BUSINESS LOAN APPLICATION

104 ASH STREET EAST, SISSETON, SD 57262
605-698-7654

DATE:_____

Applicant(s): _____ SS#: _____

_____ SS# _____

Dependent Ages: _____

Current Employer: _____

Home Address: _____ County: _____

Home Phone: _____

City, State, Zip _____ Fax: _____ E-mail _____

Length of residence in area _____

Business Name: _____ FIN: _____

Business Address: _____ County: _____

City, State, Zip _____ Business phone: _____

Fax: _____ E-mail _____

Attach Copy of Legal Structure: Proprietorship ____, Partnership ____, Corporation ____, Other (specify) _____

Type and Description of Business: _____

Purpose of Loan: _____

Use of Loan:

Purchase of Equipment	$_____	Number of Employees:	Present	Projected
Purchase of Building	$_____	Full-time:	_____	_____
Working Capital	$_____	Part-time:	_____	_____
Other (explain)	$_____	New Business: [ ] yes	[ ] no	
TOTAL	$_____	When established: _____		

Collateral Offered: _____

_____

_____

CREDIT REFERENCES:

Name	Address	Phone

FOR OFFICE USE ONLY

[ ] CD Pledge [ ] Direct [ ] IRP [ ] SBA [ ] Other _____

Total Project Cost (list loan participants, equity and respective amounts):

		% of financing			
Agency Portion	$_____	_____	Term(# Mo.) _____	Int. Rate _____%	Pmt. $_____
Bank's Portion	$_____	_____	Term(# Mo.) _____	Int. Rate _____%	Pmt. $_____
Other	$_____	_____	Term(# Mo.) _____	Int. Rate _____%	Pmt. $_____
Equity	$_____	_____	Term(# Mo.) _____	Int. Rate_____%	Pmt. $_____
Total Project Cost	$_____				

NOTE: APPLICANT MUST COMPLETE THE ENTIRE APPLICATION INCLUDING BUT NOT LIMITED TO:

_____ Projected Cash Flow Statement
_____ Current Financial Statement(s) (Personal and Business)
_____ Business Plan
_____ Past 3 year's income tax returns (Personal and Business)

- Applicant may be required to meet with the Board of Directors.
- If approved, this credit request may have additional conditions that will be identified prior to the loan closing.
- I understand this application will be reviewed by the Board of Directors. Agency reserves the right of periodic inspections by a Loan Officer and the authority to terminate any loan or loan commitment if conditions warrant that action.

Have you filed for Bankruptcy? _____ Personal _____ Corporate _____ Name of Corporation_____
When?_____ Where? _____

If you are obligated to pay child support, are you more than 60 days delinquent with regard to support payments? _____ Yes _____ No

Are you presently under indictment, on parole or probation, have ever been charged with or arrested for any criminal offense other than a minor motor vehicle violation (including offenses which have been dismissed, discharged or knoll prosequi), or convicted, placed on pretrial diversion, or placed on any form of probation including adjudication withheld pending probation for any criminal offense other than a minor vehicle violation? _____ Yes _____ No

I certify that everything I have stated in this application and on any attachments is correct. I certify that credit is not available at similar rates and terms from other sources. You may keep this application whether or not it is approved. By signing below I authorize you to check my credit and employment history, (including, if I am a corporation or partnership, the credit record and employment history of the owners, directors, officers or partners signed below), and to answer questions others may ask you about my credit record with you. I understand that I must update credit information at your request if my financial condition changes.

Signed: _____ Date: _____

Signed: _____ Date: _____

The following information is requested by the Federal Government in order to monitor compliance with Federal laws prohibiting discrimination against applicants seeking to participate in the program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, NESDEC is required to note the race and ethnicity of applicants on the basis of visual observation or surname. If you do not wish to furnish the information, please check the box below.
_____I do not wish to furnish this information.

Ethnicity: **(Mark one)** Hispanic or Latino_____ Not Hispanic or Latino_____

Race: **(Mark one or more)** White_____ Black /African American _____ American Indian/Alaska Native_____ Asian_____ Native Hawaiian or Other Pacific Islander_____

Gender: Male_____ Female_____ [_____Information provided by Management]

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, age, disability, religion, sex, and familial status.
(Not all prohibited bases apply to all programs.)

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington D.C. 20259-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TDD).