

# Business Loan Application

7529 W 160th ST  
Overland Park KS 66221  
Office-800-728-9585  
Fax 800-730-1014

## Business Information

Legal Company Name \_\_\_\_\_ Type of Business \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Equipment Location (if different) \_\_\_\_\_ Years in Business \_\_\_\_\_ Federal ID # \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_ Business Structure:  Corp.  Partnership  Proprietor  LLC  
 Loan Amount Requested \$ \_\_\_\_\_ Terms \_\_\_\_\_ Months  
 Loan Description \_\_\_\_\_ and/or Equipment Cost \$ \_\_\_\_\_  New  Used  
 Email \_\_\_\_\_ Website \_\_\_\_\_

## Principal Information (Please include all principals. Attach additional information on separate page and sign below.)

Name \_\_\_\_\_ Title \_\_\_\_\_ % Owned \_\_\_\_\_ Phone # \_\_\_\_\_  
 Home Address \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Name \_\_\_\_\_ Title \_\_\_\_\_ % Owned \_\_\_\_\_ Phone # \_\_\_\_\_  
 Home Address \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

## Bank Reference (Minimum 2 year history) Including Depository Accts, Commercial Loans & Lines of Credit

Bank Name 1 \_\_\_\_\_ Branch Location \_\_\_\_\_ Officer \_\_\_\_\_  
 Phone # \_\_\_\_\_ Account # \_\_\_\_\_ Type of Account \_\_\_\_\_  
 Bank Name 2 \_\_\_\_\_ Branch Location \_\_\_\_\_ Officer \_\_\_\_\_  
 Phone # \_\_\_\_\_ Account # \_\_\_\_\_ Type of Account \_\_\_\_\_

## Trade References

Company Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Company Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Insurance Name \_\_\_\_\_ Phone # \_\_\_\_\_ Contact \_\_\_\_\_  
 Landlord \_\_\_\_\_ Phone # \_\_\_\_\_ Contact \_\_\_\_\_

By Signing below, the undersigned individual, who is either a principal of the credit applicant or a personal guarantor of it obligations, provides written instruction to eFinancing Solutions and/or its designee (and any assignee or potential assignee thereof) authorizing review of his/her personal credit profile from a national credit bureau. Such authorization shall extend to obtaining a credit profile in considering this application and subsequently for the purposes of update, renewal or extension of such credit or additional credit and for reviewing or collecting the resulting account. A Photostat or facsimile copy of this authorization shall be valid as the original. By signature below, I/we affirm my/our identity as the respective individual/s identified in the above application.

AUTHORIZED SIGNATURE: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_  
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Phone: 888-995-3995 Fax completed application to **512-287-4937 Attn: Ken Givens**