

Calvert Economic Development Loan Fund Application

(410) 535-4583

FAX: (410) 535-4585

-
1. Business Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Contact Person: _____ Title: _____
Name of Bank: _____

Please provide names and phone numbers for the following contacts:

	Name	Phone Number
Banker		
Accountant		
Attorney		

2. Amount Requested: \$ _____ Term: _____ months
Purpose of request:

3. Please give a description of the following: (a) the total funding requirement, (b) anticipated sources of the total funding need, (c) a breakdown of how the total proceeds will be used and (d) source of repayment.

4. Please check one:

Sole Proprietor Partnership Corporation Limited Liability Corp.

Please provide a brief history and description of the business:

5. Please provide the following information on all owners, officers, directors, and any other parties with an ownership interest of 20% or more.

Name and S.S. #	Address	Office Held	% Ownership

6. Please provide the following information on primary credit suppliers and other important creditors.

Name	Contact	Address	Phone #

7. Please list collateral/guarantees offered.

Description	Estimated Value	Validation Date

8. Please include the following information with this application:
- a. Completed personal financial statement.
 - b. Two (2) years personal tax returns.
 - c. Two (2) years tax returns and financial statements for the business.
 - d. Current business plan with two (2) year projection.

The applicant represents an understanding of the conditions of this application, that there is no guarantee of approval, and that all statements and information furnished with this application or on supporting documents, is true and correct to the best of his/her knowledge and belief.

All information in this application and in the attached exhibits is true and complete to the best of my knowledge, information, and belief. I agree to pay for the cost of any surveys, title or mortgage examinations, credit reports, lien searches, appraisals, etc., that are necessary for consideration of this application. I hereby authorize the Fund and all participating lenders involved in the financing of this project to freely, and without further authorization and consent, exchange any and all financial information provided in connection with this application and the processing of this loan request.

I hereby authorize the Calvert Economic Development Loan Fund use of the names of the principals and/or the name of the business in publicity regarding the Fund, without disclosing any proprietary information.

IN WITNESS THEREOF, the undersigned, being duly authorized to do so, have/has signed this application.

Date: _____

Business Name: _____

By: _____

Title: _____

<ul style="list-style-type: none"><input type="checkbox"/> Meeting, seminar or presentation<input type="checkbox"/> Newspaper article<input type="checkbox"/> TV or radio<input type="checkbox"/> Bank referral<input type="checkbox"/> Other
