

# Company Profile

Company Name \_\_\_\_\_ DBA(if applicable) \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Contact \_\_\_\_\_ Business Title/Position \_\_\_\_\_

Contact Phone \_\_\_\_\_ Contact Cell Number \_\_\_\_\_ Contact Fax Number \_\_\_\_\_

Contact Email Address \_\_\_\_\_ Company Web Site \_\_\_\_\_

Date Business Established \_\_\_\_\_ Owner Since \_\_\_\_\_

Current number of employees \_\_\_\_\_ Established number of employees to be added within 2 years of project completion \_\_\_\_\_

Company Organization (check box)  Sole Prop.  S Corp.  C Corp.  LLC  Trust  Partnership  ESOP

## Company Ownership

Name	Title	% of Ownership
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1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Nature of business (describe the type of business) \_\_\_\_\_

Who is responsible for day-to-day activities and business decisions? \_\_\_\_\_

Does one customer represent more than 50% of total sales? \_\_\_\_\_

How will the purchase of the new facility assist the company's future growth? \_\_\_\_\_

## Lender Information

Bank of Account \_\_\_\_\_ Contact Person \_\_\_\_\_ Phone Number \_\_\_\_\_

**Affiliate Business, if applicable** (List below all business concerns in which the applicant company or any of the individuals listed in the ownership section above have any ownership.)

Company Name	Owner (Applicant, company or individuals)	% of Ownership
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1. \_\_\_\_\_

2. \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_