



179 Sully's Trail, Suite 305  
 Pittsford, New York 14534  
 (585) 348-9794

For Office Use Only:  
 Client Account Number \_\_\_\_\_  
 Client Credit Score \_\_\_\_\_  
 Quality Control Verification \_\_\_\_\_

### BUSINESS CREDIT APPLICATION

LEGAL NAME OF APPLICANT	
Legal Name	
DBA Name (if applicable)	

LOAN REQUEST			
Loan Product	Amount Requested	Term Requested (Mos.)	Business Purpose
Business Term Loan			
Equipment Financing			
Working Capital			

BUSINESS INFORMATION				
Business Legal Name				Tax ID
Business Address		City	State	Zip Code
Business Phone		Fax	e-mail	
Is this an MWBE Business?				
Date Business Established (Month/Year)			Present Ownership Since (Month/Year)	
Current Number of Employees			Proposed Number of Employees – 3 years	
Annual Gross Sales (last fiscal year)				
Business Structure				
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> General Partnership	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> C Corporation	
<input type="checkbox"/> S Corporation	<input type="checkbox"/> Professional Corporation	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Other	
Nature of Business				
<input type="checkbox"/> Manufacturing	<input type="checkbox"/> General Partnership	<input type="checkbox"/> Professionals	<input type="checkbox"/> Real Estate	
<input type="checkbox"/> Wholesale	<input type="checkbox"/> Financial	<input type="checkbox"/> Transportation	<input type="checkbox"/> Other	

BUSINESS DEPOSIT ACCOUNTS			
Financial Institution	Account Type	Current Balance	Estimated Avg. Balance
		\$	\$
		\$	\$
		\$	\$

BUSINESS DEBTS						
Name of Creditor	Loan Type (Term, Line, etc.)	Limit or Original Amount	Current Balance	Monthly Payment	Pmnt Type (P&I, Int. only, etc.)	Maturity Date
		\$	\$	\$		
		\$	\$	\$		
		\$	\$	\$		

Please provide the following for all owners/principals (attach additional as necessary)				
Owner/Principal Name				
Home Address		City	State	Zip Code
Home Phone		Social Security Number		Date of Birth
Percent Ownership		Number of Years	Title/Position	
Net Worth		Monthly Gross Salary		Monthly Mortgage/Rent
Other Monthly Debt Payments				

**PLEASE PROVIDE THE FOLLOWING FOR ALL OWNERS/PRINCIPALS (attach additional sheets as necessary)**

Owner/Principal Name			
Home Address	City	State	Zip Code
Home Phone	Social Security Number	Date of Birth	
Percent Ownership	Number of Years	Title/Position	
Net Worth	Monthly Gross Salary	Monthly Mortgage/Rent	
Other Monthly Debt Payments			

**PLEASE PROVIDE THE FOLLOWING INFORMATION**

Has the business ever declared bankruptcy?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, (Chapter)	Date of Filing
Has any principal/owner ever declared bankruptcy?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, (Name & Chapter below)	Date of Filing
Is there any pending legal action against the business or any principal/owner?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (Explain below)	
Are there delinquent taxes owed by the business of any principal/owner?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (Explain below)	
Is the business or any principal/owner contingently liable for any debts?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (Explain below)	
Is the business for sale or under agreement that would change the ownership?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (Explain below)	
Does any one customer represent more than 10% of annual sales?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (Customer Name and Percent of Annual Sales)	
Has the business incurred an operating loss in the past three years?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (Explain below)	

**PLEASE INCLUDE COPIES OF THE FOLLOWING WITH YOU APPLICATION**

- Past two years of signed business tax returns or business financial statements and current business projections.
- Most recent year signed personal tax return for each owner, including all schedules, K-1's, and W-2's.
- Current Personal Financial Statement for each business owner
- Copy of Business Filing Certificate

By signing and submitting this application, the business or principal/owner represents and agrees, personally and on behalf of the company, as follows: The undersigned certifies that the current information and attached financial statements are, and those submitted in the future will be, true and complete. The undersigned also certifies that the full loan proceeds will be used exclusively for business related purposes. The Venture Jobs Foundation is authorized to make inquiries and obtain information on both the business and its owners from any business creditor, consumer creditor, or other sources that the Foundation feels necessary to process this application. Subsequent credit reports may be requested or utilized in connection with an update, renewal, or extension of existing or future extensions of credit. The Foundation will not share the Applicant's confidential financial information with any outside parties. If the undersigned asks, the Foundation will tell the undersigned the name and address of the Credit Bureau from which the Fund obtains a credit report on the undersigned and the specific reasons for credit denial if this application is denied. Each source of financial information is authorized to provide the Foundation with requested information. It is further agreed that the Foundation will be promptly notified of any material changes in the above information.

Business Name \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_