



<b>Borrower Name:</b>						
<b>Business Name:</b>						
<b>Business Address:</b>						
<b>Business Website:</b>						
<b>Type of Business:</b>						
<b>Business Location:</b>	<input type="checkbox"/>	RESIDENTIAL	<input type="checkbox"/>	COMMERCIAL		
<b># of Locations:</b>						
<b># of Employees:</b>	<input type="checkbox"/>	0 Employees	<input type="checkbox"/>	1-5 Employees	<input type="checkbox"/>	>5 Employees
<b>Business Provides:</b>	<input type="checkbox"/>	Products	<input type="checkbox"/>	Service	<input type="checkbox"/>	Both
<b>Ownership %age:</b>						
<b>Additional Owner(s) &amp; ownership %age:</b>						
<b>Description of Business Operation, Income Types, and Sources (in detail):</b>						
<b>Additional Notes:</b>						

<b>Date Completed:</b>	
<b>Completed By:</b>	
<b>Phone #:</b>	
<b>E-mail:</b>	
<b>Borrower Signature:</b>	