

Section 1 – Business Information

Company Name _____ DBA or Franchise (if applicable) _____

Phone () - _____ Fax () - _____ E-Mail _____

Street _____ Suite # _____ Website _____

City _____ State _____ Zip Code _____

Date Company Founded _____ Date Of Current Ownership _____ # of current locations _____

of Employees (Current) _____ # of Employees (after financing) _____ Tax Identification # _____ *For your security, please complete by hand*

Type of Organization C Corp S Corp LLC LLP LP GP Sole Proprietor State of Organization _____

Does business currently have any plans for future locations? Yes No (If yes, how many?) _____

Do sales to any one customer exceed 10% of business's annual revenue? Yes No

Type of Business Service Retail Wholesale Mfg. Distribution Other (Describe) _____

Describe products and services: _____

Customer Profile/Key Clients: _____

Major Competitors: _____

Section 2 - Project Summary

Real Estate Purchase	\$	Working Capital	\$	Business/Practice Acquisition	\$
Building Improvements	\$	Inventory	\$	Other (describe)	\$
Equipment Purchase	\$	Debt Refinance	\$	Other (describe)	\$
Briefly Describe Project					

Section 3 – Ownership

List below all owners, partners, Limited Liability Corporation (LLC) members, and stockholders totaling 100% of ownership. For corporations identify all corporate officers regardless of ownership. For a Partnership or LLC, identify the managing /general partner or managing member.

If additional owners, check here and attach a separate sheet.

Name _____	Title _____	Ownership % _____	Social Security # _____	<i>For your security, please complete by hand</i>
Address _____	City _____	State _____	Zip Code _____	
Name _____	Title _____	Ownership % _____	Social Security # _____	<i>For your security, please complete by hand</i>
Address _____	City _____	State _____	Zip Code _____	
Name _____	Title _____	Ownership % _____	Social Security # _____	<i>For your security, please complete by hand</i>
Address _____	City _____	State _____	Zip Code _____	
Name _____	Title _____	Ownership % _____	Social Security # _____	<i>For your security, please complete by hand</i>
Address _____	City _____	State _____	Zip Code _____	

Section 4 - Affiliates

List below all business concerns in which the applicant company or any of the individuals listed in the Ownership Section above have 20% ownership or controlling interest. Affiliation also exists where an individual(s) has control of the Small Business Company and another concern(s) even though the ownership of one or both is small. **If additional affiliates, check here and attach a separate sheet.**

Company Name _____ Owned By: _____ Ownership % _____

Address _____ # Employees _____

Company Name _____ Owned By: _____ Ownership % _____

Address _____ # Employees _____

Section 5 – Business Debt

Please fill out the attached Notes Payable Schedule. Figures should reconcile with most recent Tax Return or Interim Financial Statement provided to Lender.

Section 6 - Accounts Receivable / Payable Information

If business (or the business/practice being acquired) has accounts receivable/payable, please attach an accounts receivable/payable summary aging report. If not available, complete the schedule below. **If the company has no accounts receivable or payable, check here and proceed to the next section.**

Does any customer make up more than 10% of the accounts receivable? <input type="checkbox"/> Yes <input type="checkbox"/> No		Does any supplier make up more than 10% of the accounts payable? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Days Outstanding	0 - 30	31 - 59	60 - 89	90 - 119	120 and Over
Accounts Receivable	\$	\$	\$	\$	\$
Accounts Payable	\$	\$	\$	\$	\$

Figures should reconcile with most recent Tax Return or Interim Financial Statement provided to Lender

Section 7 - References and Professional Services

Bank Reference:

Bank Name: _____ Contact: _____ Phone Number: () - _____
 Address _____ City _____ State _____ Zip Code _____

Professionals: (if currently available)

Accounting Firm: _____ Contact: _____ Phone Number: () - _____
 Attorney: _____ Contact: _____ Phone Number: () - _____

Section 8 – Applicant Comments

ADDITIONAL INFORMATION WILL BE REQUIRED TO COMPLETE YOUR LOAN REQUEST

Upon receipt of this application, a CIT Bank representative will contact you to discuss your transaction in further detail. Prior to final review of this application, your representative will request other forms or documents based on your specific loan request.

IMPORTANT NOTICE ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person or entity opening an account or establishing a credit relationship with the financial institution. This requirement applies to CIT Bank. What this means for you: If you are an individual, when you open an account or apply for credit, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may ask to see your driver's license or other identifying documents. If you are a business or entity, we will ask for information about your entity, including its tax identification number, address, and documents evidencing legal incorporation, formation or existence. We may also request information about your owners, directors and executive officers.

DISCLOSURE OF RIGHT TO REQUEST SPECIFIC REASONS FOR CREDIT DENIAL GIVEN AT TIME OF APPLICATION (BUSINESS CREDIT)

If your application for business credit is denied, you have the right to receive a written statement of the specific reasons for the denial. To obtain the statement, please contact CIT Bank, Attn. Chief Credit and Portfolio Officer, 1 CIT Drive, Livingston, New Jersey 07039 at (800) 453-3548 within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement. Applicants are not required to obtain or pay for unwanted services.

NOTICE: The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract), because all or part of the applicant's income derives from any public assistance program, or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is the Federal Deposit Insurance Corporation, Consumer Response Center, 1100 Walnut St, Box #11, Kansas City, MO 64106.

CIT BANK AUTHORIZATION TO RELEASE INFORMATION

In connection with this application for financing (and any update, extension, modification, renewal or review of such financing, if it is granted), each of the undersigned hereby: authorizes CIT Bank and each of its affiliates (collectively, the "Lender") to make all inquiries it deems necessary to verify the accuracy of the information provided herein and to determine my creditworthiness including, without limitation, obtaining consumer and/or business credit reports regarding me or any entity I am affiliated with. Each of the undersigned individuals hereby acknowledges that Lender will obtain a consumer credit report concerning them. The Lender may, at any time in its sole discretion, disclose the status of the proposed financing transaction and the credit data and other information concerning or relating to the undersigned or the proposed financing transaction to the SBA, referral sources, franchisors, vendors, loan participants, other lenders, agents and affiliates of any undersigned or the Lender. The undersigned hereby certify that the enclosed application information, including all attachments, exhibits, schedules, etc., is true, valid, accurate and complete as of the date of this application. The undersigned understand that false statements may result in the denial of the application.

APPLICANT SIGNATURE: _____ **Date** _____

TITLE: _____

Section 1 - General Information

Name First Middle Initial Last

List any previous names, i.e. maiden name, alias, etc. (If additional names, please attach a separate sheet)

Name First Middle Initial Last From: To:

Social Security # Date of Birth Place of Birth (City, State)

Current Address From: To:

City State Zip code

Previous Address (If current < 10 yrs.) From: To:

City State Zip code

Phone Fax Cell Phone

Are you a U.S. Citizen? If No, are you a Lawful Permanent Resident Alien?

Have you, or any officer of your company, ever been involved in bankruptcy or insolvency proceedings?

Have you or your business ever been involved in any lawsuits?

Do you or your spouse or any member of your household... Have you ever been arrested, charged with, convicted of, or placed on pretrial diversion...

Section 2 - Education (Please complete or attach resume.)

Institution/Location From To

Degree Course of Study

Institution/Location From To

Degree Course of Study

Section 3 - Work Experience (Last 5 years, if applicable. Please complete or attach resume)

Company Name/Location From To

Title Duties

Company Name/Location From To

Title Duties

Section 4 - Military Service Background (Please complete or attach resume.)

Not applicable Branch From To

Honorable Discharge: Rank Upon Discharge Grade

Section 5 - Previous SBA or Federal Government Debt (Requested or received. Attach a separate sheet if needed.)

Not applicable

Federal Agency Date of Loan or Application Original Loan Amount Current Balance

Section 6 - Financial Information (If married include all individual and joint assets, liabilities, and income)

ASSETS		LIABILITIES	
Cash	\$	Credit Cards and Accounts Payable	\$
Savings/Checking Accounts	\$	Unpaid Taxes	\$
Securities: Stocks, Bonds,	\$	Margin Accounts ¹	\$
Cash Value Life Insurance	\$	Loans Against Life Insurance	\$
Vehicles (all)	\$	Vehicle Loan Balances (all)	\$
IRA and 401k (all)	\$	Student Loan Balances (all)	\$
Household Goods	\$	Installment Loan Balances (all)	\$
Accounts and Notes Receivable	\$	Notes Payable to Banks and Others ²	\$
Other:	\$	Other:	\$

INCOME		Monthly	
Salary	\$	Investment Income	\$
Spouse Salary	\$	Other:	\$
Rental Income	\$	Other:	\$
EXPENSES		Monthly	
Vehicle Loan Payments (all)	\$	Insurances (all)	\$
Student Loan Payments (all)	\$	Medical Expenses (3yr. Average)	\$
Installment Loan Payments	\$	Property Taxes	\$
Rent Expense or Condo Fee	\$	Child Care	\$
Utilities	\$	Other:	\$

Describe other assets: _____

Describe other liabilities: _____
 Other liabilities may include but may not be limited to items such as: loans you have endorsed, guaranteed, or co-signed; legal claims/judgments, etc....

Have you, or any business controlled by you ever had a loan or lease with CIT? Yes No

Number of members in household including self, spouse (if applicable), and all dependents _____

¹ Please attach appropriate account statements for securities summarized above.

² Please provide details of Notes Payable to Banks and Others below.

Notes Payable to Banks and Others (If additional Notes, please attach a separate sheet)

Lender	Original Amount	Current Balance	Monthly Payment	Collateral	Pmt Frequency
	\$	\$	\$		_____
	\$	\$	\$		_____
	\$	\$	\$		_____

Section 7 - Real Estate Holdings (If additional properties are owned, please attach a separate sheet)

Property Type	Property 1 _____		Property 2 _____		Property 3 _____	
Address						
Owner of Record						
Date Purchased						
Original Cost	\$		\$		\$	
Current Value	\$		\$		\$	
	1st Mortgage	2nd Mortgage	1st Mortgage	2nd Mortgage	1st Mortgage	2nd Mortgage
Mortgage Holder						
Mortgage Balance	\$	\$	\$	\$	\$	\$
Mortgage Payment	\$	\$	\$	\$	\$	\$
Mortgage Status	<input type="checkbox"/> Current <input type="checkbox"/> Past Due	<input type="checkbox"/> Current <input type="checkbox"/> Past Due	<input type="checkbox"/> Current <input type="checkbox"/> Past Due	<input type="checkbox"/> Current <input type="checkbox"/> Past Due	<input type="checkbox"/> Current <input type="checkbox"/> Past Due	<input type="checkbox"/> Current <input type="checkbox"/> Past Due

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In connection with this application for financing (and any update, extension, modification, renewal or review of such financing, if it is granted), each of the undersigned hereby authorizes CIT Bank and each of its affiliates (collectively, the "Lender") to make all inquiries it deems necessary to verify the accuracy of the information provided herein and to determine my creditworthiness including, without limitation, obtaining consumer and/or business credit reports regarding me or any entity I am affiliated with. Each of the undersigned individuals hereby acknowledges that Lender will obtain a consumer credit report concerning them. The Lender may, at any time in its sole discretion, disclose the status of the proposed financing transaction and the credit data and other information concerning or relating to the undersigned or the proposed financing transaction to the SBA, referral sources, franchisors, vendors, loan participants, other lenders, agents and affiliates of any undersigned or the Lender. The undersigned hereby certify that the enclosed application information, including all attachments, exhibits, schedules, etc., is true, valid, accurate and complete as of the date of this application. The undersigned understands that false statements may result in the denial of the application.

APPLICANT SIGNATURE: _____

DATE: _____

SPOUSE SIGNATURE: _____

DATE: _____

SPOUSE NAME: _____

SPOUSE SOCIAL SECURITY #: _____ *For your security, please complete by hand*

(Spousal signature and Social Security number required to verify combined assets & liabilities as specified by community property laws)

This form is an integral part of the CIT Bank Business Loan Application and should be completed by each owner, partner, or stockholder with 20% or more ownership in Applicant Company and any person or entity providing a guaranty of the loan.

