



Southern Capital Funding Network, LLC  
 2011 N. Commerce Drive, Peachtree City, GA 30269  
 800-277-2809  
 www.southcapfunding.com

## COMMERCIAL LOAN APPLICATION

### BASIC INFORMATION Please tell us about your business or organization.

Business or Organization Name			Who referred you to us?		
Street Address			City		
State	Zip Code	County	Federal Tax ID # (if incorporated)		
Type of Business		Date Started	Today's Date		
<b>Legal Structure</b> (please check one)					
<input type="checkbox"/> C Corporation	<input type="checkbox"/> S Corporation	<input type="checkbox"/> Nonprofit Corporation	<input type="checkbox"/> Limited Liability Corporation		
<input type="checkbox"/> Legal Partnership	<input type="checkbox"/> Sole Proprietorship	Are you thinking about changing your legal structure? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Contact Person	Business Phone ( )	Home Phone ( )	E-mail		
Number of employees now:			How many jobs will this loan create?		
Briefly describe your business or organization & what you plan to do with this loan:					

### PROJECT INFORMATION Please tell us about your project and/or start-up budget.

Uses of Funds		Sources of Funds	
Land and/or Building Purchase	\$ _____	Loan Requested	\$ _____
New Building Constructor	\$ _____	Owner's Investment	\$ _____
Building Improvements	\$ _____	Other Funding Sources (specify)	\$ _____
Machinery and Equipment	\$ _____		
Inventory	\$ _____		
Working Capital	\$ _____		
Other _____	\$ _____		
Other _____	\$ _____		
<b>Total Project Uses</b>	\$ _____	<b>Totals should equal</b>	<b>Total Project Sources</b> \$ _____

### COLLATERAL Please tell us about the assets available to secure this loan.

Asset	Value of Asset	Loans on Asset	Address of Asset
Property 1	\$ _____	\$ _____	
Property 2	\$ _____	\$ _____	
Inventory	\$ _____	\$ _____	
Equipment	\$ _____	\$ _____	
Accounts Receivables	\$ _____	\$ _____	
Other (please specify):	\$ _____	\$ _____	
Other (please specify):	\$ _____	\$ _____	

**Name(s) of Possible Co-Signer(s) for Loan Request:**

### MANAGEMENT INFORMATION AND ACKNOWLEDGMENTS

Please read the following and complete the information below.

Please provide this information for the (1) each proprietor OR (2) each limited partner who owns 20% or more interest and each general partner OR (3) each stockholder owning 20% or more of voting stock OR (4) any other person or entity providing a guaranty on the loan.

Name (print) _____	Name (print) _____	Name (print) _____
Address _____	Address _____	Address _____
SSN or TIN // _____	SSN or TIN // _____	SSN or TIN // _____
Date of Birth _____	Date of Birth _____	Date of Birth _____
% Ownership _____	% Ownership _____	% Ownership _____
Title/Function _____	Title/Function _____	Title/Function _____
Signature _____	Signature _____	Signature _____
Date _____	Date _____	Date _____

Revised 8.05

## PERSONAL FINANCIAL STATEMENT

Indicate which this is: **Individual Financial Statement** \_\_\_ OR **Joint Financial Statement** \_\_\_ As of Date \_\_\_\_\_  
*If married, you must submit a joint statement with your spouse.*

Complete this form for: (1) each proprietor OR (2) each limited partner who owns 20% or more interest and each general partner OR (3) each stockholder owning 20% or more of voting stock OR (4) any other person or entity providing a guaranty on the loan.

Name of First Individual		Name of Second Individual	
Social Security Number or Taxpayer Identification Number (TIN)		Social Security Number or Taxpayer Identification Number (TIN)	
Address	Yrs. at Address	Address	Yrs. at Address
City, State, Zip	Birth Date	City, State, Zip	Birth Date
Employer	Yrs. at Employer	Employer	Yrs. at Employer
Home Phone ( )	Work Phone ( )	Home Phone ( )	Work Phone ( )

Section 1. Deposit Accounts				Section 2. Sources of Annual Income	
Financial Institution	Acct. Number	Acct. Type	Balance	Salary/Wages	\$ _____
				Net Investment Income \$	Real Estate Income \$ _____
				Other Income* (describe below)	\$ _____
					_____
				<b>TOTAL ANNUAL INCOME</b>	<b>\$ _____</b>

\*Other Income (alimony, child support or separate maintenance income do not considered as a basis for repaying this obligation):

**Section 3. Installment Loans, Credit Accounts and Auto Payments** (Please label and sign any attachments to this section.)

Noteholder(s) Name and Address	Original Balance	Current Balance	Monthly Payment	How Secured /Endorsed? Type of Collateral?

**Section 4. Stocks and Bonds** (Please label and sign any attachments to this section.)

Number of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value

**Section 5. Real Estate Owned** (List each parcel separately. Please label and sign any attachments to this section.)

	Property A	Property B	Property C
Type of Property (residential / commercial)			
Title in Name of:			
Address			
Date Purchased			
Original Cost			
Present Market Value			
Name and Address of Mortgage Holder			
Mortgage Balance			
Amount of Payment per Month			

**Section 6. Other Liabilities**

	Yes	No	If yes, describe below or on a separate attachment.
Are you a guarantor, co-maker or endorser for any debt of another?	<input type="checkbox"/>	<input type="checkbox"/>	
Are you currently liable on any lease or contract?	<input type="checkbox"/>	<input type="checkbox"/>	
Are there any suits or legal actions pending against you?	<input type="checkbox"/>	<input type="checkbox"/>	
Are any tax obligations past due?	<input type="checkbox"/>	<input type="checkbox"/>	

	<input type="checkbox"/>	<input type="checkbox"/>
Are you obligated to pay alimony, child support or separate maintenance payment?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had a judgment recorded against you?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever filed bankruptcy? If yes, list date of discharge.	<input type="checkbox"/>	<input type="checkbox"/>

<b>Section 7. Life Insurance Held</b>					
Person Insured / Insurance Company	Policy	Face Amount of Value	Cash Surrender Policy Assigned?	Loans on	Is Policy Name of

**I authorize Southern Capital Funding Network, LLC. to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of either obtaining a loan or guaranteeing a loan.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_



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