

CASCADES WEST FINANCIAL SERVICES, INC.

504 APPLICATION

COMPANY INFORMATION

Company name _____

Address _____ City _____ State _____ Zip _____

Principal in charge _____ Phone () _____ Fax () _____

Secondary contact person _____ Phone () _____ Fax () _____
(IN-HOUSE CONTROLLER OR BOOKEEPER)

Type of business _____ Date established _____

Type of entity (check one): Proprietorship Partnership Corporation LLC

COMPANY OWNERSHIP

Name _____ Title _____ % of Ownership _____

Name _____ Title _____ % of Ownership _____

Name _____ Title _____ % of Ownership _____

AFFILIATE BUSINESSES (IF APPLICABLE)

Name _____ Owner _____ % of Ownership _____
(APPLICANT COMPANY OR INDIVIDUALS)

Name _____ Owner _____ % of Ownership _____
(APPLICANT COMPANY OR INDIVIDUALS)

If a corporation, please indicate who is President and Secretary

EXISTING BUSINESS LOCATIONS

Address _____ Square feet _____ Lease payment _____ Lease expiration _____
Replaced by new facility? _____

Address _____ Square feet _____ Lease payment _____ Lease expiration _____
Replaced by new facility? _____

REFERENCES

Bank name _____ Acct. no. _____ Acct. officer _____ Phone _____

Accountant _____ Firm name _____ Phone _____

Attorney _____ Firm name _____ Phone _____

Trade references _____ Contact Person _____ Phone _____

NATURE OF YOUR BUSINESS

Nature of your business _____

Type of products or services (include any catalogs or brochures) _____

Geographic market area _____

List key customers _____

List major competitors _____

PROJECT INFORMATION

Street address of project _____

City _____ State _____ Zip _____ County _____

What is the square footage of the new building? _____ What is the square footage your company will occupy? _____

* Please note -- We require your company to occupy 51% of an existing building and 60% of a new building.

Escrow closing date _____ Realtor's name _____ Phone _____

If known, how will the property be vested (i.e. individually, husband and wife, partnership, LLC, corporation, trust ...) _____

Please provide appropriate document (i.e. Partnership Agreement, LLC documents, Articles of Incorporation, Trust Agreement ...)

TOTAL PROJECT COSTS

Purchase existing building

Purchase price \$ _____

Improvements \$ _____

Equipment* \$ _____

Other \$ _____

Total \$ _____

Construction Project

Land acquisition \$ _____

Construction bid \$ _____

Architects, permits, other soft costs \$ _____

Equipment* \$ _____

Other \$ _____

Total \$ _____

* Please note -- equipment to be financed must have a useful life of 10 years or greater.

If there are any tenants that will remain in the building, please provide the following information: Also, please have your realtor provide copies of all existing leases.

TENANT NAME	SQUARE FOOTAGE	LEASE EXPIRATION	RENT AMOUNT

BUSINESS DEBT SCHEDULE

Indebtedness: Furnish the following information on all installment debts, contracts, notes, and mortgages payable. Do not include accounts payable or accrued liabilities.

Company Name _____

Date _____*

CREDITOR NAME/ADDRESS	ORIGINAL AMOUNT	ORIGINAL DATE	PRESENT BALANCE	INTEREST RATE	MATURITY DATE	MONTHLY PAYMENT	SECURITY	CURRENT OR DELINQUENT
Total present balance**				Total monthly payment				

* Should be the same date as current financial statement.

** Total must agree with balance shown on current financial statement.

EMPLOYEE QUESTIONNAIRE

Number of current employees _____

Estimated number of new employees within the next two years as a result of this project _____

Key employees

NAME	TITLE	RESPONSIBILITIES	YEARS WITH COMPANY	YEARS IN THE INDUSTRY

MISCELLANEOUS QUESTIONS

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

Are you or your business involved in any pending or prior lawsuits? _____ *If yes, please provide details on a separate sheet.*

Have you ever received a SBA loan? _____ *If yes, please provide a copy of the SBA Loan Authorization Document and the following:*

Original Amount \$ _____ Date of the loan _____

Current Balance \$ _____ Status _____

CHECKLIST

Business Information

<input type="checkbox"/>	Business financial statements for the last three years
<input type="checkbox"/>	Projections (if business is less than three years old)
<input type="checkbox"/>	Interim financial statement dated within the last 45 days
<input type="checkbox"/>	Business debt schedule (form attached)
<input type="checkbox"/>	Federal tax returns for the last three years
<input type="checkbox"/>	Articles of Incorporation, Amendments thereto, and By-Laws (if corporation)
<input type="checkbox"/>	Articles of Organization and Operating Agreement (if LLC)
<input type="checkbox"/>	Partnership Agreement (if partnership)
<input type="checkbox"/>	Business License <i>and</i> Fictitious Business Name Statement ((if proprietorship)
<input type="checkbox"/>	Franchise Agreement

Personal information (for each owner of 20% or greater)

<input type="checkbox"/>	Personal tax returns for the last three years
<input type="checkbox"/>	Personal resume (form attached)
<input type="checkbox"/>	Personal financial statement (form attached)
<input type="checkbox"/>	Photocopy of driver's license/I.D. card

Real estate information

<input type="checkbox"/>	Real Estate Purchase Agreement or settlement sheet
<input type="checkbox"/>	Construction cost budget and/or equipment invoices
<input type="checkbox"/>	Existing environmental studies

AUTHORIZATION TO RELEASE INFORMATION

I/We hereby authorize the release to Cascades West Financial Services, Inc. of any information they may require at any time for any purpose related to my/our credit transaction with them.

I/We further authorize Cascades West Financial Services, Inc. to release such information to any entity they deem necessary for any purpose related to my/our credit transaction with them.

I/We hereby certify that the enclosed information, including any attachments or exhibits provided here within or at a later date, is valid and correct to the best of my/our knowledge.

Name of applicant(s) _____

Signature of applicant(s) _____ Date _____

Name of applicant(s) _____

Signature of applicant(s) _____ Date _____