

#### 400 Alexander Park Suite 200 | Princeton, NJ | 08540 Tel: 609-587-1133 | Fax: 609-587-1313 | Email: Info@rbacloan.com

Thank you for requesting a loan application from RBAC. Loans are now available to businesses in New Jersey, Pennsylvania, and New York. Please remember that the timeliness of our loan approval process depends on receiving complete and accurate information from you. The following are some of the loan programs we have available:

<ul><li>SBA/USDA Micro Loans- Up to \$50,000; Fixed rate; 6 year term; Rates starting</li></ul>	g at 6%
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• SBA Community Advantage Loan - Up to \$350,000; Rates starting at Prime plus 2%

SBA 504 Loans - Up to 90% financing of total project cost; Below market fixed rates; 10, 20, 25 year terms
 Used for acquisition of commercial real estate, machinery and equipment

Note: Applicant must be a for-profit business existing, or planning to open within NJ, NY Metro and Eastern PA In addition, the borrower will be required to pay for all filing fees related to securing collateral for a loan.

PLEASE RETURN THE COMPLETED APPLICATION AND ALL RELATED MATERIALS To:
RBAC -400 Alexander Park Suite 200 Princeton, NJ 08540.
Call 609-587-1133 if assistance is needed -or send e-mail to Info@rbacloan.com

#### Loan Package Requirements

7	П	Completed and signed application.	Mandatory Documents Needed For Loan Review
	_	(All business owners and guarantors are required to complete ALL S	Sections and sign a loan application)
	П	Copies of legal establishment of business Certificate of formation.	
4	Ħ	Application fee of \$50	
8	$\exists$	Three years of personal tax returns for all owners of the business.	
4		Three years of business tax returns, the latest quarter profit and loss	statement and balance sheet. if
/		already in business.  Business Plan for all start-ups with less than 2 years of operation:	it must at least include;
❖	Ш	executive summary, management ability, competition analysis, projection For assistance with your business plan call the NJ Small Business De	
4		Financial Projections of the income statement for two years, mont a cash-flow statement, and a balance sheet.	hly for the first year,
		<u>Copy of the DRAFT lease</u> or buy-sell agreement (Please do not sign you have all the resources you need to operate the business!)	a lease or agreement until
		Evidence of the owner(s) contribution (equity/cash) to the total proje	ct cost.
		Copy of the operating agreement for all corporations, partnerships, a	nd LLC/P's.
		Evidence that the business is current on its State sales taxes and pay	roll taxes, if applicable.
		AC will conduct a personal credit search for all owners and guarantors of tolications. All bankruptcies, judgments, and chargeoffs must be explained.	

It is the policy of RBAC that no person shall be discriminated against on grounds of race, color, religion, sex, national origin, age, or disability.

credit report at no cost by calling 1-888-397-3742 or visit www.annualcreditreport.com

## Loan Application

## SECTION A -Business Information

Loan type:		Date {mm/dd/yy):						
Legal Name of Bus	iness:							
OBA or Trading Na	me of Business:							
d d r e s s :(Please show post office box and street address if applicable)								
City:	S	tate:	Zip Code					
P h o n e :	_ Alternative Phone:	Websit	e:					
E m a i l :	Date Business	Established:	_ Years in Business:					
Business Type {check	one): Corporation (Standard C)	S Corporation	Non-Profit					
	n (PC) C General Partnership							
Sole Proprietorship	Limited Liability Partners	hip						
Business Descripti	ion:							
	NJ St							
	nt:							
Accountant's E-ma	il:	0.000)						
Names and Titles of Own	ers and Percent Partnership:							
†;	Owner Name	Title						
2	Owner Name	Title	% of Partnership					
3	Owner Name	-	% of Partnership					
Describe the histo	ry and nature of the bus	iness:						
	and the property of the second							
When, and by who	m, was the business esta	blished? Please	explain:					
Describe the prod	ucts and/or services the	business provid	les:					
L What geographic m	narket is served by your	business? Pleas	e explain:					

List key customers:								
12.4								
List major competitors:								
B								
Please provide a narrative hi	stotory of the	business a	and include	any benef	its that will	result from	obtaining th	e loan
	SEC	TION B	- Busines	s Debt	Schedul	e		
List Any Torms of Dobt one					Corrodar			
List Any Terms of Debt and Payable to Institution	Original	Original	Present	Interest	Maturity	Monthly		Current or
and Account Number	Date	Amount	Balance	Rate	Date	Payment	Security	Past Due
								-
								_
				Ž.				
*Dates and amou	nts should m	natch inform	nation show	n on the m	nost current	t Business E	Balance She	et
		SECTION	N.C. Dur	race of	Loon		STATE OF THE STATE	1
			N C - Pur					
Amount of Loan Request:	\$		т	otal Projec	ct Cost:			
Owner(s) cash being investe	d into the bu	cinoss: ¢						
Owner(s) cash being investe	a into the bu	siness. \$ _						
Loan Proceeds to be used	for ( check	all that app	oly and pro	vide dolla	r amount)	:		
Accounts Receive	able: \$			Invento	ry Purchas	e: \$		
Working Capital:	\$			Vehicle	(s): \$	0.50.00		
Commercial Real	Estate: \$			Equipm	ent Financ	ing: \$		
Improvements to	Business Lo	cation: \$		Refinan	nce Debt: \$			
Other (please exp	olain):				\$			
Collateral to be provided (	check all th	at apply):						
Accounts Receive	able	Inventor	y / Equipme	ent [	Vehicle(	s)		
Certficate of Dep	osit (CD)	Comme	rcial Real E	state	Residen	tial Real Es	tate	
Number of Employees:			Job cre	ation / ret	ention expe	ected:		
Have you applied for a loan of	or been turne	ed down by	a financial i	nstitution i	in the last 1	2 months	O YES	S ON
If yes, choose from the following reason	ns: Start-u	pCredit	History	Collateral[	High Ris	k Industry	Non Direc	ct Experienc
Have you received or will you	be seeking a	additional lo	ans, leases	, or other f	inancing for	r this busine	ss? OYES	S ON
If so, from whom?								
Have you ever been involved	l in bankrupt	cy or insolv	ency procee	edings?			O YES	S ON

# SECTION D - Personal Information

Full Name:			
Las	t	First	Middle
Address:			
Citv:	(Please show post office box and s		Zip Code:
Home Phone:	Cell Phone:	Email:	
Years at current address:	Date of Birth:	Social Security #: _	
Previous Address:			
	(Please show post office box and stree	et address if applicable)	
Bank Name:			
Are you currently a Borrower, Co	o-Signer, or Guarantor on any othe	er loans? YES	O NO
Are you currently paying child su	upport?	<b>○</b> YES	O NO
Information for government mor	nitoring purposes		
Veteran status (select one):	Veteran Service-dis	abled Veteran	Non-veteran
Ethnicity (select one):	Hispanic Not Hispan	nic/Latino C	Unknown
Race (select one)	Black/African American	O White	Asian
0	American Indian/ Alaskan Native	Native Hawaiian/C	Other Pacific Islander
	Business Partner/Spouse Infor	emation (if applicable)	
Full Name: Last	First		Middle
Years at current address:	Date of Birth:	Social Security#	:
Bank Name:			
Are you currently a Borrower, Co	o-Signer, or Guarantor on any othe	er loans? OYES	O NO
Are you currently paying child su	upport?	O YES	O NO
Are you a United States citizen? (I	f NO, please provide Visa or Alien R	Registration#) O YES	O NO
Alien Registration Number: A		Expiratio	on Date:
Type of Visa:		Expiration	on Date:

# Employment History (Please provide resume if available)

1.	Company Name:		
	Company Address:	{Please show post office box and street address if applicable)	
		Dates of Employment:	to
	Job Description:		
2.	. Company Name:		
	Company Address:	{Please show post office box and street address if applicable)	
		Dates of Employment:	to
	Job Description:		
3.	Company Name:		
	Company Address:	{Please show post office box and street address if applicable)	
		Dates of Employment:	to
	Job Description:		
		Educational Background	
	Name of High School:	Degree Earne	ed:
	City: State: _	Dates Attended: to	
1.	. Name of College or Technical School:		
	City: State: _	Dates Attended: to	
	Degree Earned or Certificate Received:		
2.	. Name of College or Technical School:		
	City: State: _	Dates Attended: to	
	Degree Earned or Certificate Received:		
3.	. Name of College or Technical School:		
		Dates Attended: to	

		Professional Referenc	es	
Name		Address		Phone
<u>.</u>				
2				
3				
	PLEASE SIG	IN AND DATE THE	APPLICATION	
l,	, an officer/ov	wner or duly authorized r	epresentative of	
		Name of Business (if applica	ble)	
affirms that all information su	ıbmitted as part (			enton Business
Assistance Corporation t/a R				
Signed:	Title:		Da	te:
Have did var. find	aut about DDAC	2 (Diagra abasil all that a		
_		? (Please check all that a	pply and provide referr	er information.)
Referred by a Bank:	Contact Name	Bank N	ame	Phone Number
Small Business Develop	oment Center:			
_ ,	_	Contact Name	Office Location	Phone Number
SCORE:		017. 1		DI N I
	Contact Name	Office Lo	cation	Phone Number
Chamber of Commerce	: Contact Name	Chambe	or.	Phone Number
		Chamb	71 71	i none number
Local Govt. Employee:	Contact Name	Departr	nent	Phone Number
Other RBAC client:				
	Contact Name	City of F	Residence	Phone Number
SBA:	Contact Name	Office L	ocation	Phone Number
Othory	Contact Name	Office L	Journal	i none ivampei
Other:	Contact Name	Affiliatio	on (ifapplicable)	Phone Number

### Questions? Contact us at:

Tel: (609) 587-1133 • Fax (609) 587-1313 · E-mail: lnfo@rbacloan.com Address: 400 Alexander Park Suite 200 | Princeton, NJ | 08540