*	\$	Oth	er Special Deb	ot	\$_	
Description of Other Income in Section 1.						
*Alimony or child support payments need not be disclose	ed in "Other Income" unle	ss it is desi	red to have such	n payments counted to	oward total income	
	(Use attachments if ne			• •		ement and signed)
Section 2. Notes Payable to Banks and Others.	(Goo attachmento il rich		don attachinor		ao a part of timo otal	omone and dignoa.)
Name and Address of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly,etc.)	How Secure Type o	ed or Endorsed f Collateral

Section 3. Stocks	and Bonds. (Use at	tachments if necessary.	Each attachme	nt mus	st be identified as a	Ī	and signed).
Number of Shares	Name o	of Securities	Cost	,	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value
					Quotation/Exchange	Quotation/Exchange	
Section 4. Real Est	ate Owned.	(List each parcel separate of this statement and sign		ent if ne			<u> </u>
		Property A			Property B	P	Property C
Type of Property							
Address							
Date Purchased							
Original Cost							
Present Market Value	е						
Name & Address of Mortgage	e Holder						
Mortgage Account N	umber						
Mortgage Balance							
Amount of Payment	per Month/Year						
Status of Mortgage							
Section 5. Other Pe	ersonal Property an	io Omer Asseis.		_	as security, state name scribe delinguency)	and address of lien holder	, amount of lien, terms
Section 6. Unp	oaid Taxes. (De	escribe in detail, as to type,	to whom payable	e, when	due, amount, and to	what property, if any, a ta	ax lien attaches.)
Section 7. Oth	er Liabilities. (De	escribe in detail.)					
Section 8. Life	Insurance Held.	(Give face amount and o	cash surrender va	alue of p	policies - name of ins	urance company and be	neficiaries)
and the statements	contained in the atta ing a loan. I understa	es as necessary to verify the achments are true and acculand FALSE statements ma	urate as of the sta	ated dat	e(s). These statemen	its are made for the purp	ose of either obtaining
Signature:			Da	ate:	Social	Security Number:	
Signature:			Da	ate:	Social	Security Number:	
PLEASE NOTE:	concerning this estimated Administration, Washing	ge burden hours for the con nate or any other aspect of t ngton, D.C. 20416, and Clear 603. PLEASE DO NOT SEND	this information, pl rance Officer, Pape	olease co er Reduc	ontact Chief, Administ	rative Branch, U.S. Small	l Business