

Commercial Loan Application



A. BORROWER INFORMATION

Borrower's Name: _____

Borrower's Address: _____

Borrower's Tel. No: _____ Fax No. _____

Is Borrower: Proprietorship Partnership Corporation
 Sub-S Trust Other: _____

Fiscal Year-End of Borrower: _____

Borrower's Accountant: _____

Borrower's Attorney: _____

Borrower's Insurance Agent: _____

Amount Requested: _____

Term Requested: _____

Collateral for Loan: _____

Nature of Business: _____

Purpose of Loan: _____

How Will Borrower Repay Loan: _____

For Internal Use Only

Loan# _____

A/O/I/R C L

Commercial Loan Application

B. COMPANY INFORMATION

Owners: Shareholder Beneficiaries Partners Other _____

Name(s)	Address	Social Security Number	Percent Ownership

Management: General Partner(s) Trustees Corporate Officers Other _____

Name	Title

References: Bank Trade Customers Other _____

Name	Address City/State	Tel. No.	Fax. No.

Miscellaneous:

- Is Borrower an endorser, endorser, guarantor, or co-maker for other obligations? Yes No
- Is the Borrower a party to any claim or lawsuit? Yes No
- Has the Borrower or anyone affiliated with the Borrower ever declared bankruptcy? Yes No
- Has the Borrower or anyone affiliated with the Borrower ever release property in lien of bankruptcy? Yes No

Please provide the following information when submitting application:

- Last two Fiscal year financial statements of Borrower. Interim Statements if available.
- Signed Federal and State Tax Returns for the past two (2) years and signed current financial statement of Borrower and Guarantors of the proposed obligation.

The undersigned certifies that the statements are true, correct, and complete. New Boston Capital Corporation is authorized to make inquiries and gather all information that New Boston Capital Corporation feels is necessary and reasonable concerning statements made on this application. It is further agreed that New Boston Capital Corporation will be promptly notified of any material changes in the above information. The undersigned understands that New Boston Capital Corporation's credit approval is subject to verification and investigation. The undersigned authorizes New Boston Capital Corporation to obtain and release credit information in connection with this statement and with respect to any extension of credit as considered.

Borrower (Business) Name: _____

By: _____
Signature Date Title

By: _____
Signature Date Title

Personal Financial Statement



PERSONAL INFORMATION					
APPLICANT (NAME)			CO-APPLICANT (NAME)		
Employer			Employer		
Address of Employer			Address of Employer		
Business Phone No.	No. of Years with Employer	Title/Position	Business Phone No.	No. of Years with Employer	Title/Position
Name of previous employer & Position (if with current employer less than 3 yrs.)		No. of Yrs.	Name of previous employer & Position (if with current employer less than 3 yrs.)		No. of Yrs
Home Address			Home Address		
Home Phone No.	Social Security No.	Date of Birth	Home Phone No.	Social Security No.	Date of Birth
Name, Phone No. of your Accountant			Name, Phone No. of your Accountant		
Name, Phone No. of your Attorney			Name, Phone No. of your Attorney		
Name, Phone No. of your Investment Advisor/Broker			Name, Phone No. of your Investment Advisor/Broker		
Name, Phone No. of your Insurance Advisor			Name, Phone No. of your Insurance Advisor		

Cash Income & Expenditures Statement For Year ended _____ (Omit cents)

ANNUAL INCOME	AMOUNT \$
Salary (applicant)	\$
Salary (co-applicant)	
Bonuses & Commissions (applicant)	
Bonuses & Commissions (co-applicant)	
Rental Income	
Interest Income	
Dividend Income	
Capital Gains	
Partnership Income	
Other Investment Income	
Other Investment (List)**	
Total Expenditures	\$

ANNUAL EXPENDITURES	AMOUNT \$
Federal Income and Other Taxes	\$
State Income and Other Taxes	
Rental Payments, Co-op, or Condo Maintenance	
Mortgage Payments	Residential
	Investment
Property Taxes	Residential
	Investment
Interest & Principal Payments on Loans	
Insurance	
Investments (including tax shelters)	
Alimony/Child Support	
Tuition	
Other Living Expenses	
Medical Expenses	
Other Expenses (List)	
Total Expenditures	\$

Personal Financial Statement

Balance Sheet as of _____

ASSETS	AMOUNT(S)	LIABILITIES	AMOUNT(S)
Cash in this Bank	\$	Notes Payable to this Bank	
(Including money market accounts, CDs)		Secured	
Cash in other institutions (List)		Unsecured	
(Including money market accounts, CDs)		Notes Payable to Other (Schedule E)	
		Secured	
		Unsecured	
		Accounts Payable (including credit cards)	
		Margin Accounts	
Readily Marketable Securities (Schedule A)		Notes Due: Partnership (Schedule D)	
Non-readily marketable Securities (Schedule A)		Taxes Payable	
Accounts and Notes Receivable		Mortgage Debt (Schedule D)	
Net Cash Surrender Value of Life Insurance (Schedule B)		Life Insurance Loans (Schedule B)	
Residential Real Estate (Schedule C)		Other Liabilities (List):	
Real Estate Investments (Schedule C)			
Partnerships/PC Interests (Schedule D)			
IRA, Keogh, Profit-Sharing & Other Vested Retirement Accts.			
Deferred Income (number of years deferred _____)			
Personal Property (including automobiles)			
Other Assets (List):		Total Liabilities	
		Net Worth	
	\$		\$

CONTINGENT LIABILITIES	YES	NO	
Are you a guarantor, co-maker, or endorser for any debt of an individual, corporation, or partnership?			\$
Do you have any outstanding letters of credit or surety bonds?			
Are there any suits or legal actions pending against you?			
Are you contingently liable on any lease or contract?			
Are any of your tax obligations past due?			
What would be your total estimated tax liability if you were to sell your major assets?			
If yes for any of the above, give details:			

Personal Financial Statement

Balance Sheet Supporting Schedule

Schedule A - All Securities (including non-money mutual funds)								
No. of Shares (Stock) or Face Value Bonds	DESCRIPTION	OWNER(S)	WHERE HELD	COST	CURRENT MARKET VALUE	PLEDGES		
						YES	NO	
Readily Marketable Securities (Including U.S. Governments and Municipals)*								
Non-Readily Marketable Securities (closely held, thinly traded, or restricted stock)								

Life Insurance (use additional sheet if necessary)							
Insurance Company	Face Amount of Policy	Type of Policy	Beneficiary	Cash Surrender Value	Amount Borrowed	Ownership	

Disability Insurance	Applicant	Co-Applicant
Monthly Distribution if Disabled		
Number of Years Covered		

Schedule C - Personal Residence & Real Estate Investments, Mortgage Debt (majority ownership only)									
PERSONAL RESIDENCE Property Address	Legal Ownership	Purchase		Market Value	Present Loan Balance	Interest Rate	Loan Maturity Date	Monthly Payment	Lender
		Year	Price						
INVESTMENT Property Address	Legal Ownership	Purchase		Market Value	Present Loan Balance	Interest Rate	Loan Maturity Date	Monthly Payment	Lender
		Year	Price						

Schedule D - Partnerships (less than majority ownership of real estate partnerships)*						
Type of Investment	Date of Initial Investment	Cost	Percent Owned	Current Market Value	Balance Due on Partnerships: Notes, Cash Call	First Contribution Date
Business/Professional (Include name):						
Investments (Including Tax Shelters):						

*Note: For investments, which represent a material portion of your total assets, please include the relevant financial statements or tax returns, or in the case of partnership investments or S-corporations, schedule K-1s.

Schedule E - Notes Payable								
Due to	Type of Facility	Amount of Line	Secured		Collateral	Interest Rate	Maturity	Unpaid Balance
			Yes	No				

Personal Financial Statement

Please Answer The Following Questions:

- | | | | |
|---|--|-----|----|
| 1 | Income Tax returns filed through (date): _____ / _____ / _____
Are you returns currently being audited or contested?
If yes, what year(s)?

_____ | Yes | No |
| 2 | Have (either of) you or any firm in which you were an owner ever declared bankruptcy?
If yes, please provide details:

_____ | Yes | No |
| 3 | Have you drawn a will?
If yes, please furnish the name of executor(s) and year will was drawn:

_____ | | |
| 4 | Number of dependents (excluding self) and relationship to applicant: _____ | | |
| 5 | Have you ever had a financial plan prepared for you? | Yes | No |
| 6 | Did you include two years federal and state tax returns? | Yes | No |
| 7 | Do (either of) you have a line of credit or unused credit facility at any other institution(s)?
If so, please indicate where, how much, and name of banker:

_____ | Yes | No |
| 8 | Do you anticipate any substantial inheritances?
If yes, please explain:

_____ | Yes | No |

Representations and Warranties

The information contained in this statement is provided to induce New Boston Capital Corporation to extend or to continue the extension of credit to the undersigned or to other upon the guarantee of the undersigned. The undersigned acknowledge and understand that you are relying on the information provided herein in deciding to grant or continue credit or to accept a guarantee thereof. Each of the undersigned represents, warrants and certifies that the information provided herein is true, correct and complete. Each of the undersigned agrees to notify you immediately and in writing of any change in name, address, or employment and of any material adverse change (1) in any of the information contained in this statement or (2) in the financial condition of any of the undersigned or (3) in the ability of any of the undersigned to perform its (or their obligations) to you. In absence of such notice or a new and full written statement, this should be considered as a continuing statement and substantially correct.

If the undersigned fail to notify New Boston Capital Corporation as required above, or if any of the information herein should prove to be inaccurate or incomplete in any material respect, you may declare the indebtedness of the undersigned or the indebtedness guaranteed by the undersigned, as the case may be, immediately due and payable. You are to make all inquiries you deem necessary to verify the accuracy of the information contained herein and to determine the credit-worthiness of the undersigned. The undersigned authorize any person or consumer reporting agency to give New Boston Capital Corporation any information it may have on the undersigned. Each of the undersigned authorizes New Boston Capital Corporation to answer questions about New Boston Capital Corporation's credit experience with the undersigned. As long as any obligation or guarantee of the undersigned to New Boston Capital Corporation is outstanding, the undersigned shall supply annually an updated financial statement. This personal financial statement and any other financial or other information that the undersigned gives to New Boston Capital Corporation shall become the property of New Boston Capital Corporation.

Date: _____ / _____ / _____

Your Signature: _____

Date: _____ / _____ / _____

Your Signature: _____

Co-Applicant's Signature (If you are requesting the financial accommodation jointly)

Commercial Loan Check List



Property: _____

Borrower(s): _____

Guarantor(s): _____

A. BORROWER RELATED

Documents	Completed
Completed Loan Application	
Borrower's Financials	
Latest Complete Year and YTD (Company)	
Personal Financials (Individual)	
Financials Guarantor(s)	
Income & Expense (for the last two years)	
Tax Returns, Borrower(s) (the last 2 years)	
Tax Returns, Guarantor(s) (the last 2 years)	

B. PROPERTY RELATED

Documents	Completed
PROFESSIONALS/ CONSULTANTS	
Architect's Name and Contact Info.	
Engineer's Name and Contact Info.	
Consultant's Name and Contact Info.	
LEGAL/ CONTRACTS	
Deed (Copy)	
Description of Property	
Purchase & Sale Agreement	
Title Abstract	
Title Insurance	
Zoning Opinion	
Lien Waivers	
ALTA (Mortgage) Survey	
Construction Contract (AIA)	
Specification Sheet from Builder	
Marketing Contract (Copy)	
PERMITS/ CONTRACTS	
Building Permit	
Foundation Permit	
Approved Subdivision Plan	

Commercial Loan Check List

B. PROPERTY RELATED CONT'D

Documents	Completed
DRAWINGS	
Plot Plans (Copy)	
Architectural Plans (Copy)	
Engineering Plans (Copy)	
Septic Design Plan	
REPORTS	
Engineer's Letter of Title 5 Comp.	
Environmental Reports	
Site Assessment	
Phase I	
Phase II	
Other (if necessary)	
Perc Test	
Soil test	
Wetlands Designations	
Foundation "As Built"	
Foundation Survey Certification	
Lead Paint Report/ Certificate	
Asbestos Report	
Radon Testing	
Well Design	
Well Certification	
Water Purification Certificate	
INSURANCE	
Certificate of Worker's Compensation Insurance <limit>	
Builder's Risk Liability Insurance Certificate	
Engineer's Error's and Omissions (E&O) Insurance(Copy)	
Property Casualty Insurance Certificate	
FINANCIAL	
Disbursements Schedule	
Development Budget	
Construction Budget	
Pro-forma (for the next 12 months)	