

Borrego Express Capital Loan Application

TA Provider Source Code: _____ Participating Bank Partner Code: _____
 TA Counselor Name: _____ SBA District Office: _____
 TA Counselor Phone: _____ TA Fax: _____ Email: _____

LOAN PURPOSE: WORKING CAPITAL 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: \$ _____
 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 Code: _____ Duns Number: _____
(Existing Business with D&B Number)
 When did the business begin operations? _____ 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)

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CONTACT INFORMATION

Name of Contact

Title

Phone Number

Is Contact Person an Owner of Business?

yes no

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 Not-For Profit?

Do you plan to purchase an existing business? yes no

(Note, loan funds 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. 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): _____

Nature of this 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: \$ _____

SBA Lender: _____ Amount: _____ Date: _____ SBA Lender: _____ Amount: _____ Date: _____

Are 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

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 this business ever filed for Bankruptcy Protection or Receivership? yes no

If YES, When: _____

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PRINCIPAL INFORMATION *(Must be completed by all 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.) _____ (Jr./Sr.)
First Name Middle Name Last Name

Home Phone: _____ Work Phone: _____ E-Mail: _____

Place of Birth: City: _____ State: _____ Country: _____

What % of the Business do you own? _____ What is your title in the Business? _____

Are you a US Citizen? yes no

If NO, Do You Have a Legal Permanent Resident Card Issued Through the US Department of Homeland Security? yes no

Alien Registration Number: _____ *Please attach a copy of the front and back of the card.*

CURRENT RESIDENCE INFORMATION

PRIMARY RESIDENCE:

PRIMARY MAILING ADDRESS:

Street Address, Apt or Unit #

Street Address, Apt or Unit #

City, County, State, Zip

City, County, State, Zip

Residence Type: _____
(Own, Rent, Military Housing, Live with Relatives)

Annual Household Income: \$ _____

Date Moved to this location: _____

Amount of Mo. Rent or Mortgage Payment: \$ _____

ASSETS & LIABILITIES

Please complete the attached Personal Financial Statement in detail.

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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.

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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 HAVE READ, RECEIVED, AND UNDERSTAND THIS APPLICATION DISCLOSURE. THIS DISCLOSURE IS DATED: _____.

APPLICANT:

X _____
Applicant

X _____
Co-Applicant

(Only applicable if your business is located in Ohio.)



PERSONAL FINANCIAL STATEMENT

U.S. SMALL BUSINESS ADMINISTRATION

As of _____, _____

Complete this form for: (1) each proprietor, or (2) each limited partner who owns 20% or more interest and each general partner, or (3) each stockholder owning 20% or more of voting stock, or (4) any person or entity providing a guaranty on the loan.

Name	Business Phone
Residence Address	Residence Phone
City, State, & Zip Code	
Business Name of Applicant/Borrower	

ASSETS	(Omit Cents)	LIABILITIES	(Omit Cents)
Cash on hand & in Banks	\$ _____	Accounts Payable	\$ _____
Savings Accounts	\$ _____	Notes Payable to Banks and Others	\$ _____
IRA or Other Retirement Account	\$ _____	(Describe in Section 2)	
Accounts & Notes Receivable	\$ _____	Installment Account (Auto)	\$ _____
Life Insurance-Cash Surrender Value Only	\$ _____	Mo. Payments \$ _____	
(Complete Section 8)		Installment Account (Other)	\$ _____
Stocks and Bonds	\$ _____	Mo. Payments \$ _____	
(Describe in Section 3)		Loan on Life Insurance	\$ _____
Real Estate	\$ _____	Mortgages on Real Estate	\$ _____
(Describe in Section 4)		(Describe in Section 4)	
Automobile-Present Value	\$ _____	Unpaid Taxes	\$ _____
Other Personal Property	\$ _____	(Describe in Section 6)	
(Describe in Section 5)		Other Liabilities	\$ _____
Other Assets	\$ _____	(Describe in Section 7)	
(Describe in Section 5)		Total Liabilities	\$ _____
Total	\$ _____	Net Worth	\$ _____
		Total	\$ _____

Section 1. Source of Income	Contingent Liabilities
Salary	As Endorser or Co-Maker
Net Investment Income	Legal Claims & Judgments
Real Estate Income	Provision for Federal Income Tax
Other Income (Describe below)*	Other Special Debt

Description of Other Income in Section 1.

*Alimony or child support payments need not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income.

Section 2. Notes Payable to Banks and Others. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

Name and Address of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	How Secured or Endorsed Type of Collateral

Section 3. Stocks and Bonds. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed).					
Number of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value

Section 4. Real Estate Owned. (List each parcel separately. Use attachment if necessary. Each attachment must be identified as a part of this statement and signed.)			
	Property A	Property B	Property C
Type of Property			
Address			
Date Purchased			
Original Cost			
Present Market Value			
Name & Address of Mortgage Holder			
Mortgage Account Number			
Mortgage Balance			
Amount of Payment per Month/Year			
Status of Mortgage			

Section 5. Other Personal Property and Other Assets.	(Describe, and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment and if delinquent, describe delinquency)

Section 6. Unpaid Taxes.	(Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches.)

Section 7. Other Liabilities.	(Describe in detail.)

Section 8. Life Insurance Held.	(Give face amount and cash surrender value of policies - name of insurance company and beneficiaries)

I authorize SBA/Lender to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of either obtaining a loan or guaranteeing a loan. I understand FALSE statements may result in forfeiture of benefits and possible prosecution by the U.S. Attorney General (Reference 18 U.S.C. 1001).

Signature:	Date:	Social Security Number:
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Signature:	Date:	Social Security Number:
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PLEASE NOTE: The estimated average burden hours for the completion of this form is 1.5 hours per response. If you have questions or comments concerning this estimate or any other aspect of this information, please contact Chief, Administrative Branch, U.S. Small Business Administration, Washington, D.C. 20416, and Clearance Officer, Paper Reduction Project (3245-0188), Office of Management and Budget, Washington, D.C. 20503. **PLEASE DO NOT SEND FORMS TO OMB.**