



BUSINESS LOAN APPLICATION

PLEASE PRINT LEGIBLY. SEND THIS APPLICATION COMPLETED ALONG WITH
1 YEARS MOST BUSINESS BANK STATEMENTS, A COPY OF YOUR
DRIVERS LICENSE AND BUSINESS VOID CHECK

BUSINESS INFORMATION:

LEGAL BUSINESS NAME:		BUSINESS DBA (if applicable):	
BUSINESS ENTITY: <input type="checkbox"/> CORPORATION <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> LTD. PARTNERSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> SOLE PROPRIETER			
PRIMARY BUSINESS STRUCTURE: <input type="checkbox"/> HOME BASED <input type="checkbox"/> E-COMMERCE <input type="checkbox"/> FRANCHISE <input type="checkbox"/> NONE OF THE ABOVE			
TAX ID #:		BUSINESS COMMENCED DATE:	
STATE OF INCORPORATION:		ANNUAL GROSS SALES:	
BUSINESS PHONE NUMBER:		EMAIL:	
PREFERRED CONTACT NUMBER:		WEBSITE:	
LOAN AMOUNT REQUESTED:		USE OF FUNDS:	
CREDIT SCORE (estimate):	NUMBER OF EMPLOYEES:		NUMBER OF LOCATIONS: (if more than 1, please see page 2)
ANY OPEN BANKRUPTCIES? <input type="checkbox"/> Yes <input type="checkbox"/> No		IF YES, WAS IT DISCHARGED? <input type="checkbox"/> Yes <input type="checkbox"/> No	
ANY TAX LIENS / JUDGEMENTS? <input type="checkbox"/> Yes <input type="checkbox"/> No		IF YES, ARE YOU ON A PAYMENT PLAN? <input type="checkbox"/> Yes <input type="checkbox"/> No	
IS YOUR BUSINESS SEASONAL? <input type="checkbox"/> Yes <input type="checkbox"/> No		IF YES, WHAT ARE YOUR PEAK MONTHS?	
PHYSICAL STREET ADDRESS / CITY / STATE / ZIP:			
BILLING STREET ADDRESS / CITY / STATE / ZIP:			
BUSINESS LOCATION: <input type="checkbox"/> LEASED <input type="checkbox"/> MORTGAGED	BANK / LANDLORD NAME:	CONTACT#:	MONTHLY PAYMENT:
LAST MONTHS BANK DEPOSIT: \$	PREVIOUS MONTHS BANK DEPOSIT: \$	3 MONTHS PREVIOUS BANK DEPOSIT: \$	4 MONTHS PREVIOUS BANK DEPOSIT: \$

OWNER INFORMATION:

FIRST NAME:		LAST NAME:	
POSITION TITLE:		OWNERSHIP %:	
SSN:		DATE OF BIRTH:	
MOBILE NUMBER:		HOME NUMBER:	
HOME STREET ADDRESS / CITY / STATE / ZIP:			

CO-OWNER INFORMATION:

FIRST NAME:		LAST NAME:	
POSITION TITLE:		OWNERSHIP %:	
SSN:		DATE OF BIRTH:	
MOBILE NUMBER:		HOME NUMBER:	
HOME STREET ADDRESS / CITY / STATE / ZIP:			



TRADE REFERENCES:

BUSINESS TRADE REFERENCE #1:	CONTACT NAME & NUMBER:
BUSINESS TRADE REFERENCE #2:	CONTACT NAME & NUMBER:
BUSINESS TRADE REFERENCE #3:	CONTACT NAME & NUMBER:

AUTHORIZATION DISCLAIMER

The Undersigned, (the "Applicant(s)"), hereby represents that all the above information is true and correct. The Applicant(s) understands that making false statements constitutes fraud. The Applicant(s) hereby authorizes Colopy Corp, its assignees, agents, banks or financial institutions to (i) investigate the applicant(s) financial responsibility and credit worthiness, including, without limitation, authorization to conduct credit checks and/or background checks and to pull the Applicant(s) credit report or reports from the credit bureaus and/or credit agencies. A photocopy of this authorization will be deemed as acceptable for release of credit information (ii) receive any information regarding the commercial lease for the above referenced location from the Applicant(s) leasing company, Landlord or their agents. The information provided on this application and any other statement or data obtained from the Applicant(s) named on this application will be used for the purpose of obtaining financing.

SIGNATURE:	SIGNATURE:
PRINT NAME:	PRINT NAME:
TITLE:	TITLE:
DATE:	DATE:

LOCATION #2

PHYSICAL STREET ADDRESS / CITY / STATE / ZIP:

BUSINESS LOCATION: <input type="checkbox"/> LEASED <input type="checkbox"/> MORTGAGED	BANK / LANDLORD NAME:	CONTACT#:	MONTHLY PAYMENT: \$
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LOCATION #3

PHYSICAL STREET ADDRESS / CITY / STATE / ZIP:

BUSINESS LOCATION: <input type="checkbox"/> LEASED <input type="checkbox"/> MORTGAGED	BANK / LANDLORD NAME:	CONTACT#:	MONTHLY PAYMENT: \$
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LOCATION #4

PHYSICAL STREET ADDRESS / CITY / STATE / ZIP:

BUSINESS LOCATION: <input type="checkbox"/> LEASED <input type="checkbox"/> MORTGAGED	BANK / LANDLORD NAME:	CONTACT#:	MONTHLY PAYMENT: \$
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