



# FINANCING APPLICATION

Revised 8/16

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Business Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Business Structure:  Sole Proprietorship  Partnership  Corporation  LLC  Other: \_\_\_\_\_

Date Incorporated: \_\_\_\_\_ State: \_\_\_\_\_

Type of Business:  Existing  Startup

Social Security #: \_\_\_\_\_ Employer Identification #: \_\_\_\_\_

### INFORMATION FOR STATISTICAL PURPOSES

<b>BUSINESS OWNERSHIP</b> <input type="checkbox"/> Female (100%) <input type="checkbox"/> Female (51%) <input type="checkbox"/> Male (100%) <input type="checkbox"/> Male (51%) <input type="checkbox"/> Male/Female (50/50%)	<b>VETERAN STATUS</b> <input type="checkbox"/> Non Veteran <input type="checkbox"/> Vietnam-Era Veteran <input type="checkbox"/> Other Veteran	<b>RACE / ETHNICITY</b> <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino	<input type="checkbox"/> Puerto Rican <input type="checkbox"/> Pacific Islander or Native Hawaiian <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Other <input type="checkbox"/> Prefer Not to Answer
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Amount Requested: \$ \_\_\_\_\_

#### Use of Funds

Construction: \$ \_\_\_\_\_  
 Purchase of Building: \$ \_\_\_\_\_  
 Machinery & Equipment: \$ \_\_\_\_\_  
 Working Capital: \$ \_\_\_\_\_  
 Inventory: \$ \_\_\_\_\_  
 FF&E: \$ \_\_\_\_\_  
 Build Out: \$ \_\_\_\_\_  
**Total Project Cost** \$ \_\_\_\_\_

#### Source of Funds

Bank Loans (identify below): \$ \_\_\_\_\_  
 Proposed 1-7 Loan/Equity: \$ \_\_\_\_\_  
 Other Private Sources: \$ \_\_\_\_\_  
 Other Public Sources: \$ \_\_\_\_\_  
 Grants: \$ \_\_\_\_\_  
 Applicant Equity (cash): \$ \_\_\_\_\_  
 Other: \$ \_\_\_\_\_  
**Total** \$ \_\_\_\_\_

Have you approached other funding sources?  Yes  No  
 If yes, list agencies/funding institutions: \_\_\_\_\_

#### Summary of Collateral Offered:

	Present Market Value	Balance Owed
A. Real Estate: _____	_____	_____
B. Inventory (At Cost): _____	_____	_____
C. Equipment: _____	_____	_____
D. Accts Rec.: _____	_____	_____
E. Other: _____	_____	_____
F. Other: _____	_____	_____

#### Total Collateral:

Do you have any liens on any of your assets?  Yes  No  
 Explain: \_\_\_\_\_

Briefly describe your existing/start-up business: \_\_\_\_\_

How did you hear about Impact Seven's financing programs? \_\_\_\_\_



## PLEASE USE THIS CHECKLIST

- Complete application and sign where prompted

### >>> PROJECT / BUSINESS

- Provide Business Plan, which should include:
  1. Detailed description of project/business
  2. Management/Owners' Resumes
  3. Location
  4. Competitors
  5. Operating/Management agreement
  6. Third-party market study
  7. Ownership percentages
  8. Three years of financial projections (year one month-to-month)
- If existing business, last three years of income statements and balance sheets, plus a year-to-date
- Project/Business federal tax returns for prior two years
- Dun and Bradstreet number, also known as DUNS Number
- Copy of lease agreement
- Copies of bids, estimates and quotes
- Schedule of Assets (inventory and equipment), and Accounts Receivable and Payable

### >>> PERSONAL

- Federal tax return for prior two years
- Personal financial statement
- Copy of driver's license
- Personal global cash flow statement
- Schedule of all real estate



# DECLARATIONS

1.  **Have**  **Have not** personally, nor has our company, been involved in bankruptcy of insolvency proceedings. If have, provide details; use a separate sheet if necessary.
  
2. Company officers  **have**  **have not** been involved in bankruptcy or insolvency proceedings. If have, provide details; use a separate sheet if necessary.
  
3.  **Have**  **Have not** had any liens or judgments filed against our personal or business assets. If have, provide details and state whether satisfied and dates:
  
4.  **Do**  **Do not** have a 20 percent or more ownership in additional entities. If do, please list; use a separate sheet if necessary.
  
5. The undersigned has applied for a loan from Impact Seven, Inc. dated \_\_\_\_\_ in the amount of \$ \_\_\_\_\_.

Under Federal requirements Impact Seven Inc. is required to gather certain information to be retained in its files. One such certification is the certification that the borrower and principals of any business receiving a loan has not been convicted of a sex offense against a minor. Impact Seven will not grant funding to any borrower of principal of a business that has been convicted of such offense.

For each loan originated by Impact Seven or any of its Affiliates that is funded in whole or in part using certain funds Impact Seven, Inc. must receive and retain a written certification that no principal of such business has been convicted of a sex offense against a minor (as such terms are defined in section 111 of the Sex Offender Registration and Notification Act, 42 U.S.C. § 16911). Impact Seven shall retain all such certifications in accordance with commercially reasonable recordkeeping practices.

By signing this application I certify that the borrower and principals have not been convicted of a sex offense as described in the previous paragraph.

*I authorize investigation of all statements contained herein including from credit bureaus and other relevant agencies and release all parties from liability for any damage that may result from furnishing same to you. I certify that the facts contained in this application are true and complete to the best of my knowledge, and understand that any falsified statements on this application shall be immediate cause for rejection.*

### **ALL SUBMISSIONS MUST BE SIGNED AND DATED BY AUTHORIZED COMPANY REPRESENTATIVES**

Name, Title (printed): \_\_\_\_\_ Name, Title (printed): \_\_\_\_\_

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_

*All borrowers must provide Impact Seven with quarterly and annual financial statements and other items as requested.*

*In accordance with federal law and U.S. Department of the Treasury policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write to Department of the Treasury, Office of Civil Rights and Diversity, 1500 Pennsylvania Ave. NW, Washington, D.C. 20220 or call (202) 622-1160.*



# PERSONAL FINANCIAL STATEMENT

As of \_\_\_\_\_, 20\_\_\_\_\_

*Complete this form if 1) a sole proprietorship by the proprietor; 2) a partnership by each partner; 3) a corporation by each officer and each stakeholder with 20% or more ownership; 4) any other person or entity providing a guaranty on the loan.*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Married:  No  Yes Spouse's Name: \_\_\_\_\_ (spouse must also sign this form)

Residence Phone: ( ) \_\_\_\_\_ Business Phone: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Business Name of Applicant/Borrower: \_\_\_\_\_

ASSETS	Omit cents	LIABILITIES
Cash on hand & in banks: \$ _____		Accounts payable: \$ _____
Savings accounts: \$ _____		Notes payable to bank/others: \$ _____ <small>(Describe in Section 2)</small>
IRA / 401k / 403b: \$ _____		Installment account (auto): \$ _____ <small>Mo. payment \$ _____</small>
Accounts & notes recievable: \$ _____ <small>(Describe in Section 6)</small>		Installment account (other): \$ _____ <small>Mo. payment \$ _____</small>
Life insurance: \$ _____ <small>Face Value: \$ _____ (Cash Value)</small>		Loans on life insurance: \$ _____
Stocks & bonds: \$ _____ <small>(Describe in Section 3)</small>		Mortgages on real estate: \$ _____ <small>(Describe in Section 4)</small>
Real estate: \$ _____ <small>(Describe in Section 4)</small>		Unpaid taxes: \$ _____ <small>(Describe in Section 7)</small>
Automobile - present value: \$ _____		
Other personal property: \$ _____ <small>(Describe in Section 5)</small>		Other liabilities: \$ _____ <small>(Describe in Section 8)</small>
Other assets: \$ _____ <small>(Describe in Section 6)</small>		<b>Total liabilities:</b> \$ _____
<b>Total assets:</b> \$ _____		<b>Net Worth (assets minus liabilities):</b> \$ _____
		<b>Total liabilities + Net Worth:</b> \$ _____

SECTION 1. Source of Income (Annually)	Contingent Liabilities
Salary: \$ _____	As endorser or co-maker: \$ _____
Pension: \$ _____	As personal guarantor: \$ _____
Net (investment income): \$ _____	Legal claims & judgements \$ _____
Real estate income: \$ _____	Provision for fed, income tax \$ _____
Other income, describe: \$ _____	Other special debt, describe: \$ _____
<b>Total:</b> \$ _____	<b>Total:</b> \$ _____

## SECTION 2. Notes Payable to banks, credit card debt, and other financial obligations

Name/Address of Note Holder	Original Balance	Current Balance	Payment Amount	Terms (monthly, etc.)	How Secured or Endorsed, Type of Collateral

**SECTION 3. Other Stocks & Bonds** *Give listed and unlisted stocks & bonds*

Number of Shares	Names of Securities	Cost	Market Value Quotation/Exchange	Date Amount

**SECTION 4. Real Estate Owned** *List each parcel separately*

Address	Type of Property	Title Holder	Date Purchased	Original Cost	Present Value	Monthly Taxes and Insurance	Mortgage Balance	Monthly Payment	Mortgage Current?
									<input type="checkbox"/> YES <input type="checkbox"/> NO
									<input type="checkbox"/> YES <input type="checkbox"/> NO
									<input type="checkbox"/> YES <input type="checkbox"/> NO

**SECTION 5. Other Personal Property** *Describe, and if any is mortgaged, state name and address of mortgage holder and amount of mortgage, terms of payment, and if delinquent, describe delinquency*

**SECTION 6. Other Assets, Notes and Accounts Receivable** *Describe*

**SECTION 7. Unpaid Taxes** *Describe in detail, as to type, to whom payable, when due, amount, and what, if any, property the tax lien attaches*

**SECTION 8. Other Liabilities** *Describe in detail*

**SECTION 9. Life Insurance Held** *Give face amount of policies, name of company and beneficiaries*

*USE SUPPLEMENTAL SHEETS AS NECESSARY.* Each sheet must be identified as a supplement to this statement and signed. Lender is authorized to make all inquiries deemed necessary to verify the accuracy of the statements made herein and to determine my/our creditworthiness. (I) or (We) certify the above and the statements contained in the schedules herein are a true and accurate statement of (my) or (our) financial condition as of the date stated herein.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Signature (spouse) \_\_\_\_\_ Date \_\_\_\_\_

Social Security # \_\_\_\_\_ Social Security # \_\_\_\_\_

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# REQUEST FOR CREDIT HISTORY

## REQUESTOR:

Impact Seven, Inc.  
2961 Decker Drive  
Rice Lake, WI 54868  
Phone: 715-357-3334  
Fax: 715-736-7005

Please furnish a credit report on the following person(s) for the reason stated below:

### Head of Household:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Social Security #: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

### Co-Applicant or Spouse:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Social Security #: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

Reason for Request: \_\_\_\_\_

*If this request is for Rental, the address of the property MUST be furnished:*

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## TO BE COMPLETED BY APPLICANT(S)

### Permission to release information:

I authorize the credit bureau, and Dun and Bradstreet to release a copy of my credit report to the requestor listed above. A copy of this authorization may be accepted as an original.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Co-Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

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