

SMALL BUSINESS CAPITAL FUND OF MS, INC.

CLIENT APPLICATION

This program is open to small businesses located in Mississippi.

The following information is required for initial processing of your application for participation in the Small Business Capital Fund of MS, Inc. program. Accurate and complete answers are important, since this application will be used as a basis for providing services. Any documents submitted will become the property of SBCF and will not be returned, whether or not the loan is approved.

Name of Business:	Business Phone:
	Home Phone:

Address: Street:	City:	County:	State:	Zip Code	39212
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Date Established:	Type of Business:
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Business ID No.	Business Owner's Social Security Number:	_____
	Co-Applicant's/Spouse's Social Security No.	_____

Name of Business Owner:	Last	First	MI
Business Owner's Date of Birth:	_____	Co-Applicant/Spouse Date of Birth:	_____
	Mo. Day Year		Mo. Day Year

Amount of Loan Request: \$	_____
Purpose of Loan Request	_____
Terms of Loan	_____

A. Company History

1. What is the Company's product or services? _____
2. How many employees work full time? _____
3. How many paid employees work part-time? _____
4. How many new jobs will be created? _____
5. Is this a minority company? _____ Yes No

B. Management

1. List the managers of the company, including job title and job description

Name (Last, First, MI)	Title	Job Description

C. Miscellaneous

1. List the banks or other financials institutes with which the company has outstanding loans or checking accounts:

a. _____	c. _____
b. _____	d. _____

D. Ownership

1. Indicate whether the company is a corporation, partnership, or proprietorship:

2. If the company is a corporation, list all stock holders and the percentage of stock which each owns

Name	% Total Stock	Name	% Total Stock

3. If the company is a partnership, list all the partners and the percentage of the company which each owns

Name	% of Company	Name	% of Company

4. Has this company or principals ever been declared bankrupt or had a judgment awarded against (it/them) for non-payment or loan delinquency?

_____ Yes _____ No If yes, please explain _____

5. Have you or any principals of the company every been convicted of any crime?

_____ Yes _____ No If yes, please explain _____

E. Project Financing

1. Has applicant sought financing through conventional means?

_____ Yes _____ No

2. If the answer to item "1" is yes please state results:

F. What collateral will be pledged to secure this loan?

G. Use of proceeds:

Land Acquisition	\$	Building Acquisition	\$	Machinery	
Equipment	\$	Leasehold Improvement	\$	Furniture/Fixture	
Renovations	\$	Construction	\$	Working Capital	
Inventory	\$	Miscellaneous/Other	\$	Total: \$	

The following items must be provided as part of the application package

📎 Business Plan which includes a narrative of the company, marketing strategy and cash flow projections

📎 Current Personal Financial Statement

📎 Business Financial Statements for the last two years, as well as interim financial statements for the current year

📎 Resume of the Principal(s)

It is hereby understood that the Small Business Capital Fund of MS, Inc. office may contact local credit bureaus and others in its assessment of the applicant's credit reference.

Applicant's Signature/Date

Co-Applicant's Signature/Date

Loan Processing Fees:

\$150.00 Non-refundable Application Fee (\$100.00 of which is due upon submission of the loan application and the balance is due at closing)

2% Origination Fee which is due at Closing

**SMALL BUSINESS CAPITAL FUND OF MS, INC.
PERSONAL FINANCIAL STATEMENT**

Complete this form: (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 for voting stock and each corporate officer and director, or (4) any other person or entity providing a guaranty on the loan

Name:		Business Phone:	
Residence Address:		Residence Phone:	
City, State, Zip Code			
Business Name of Applicant/Borrower			

ASSETS (omit cents)	LIABILITIES (omit cents)
Cash on hand & in Banks _____	Accounts Payable _____
Saving Account _____	Notes Payable to Banks & _____
IRA or other Retirement Accounts _____	Others (Describe in Section 2) _____
Accounts & Notes Receivable _____	Installment Account (Auto) _____
Life Insurance Cash Surrender _____	Monthly Payments _____
Value Only (Complete Section 8) _____	Installment Account (other) _____
Stocks and Bonds _____	Monthly Payments _____
(Describe in Section 4) _____	
Real Estate _____	Loan on Life Insurance _____
(Describe in Section 4) _____	Mortgages on Real Estate _____
Automobile – Present Value _____	(Describe in Section 5) _____
Other Personal Property _____	Unpaid Taxes _____
(Describe in Section 5) _____	(Describe in Section 5) _____
Other Assets _____	Other Liabilities _____
(Describe in Section 5) _____	(Describe in Section 7) _____
	Total Liabilities _____
	Net Worth (Assets minus Liabilities) _____
TOTAL* _____	TOTAL* (Liabilities plus Net Worth) _____
	*Must equal

Section 1. Source of Income	Contingent Liabilities
Salary _____	As Endorser or Co-Maker _____
Net Investment Income _____	Legal Claim & Judgments _____
Real Estate Income _____	Provision of Federal Income Tax _____
Other Income (Describe below)* _____	Other Special Debt _____

*Description of Other Income in Section 1.

Alimony or child support payments need not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income.

Section 2. Notes payable to Bank and Others (Use attachments if necessary. Each attachment must be identified as part of this statement and signed.

Name & Address of Note Holder	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	How secured or Endorsed Type of Collateral

Section 3. Stocks and Bonds					
Number of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value
Section 4. Real Estate Owned. (List each parcel separately. Use attachments if necessary. Each attachment must be identified as part of this statement and signed.)					
	Property A	Property B	Property C		
Type of Property					
Name and address of Title Holder					
Date Purchased					
Original Cost					
Present Market Value					
Name and address of Mortgage Holder					
Mortgage Account Number					
Mortgage Balance					
Amount of Payment per Month/Year					
Status of Mortgage					
Section 5. Other Personal Property and Other Assets. (Describe, and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment, and if delinquent, describe delinquency.)					
Section 6. Unpaid taxes. (Describe in detail, as to type, to whom payable, when due, amount and to what property, if any, tax lien is attached.)					
Section 7. Other liabilities. (Describe in detail).					
Section 8. Life Insurance Held. (Give face amount and cash surrender value of policies – name of insurance company and beneficiaries).					

I authorize Small Business Capital Fund of MS, Inc to make inquiries as necessary to verify the accuracy of the statements made and to determine my credit worthiness. I certify that the above and the statements contained in the attachment 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. I understand FALSE statements may result in forfeiture of benefits and possible prosecution by the U.S. Attorney General (Rel. 18U.S.C. 1001).

Signature _____ Date _____ SSN _____