

ECIDA BUSINESS LOAN APPLICATION

A. BUSINESS SNAPSHOT



NAME OF BUSINESS	YEARS IN BUSINESS	TAX ID NUMBER	ANNUAL SALES \$	NATURE OF BUSINESS
STREET ADDRESS	CITY		ZIP CODE	
STRUCTURE OF YOUR BUSINESS		<input type="checkbox"/> LLC	<input type="checkbox"/> S CORP	<input type="checkbox"/> DBA
<input type="checkbox"/> SOLE PROPRIETOR		<input type="checkbox"/> C CORP	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> OTHER _____

B. LOAN HIGHLIGHTS

\$	+	\$	+	\$	=	\$
BANK AMOUNT		ECIDA AMOUNT		OTHER / EQUITY		TOTAL PROJECT

HOW DO YOU INTEND ON USING THE PROJECT FUNDS?

C. PERSONAL/GUARANTOR'S INFORMATION

#1

NAME	TITLE	DATE OF BIRTH	WORK PHONE	
HOME ADDRESS	CITY	STATE	ZIP	E-MAIL
	\$	/mo.	\$	
SOCIAL SECURITY NUMBER	HOW LONG AS OWNER?	GROSS INCOME	MONTHLY MORTGAGE/RENT PAYMENT	% OF OWNERSHIP
\$	-\$		=\$	
PERSONAL ASSETS	PERSONAL LIABILITIES	PERSONAL NET WORTH		

#2

NAME	TITLE	DATE OF BIRTH	WORK PHONE	
HOME ADDRESS	CITY	STATE	ZIP	E-MAIL
	\$	/mo.	\$	
SOCIAL SECURITY NUMBER	HOW LONG AS OWNER?	GROSS INCOME	MONTHLY MORTGAGE/RENT PAYMENT	% OF OWNERSHIP
\$	-\$		=\$	
PERSONAL ASSETS	PERSONAL LIABILITIES	PERSONAL NET WORTH		

D. PRIMARY LENDER INFORMATION

BANK OR LENDING INSTITUTE	BANKER OR CONTACT			
STREET ADDRESS	CITY	STATE	ZIP	PHONE
E-MAIL ADDRESS	WEB SITE	www.		

E. ATTORNEY

FIRM	ATTORNEY			
STREET ADDRESS	CITY	STATE	ZIP	PHONE
E-MAIL ADDRESS	WEB SITE	www.		

F. INSURANCE CONTACT INFORMATION

INSURANCE COMPANY	BROKER OR CONTACT			
STREET ADDRESS	CITY	STATE	ZIP	PHONE
E-MAIL ADDRESS	WEB SITE	www.		

THE FOLLOWING CHECK LIST HAS BEEN PROVIDED TO ASSIST AND GUIDE YOU THROUGH THE ADDITIONAL DOCUMENTATION REQUIRED TO COMPLETE OUR PROCESS. TO THE EXTENT YOU'VE ALREADY PROVIDED ANY OF THESE TO YOUR BANK CHECK THE APPROPRIATE BOX OTHERWISE PLEASE ATTACH DOCUMENTS.

G. BUSINESS INFORMATION	ATTACHED	PROVIDED TO BANK
A) HISTORY AND NATURE OF BUSINESS	<input type="checkbox"/>	<input type="checkbox"/>
B) DESCRIBE THE OWNERSHIP OF YOUR BUSINESS	<input type="checkbox"/>	<input type="checkbox"/>
C) KEY MANAGEMENT PERSONNEL AND EXPERIENCE	<input type="checkbox"/>	<input type="checkbox"/>
D) PROVIDE A BRIEF PRODUCT OR SERVICES DESCRIPTION	<input type="checkbox"/>	<input type="checkbox"/>
E) WHO ARE YOUR MAIN COMPETITORS?	<input type="checkbox"/>	<input type="checkbox"/>
F) TELL US A LITTLE BIT ABOUT YOUR MARKET AREA	<input type="checkbox"/>	<input type="checkbox"/>
G) PROVIDE INFORMATION ON ANY KEY ACCOUNTS	<input type="checkbox"/>	<input type="checkbox"/>
H) PRIMARY SUPPLIERS (CONTACT AND PHONE #)	<input type="checkbox"/>	<input type="checkbox"/>
I) UNION RELATIONSHIP <input type="checkbox"/> NOT APPLICABLE	<input type="checkbox"/>	<input type="checkbox"/>
J) DESCRIPTION OF PLANT AND FACILITIES	<input type="checkbox"/>	<input type="checkbox"/>
K) EMPLOYMENT IMPACT (CURRENT AND 3 YEAR PROJECTION)	<input type="checkbox"/>	<input type="checkbox"/>
L) ACCOUNTING PROFESSIONAL CONTACT INFORMATION	<input type="checkbox"/>	<input type="checkbox"/>

H. FINANCIAL INFORMATION	ATTACHED	PROVIDED TO BANK
A) PROVIDE FINANCIAL STATEMENTS FOR THE LAST THREE (3) YEARS	<input type="checkbox"/>	<input type="checkbox"/>
B) PROVIDE A COPY OF YOUR FED. TAX RETURN FOR THE LAST (3) YEARS	<input type="checkbox"/>	<input type="checkbox"/>
C) INTERIM FINANCIAL STATEMENTS FOR BORROWER	<input type="checkbox"/>	<input type="checkbox"/>
D) SHAREHOLDERS PERSONAL FINANCIAL STATEMENTS	<input type="checkbox"/>	<input type="checkbox"/>
E) CREDIT AUTHORIZATION LETTER	<input type="checkbox"/>	<input type="checkbox"/>
(PLEASE REFER TO COPY AT http://www.ecidany.com/documents/due_diligence_letter.pdf)		
F) PROVIDE A SOURCES AND USES OF FUNDS STATEMENT	<input type="checkbox"/>	<input type="checkbox"/>

I. PROJECTIONS	ATTACHED	PROVIDED TO BANK
A) THREE (3) YEARS PROJECTED YEAR-END PROFIT AND LOSS STATEMENT	<input type="checkbox"/>	<input type="checkbox"/>
B) THREE (3) YEARS PROJECTED YEAR-END BALANCE SHEETS	<input type="checkbox"/>	<input type="checkbox"/>
C) OTHER FINANCIAL INFORMATION AS DEEMED NECESSARY	<input type="checkbox"/>	<input type="checkbox"/>

J. SIGNATURES

I UNDERSTAND THAT THE CREDIT REPORT AND NYS GOOD STANDING CERT. FEES SUBMITTED WITH THIS APPLICATION ARE NON-REFUNDABLE. I AGREE TO PAY ALL EXPENSES, INCLUDING BUT NOT LIMITED TO ATTORNEY FEES, MORTGAGE TAXES, RECORDING AND FILING FEES AND COLLECTION OR WORKOUT COSTS OF ANY KIND INCURRED IN NEGOTIATING OR EXTENDING CREDIT TO THE COMPANY.

By signing below, I am authorizing my bank (as identified on this application) to release any and all documentation relating to this loan request to the Erie County Industrial Development Agency for their consideration in granting this loan.

 AUTHORIZED SIGNER TITLE DATE

 PERSONAL/GUARANTOR #1 DATE

 PERSONAL/GUARANTOR #2 DATE

*** SHOULD THERE BE MORE THAN 2 PERSONAL GUARANTORS, PLEASE ATTACH THEIR INFORMATION SEPARATELY**



275 OAK STREET, SUITE 150 BUFFALO, NY 14203

PHONE 716-856-6525

**Applicant Due Diligence Authorization Letter
[on applicant's stationery]**

[Date]

Buffalo and Erie County
Regional Development Corporation
Niagara Region Ventures Fund
275 Oak Street
Buffalo, New York 14203-1625

Gentlemen:

[Applicant] is submitting an application to the Buffalo and Erie County Regional Development Corporation ("RDC") and/or the Niagara Region Ventures Fund ("NRVF") in connection with financing for [Applicant] to be used for business or commercial purposes. This letter will serve as the undersigned's authorization for the RDC and NRVF to undertake whatever due diligence regarding the [Applicant] as RDC and NRVF shall deem appropriate, including, without limitation, credit reports and other credit information from banks and vendors with whom the [Applicant] has conducted business.

Very truly yours,

By: _____

