Capital Matrix SBA 504 Application

Company Information

0	Business Name:
0	Primary Contact Name (First, Middle, Last):
0	Phone Number:
0	Email Address:
0	Secondary Contact Name (First, Middle, Last):
0	Phone Number:
0	Email Address:
0	Business Federal Tax ID or SSN:
0	Business Street Address:
0	Business City:
0	Business County:
0	Business State:



• Entity Type:

Proprietorship
Partnership
LLC
Corporation
Other

- Date Established (MM/DD/YYYY):
- Number of Full-Time Employees:
- How will this project benefit your company?
- Does the business currently own or lease?
- What are the monthly rent payments?
- What will the loan funds be used for?

Purchase Building
Purchase Land & Construct building
Remodel Building
Purchase Equipment
Refinance Existing Debt



•	Will the new facility replace the current facility?
•	What is the square footage of your current building?

• If so, how many new jobs will be created in the next 2 years?

• What is the square footage of the project building?

• Describe the type of business you are in:



•	Describe the type of products or services offered:
•	Describe the geographic market area served by your company:
•	What is your outlook concerning your business's industry?
•	What primary markets use your products or services?

•	List key customers:
•	List major competitors:
•	List major suppliers:
•	Describe your company's future plans and growth strategy:
•	What advantages do you have over your competition?

Ownership

•	Name(First, Middle, Last):	
	Job Title:	
	Percentage Owned:	
	Responsibilities:	
	Years with the company:	
•	Name2(First, Middle, Last):	
	Job Title:	
	Percentage Owned:	
	Responsibilities:	
	Years with the company:	*Duine (() - 1
		*Print twice if 3 or more owners





Company Declarations

•	Does your business, its owne	rs, or it	s majority	stockholders	have a controlling interes	t in other
	businesses?					

- Do you buy from, sell to, or use the services of any concern in which someone in your company has a significant financial interest?
- Is your business a franchise? If yes, which franchise?
- Does your business presently engage in or plan to engage in export trade?



References

	<u>references</u>
•	Bank Name:
	o Contact Name:
	o Phone Number:
•	Accountant/Firm:
	o Phone Number:
•	Attorney/Firm:
	o Phone Number:



Prior/Current SBA/Government Debt

•	Agency:
•	Loan Number:
•	Borrower Name:
•	Original Amount:
•	Current Balance:
•	Interest Rate:
•	Government Loss (if any):



Project Financing – Please identify use of proceeds:

- Real estate (land & building):
- New construction/expansion/repair:
- Acquisition/repair of machinery and equipment:
- Inventory purchasing:
- Workingcapital(includingloanfees):
- Acquisition of an existing business:
- SBA loan payoff amount:
- Bank debt payoff amount:
- All other debt payoff amount:
- What is the total financing amount you are seeking?
- What is your desired loan term (in years)?

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Business Debt Schedule



Inde Do r	Indebtedness: Furnish the following information on all installment debts, contracts, notes, and mortgages payable. Do not include accounts payable or accrued liabilities.						
Date	Date:						
	Creditor Name/Address	Original Amount	Original Date	Present Balance	Interest Rate	Maturity Date	Monthly Payment
	·	1					

Name/Address	Original Amount	Original Date	Present Balance	Rate	Maturity Date	Monthly Payment	Security	Current Y/N
					12			
	Total Pre	sent Balance:**		Total Mon	thly Payment:			

^{**} Total must agree with balance shown on current business financial statement.