

# EZ Loan - Business Loan Application



## BUSINESS PROFILE

Date: \_\_\_\_\_  
 Legal Name (under which tax returns are filed): \_\_\_\_\_  
 Doing Business As (if different than legal name) \_\_\_\_\_ Tax I.D. # \_\_\_\_\_  
 Contact: \_\_\_\_\_ Title: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Business Information	Billing Address	Type of Business	Ownership Structure
Street: _____	Street: _____	Retail	Sole Proprietor
City: _____	City: _____	Wholesale	C Corporation
State: _____	State: _____	Manufacturer	S Corporation
Zip Code: _____	Zip Code: _____	Service	Limited Liability Company
Phone: _____	Phone: _____	Other	Limited Liability Partnership
Fax: _____	Fax: _____	Time in Business	General Partnership
E-mail _____	E-mail _____	Yrs	Limited Partnership
Cell: _____	Cell: _____	Mos	Not for Profit Corporation

### Principal / Owners / Guarantors

<b>Name:</b> _____	Social Security Number: _____	Title _____
Home address: _____	% of Ownership _____	
How Long: _____	Rent <input type="checkbox"/> Own <input type="checkbox"/>	Home Phone: _____ Bus Phone: _____
<b>Name:</b> _____	Social Security Number: _____	Title _____
Home address: _____	% of Ownership _____	
How Long: _____	Rent <input type="checkbox"/> Own <input type="checkbox"/>	Home Phone: _____ Bus Phone: _____
<b>Name:</b> _____	Social Security Number: _____	Title _____
Home address: _____	% of Ownership _____	
How Long: _____	Rent <input type="checkbox"/> Own <input type="checkbox"/>	Home Phone: _____ Bus Phone: _____
<b>Name:</b> _____	Social Security Number: _____	Title _____
Home address: _____	% of Ownership _____	
How Long: _____	Rent <input type="checkbox"/> Own <input type="checkbox"/>	Home Phone: _____ Bus Phone: _____

## CREDIT REQUEST AND COMPANY FINANCIAL PROFILE

Loan Type	New	Renewal	Loan Amount Requested	Purpose of Loan:
Line of Credit	<input type="checkbox"/>	<input type="checkbox"/>	_____	Collateral Offered: _____
Term Loan, _____ Years	<input type="checkbox"/>	<input type="checkbox"/>	_____	
Commercial Mortgage	<input type="checkbox"/>	<input type="checkbox"/>	_____	
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	
Total Amount of Request: \$ _____				
Repayment Source and Method: _____				

### Other Information

Is business or owner delinquent on any income or withholding taxes due?  Yes  No  
 Is business or owner a party to any claim or lawsuit?  Yes  No  
 Does business owe any delinquent payroll or sales taxes?  Yes  No  
 Have business or owners ever declared Bankruptcy?  Yes  No