

# Commercial Real Estate Loan/SBA Application

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

Full legal name of company borrower		Primary contact			Borrower TIN or SSN
Address	City	County	State	ZIP	
Billing address (If different from above)	City	County	State	ZIP	
Proposed business address	City	County	State	ZIP	
Residence telephone	Business telephone	Fax	E-mail address		
Loan amount	Purpose	Nature of business			
Gross annual revenue/sales	Number of employees	Date established	SIC/NAICS	<input type="checkbox"/> Yes <input type="checkbox"/> No Is/Will the real estate financed be owner occupied?	
Type of entity <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Subchapter S corporation <input type="checkbox"/> Limited liability company <input type="checkbox"/> Other (Describe)					
Loan type <input type="checkbox"/> Conventional <input type="checkbox"/> SBA <input type="checkbox"/> Purchase Transaction <input type="checkbox"/> Refinance <input type="checkbox"/> Purchase with improvements <input type="checkbox"/> Perm take out					

## Company ownership (List below all principals, officers and owners with 20% or greater ownership. If more than three, please include on separate sheet and attach.)

Name	Title	SSN	Date of birth
Phone	E-mail address	<input type="checkbox"/> Yes <input type="checkbox"/> No Guarantor % Ownership	
Address	City	County	State ZIP
Name	Title	SSN	Date of birth
Phone	E-mail address	<input type="checkbox"/> Yes <input type="checkbox"/> No Guarantor % Ownership	
Address	City	County	State ZIP
Name	Title	SSN	Date of birth
Residence telephone	Business telephone	<input type="checkbox"/> Yes <input type="checkbox"/> No E-mail address Guarantor % Ownership	
Address	City	County	State ZIP

## 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. If more than three, please include on separate sheet and attach.)

Company name	TIN	Business telephone		
<input type="checkbox"/> Yes <input type="checkbox"/> No Guarantor Owner (applicant company or individuals) % Ownership				
Address	City	County	State	ZIP
Company name	TIN	Business telephone		
<input type="checkbox"/> Yes <input type="checkbox"/> No Guarantor Owner (applicant company or individuals) % Ownership				
Address	City	County	State	ZIP
Company name	TIN	Business telephone		
<input type="checkbox"/> Yes <input type="checkbox"/> No Guarantor Owner (applicant company or individuals) % Ownership				
Address	City	County	State	ZIP

## Miscellaneous

(If answered "Yes," provide detail on a separate sheet.)

Any previous SBA or Federal Government debt? If "Yes," please detail on debt schedule.  Yes  No

Is any loan applicant, or any director, executive officer or principal shareholder loan applicant, an executive officer, director or principal shareholder of a financial institution?  Yes  No

Has your business ever filed bankruptcy or defaulted on any debts?  Yes  No

Is the business an endorser, guarantor or co-maker for obligations not listed in its financial statements?  Yes  No

Does your business use or store any hazardous/toxic materials or produce hazardous/toxic waste?  Yes  No

Is the business a party to any claim or lawsuit?  Yes  No

Does the business owe any taxes for years prior to the current year?  Yes  No

Does your company maintain key person life insurance on any owner, officer or shareholder?  Yes  No

_____ Name of insurance company	_____ Life insurance agent	_____ Telephone
_____ Name of insured	_____ Beneficiary	_____ Amount
_____ Accountant name		_____ Telephone
_____ Attorney name		_____ Telephone
_____ Business insurance agent		_____ Telephone
_____ Residential insurance agent		_____ Telephone
_____ Certified development corporation		_____ Telephone
_____ Real estate agent name		_____ Telephone
_____ Title company/closing attorney		_____ Telephone

## 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 MCB Capital, its successors or assigns as their interest may appear, for its expenses incurred in connection with any credit commitment. These expenses include without limitation MCB Capital's appraisal, 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	_____ Address
_____ City	_____ City
_____ State	_____ State
_____ ZIP	_____ ZIP
_____ Social Security or tax ID no.	_____ Social Security or tax ID no.
_____ Date	_____ Date

## Consent to transfer application/information

The undersigned has applied to MCB Capital ("MCB") for commercial loan financing. The undersigned understands that MCB has established a referral relationship with other financial service providers to whom it may refer financing requests that do not meet the parameters established by MCB for the type of financing requested. Neither MCB nor any such third party financial service provider has any commitment to lend to the undersigned. The undersigned hereby authorizes MCB to transfer its loan application, together with all supporting information submitted by the undersigned (including information concerning any guarantors), to such third party financial service provider(s). In addition, the undersigned hereby further authorizes any such third party financial service provider to notify MCB of such financial service provider's action with respect to such application.

For credit applications submitted by non-individuals (such as corporations, partnerships, limited liability companies or trusts), sign here:

_____ Name of business entity	
_____ By	_____ By
_____ Title	_____ Title
_____ Date	_____ Date

For credit applications submitted by individuals or sole proprietors, sign here:

_____ Authorized signature	_____ Authorized signature
_____ Print name	_____ Print name
_____ Date	_____ Date