Business Loan Application

Fair Credit Notice
Meadows Bank

If your application for business credit from Meadows Bank is denied, you have the right to a written statement of the specific reasons for denial. To obtain the statement, please write to Meadows Bank, SBA Department, 8912 Spanish Ridge Avenue Suite 100, Las Vegas, NV 89148 within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement.

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program, or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning Meadows Bank is the FDIC Consumer Response Center, 1100 Walnut Street Box #11, Kansas City, MO 64106.

Important Information about Procedures for Opening a New Account

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

What this means for you: when you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

Note to Loan Applicants: Meadows Bank charges a $2,500 packaging fee for SBA 7(a) loans. The applicant is not required to obtain or pay for these services if they are unwanted.

Meadows Bank
Small Business Lending Division

Business Loan Application Checklist

Please complete the attached application and provide the following information so we can properly evaluate your loan request.

Business items required

Financial information:

- ☐ Business Federal Tax Returns for last 3 years
- ☐ Interim business financial statements within last 60 days (balance sheet and income statement)
- ☐ Business debt schedule (form included in application)
- ☐ Accounts receivable and accounts payable agings (should agree to interim balance sheet)

Entity documents (please provide those that are applicable):

- ☐ If Partnership: Partnership agreement
- ☐ If LLC: Operating agreement, articles of organization, list of members and ownership percentages
- ☐ If Corporation: Articles of incorporation and bylaws
- ☐ If Sole Proprietor: Please state on General Business Information section of application
- ☐ Copy of business license

Personal items required for all 20% or greater owners of the business

Financial information:

- ☐ Federal Income Tax Returns (last 3 years)
- ☐ Personal financial statement dated within the last 60 days (form included in application)
- ☐ K-1s for last 3 years (if applicable)

Other information:

- ☐ Resumes of all borrowers, guarantors, key management personnel (form included in application)

Other "deal specific" information required as listed below

If start-up business:

- ☐ Business plan
- ☐ Two years of projections with assumptions. First year of projections must be on a month-by-month basis

If real estate purchase or construction:

- ☐ Real estate purchase contract
- ☐ Construction contract or cost estimates

If non-U.S. citizen:

- ☐ INS Form G845 and copy of front and back of Alien Registration Card

If franchise:

- ☐ Franchise agreement and FTC disclosure statement

Notes:
We recognize that some of these items may not be available for our first meeting. All financial statements must be signed and dated, and the most recent statement must be within 90 days. Appraisal and environmental report (if required) must be ordered by the bank.

All documentation (tax returns, etc.) submitted to Meadows Bank for the purposes of your application must be retained by the Bank and will not be returned. If you need this information, please make copies for your records. The Bank will not return or copy the documents for you.

Loan Request Summary Total Project Costs

Loan type: ☐ SBA 7a ☐ SBA 504 ☐ Conventional ☐ Construction/Permanent Loan

Business Premises

Acquire Vacant Land _____
Construct Building _____
Purchase Land and Existing Building _____
Renovation of Owner Occupied Building _____
Leasehold Improvements _____

SUBTOTAL: 0 _____

Other Fixed Assets

Purchase Furnishing or Fixtures _____
Purchase Machinery or Equipment _____

SUBTOTAL: 0 _____

Liquid Assets

Inventory Purchase _____
Working Capital _____
(Include Accounts Payable Reduction)

SUBTOTAL: 0 _____

Other

Acquisition of Existing Business _____
Franchise Purchase _____
Refinancing Bank Debt _____
Refinancing Other Debt _____
Estimated Closing Costs _____
(Appraisal, Title Insurance, Environmental Report, etc.)

Other

_____ _____
_____ _____

SUBTOTAL: 0 _____

Total Estimated Project Amount: 0 _____

Less Owner's Cash/Equity to be Injected _____
Less Seller Carry Back (if applicable) _____
Total Loan Request for Project 0 _____

Source of Equity Injection: _____
_____
_____

General Business Information

Name of Business: _____

Contact Name: _____

Business address: _____

Business Phone: _____ Cell Phone: _____ Business Fax: _____

E-mail address: _____ Date of startup or acquisition of the business: _____

Current number of employees: Full Time _____ Part Time _____

Number of employees if loan approved: Full Time _____ Part Time _____

Bank where business accounts are located: _____ Address of bank: _____

Federal Tax ID # _____

Entity Type: ☐ Sole Proprietorship ☐ Limited Partnership ☐ Corporation
☐ Limited Liability Company ☐ General Partnership

Lease Information: Do you have a lease for the property your business currently occupies? ☐ Yes ☐ No

_____ Monthly Rent _____ Years remaining on lease _____ Renewal option ☐ Yes ☐ No

If this is a real estate transaction, what entity will own the real estate? _____

What is the ownership of this entity? _____

Ownership of Applicant Company

List all owners, partners, LLC Members and Stockholders totaling 100% of ownership.

Name _____ Title _____

E-mail address _____ % of ownership _____ %

Cell phone _____ Business phone _____ Home phone _____

Name _____ Title _____

E-mail address _____ % of ownership _____ %

Cell phone _____ Business phone _____ Home phone _____

Name _____ Title _____

E-mail address _____ % of ownership _____ %

Cell phone _____ Business phone _____ Home phone _____

Name _____ Title _____

E-mail address _____ % of ownership _____ %

Cell phone _____ Business phone _____ Home phone _____

If the answer to the following questions is yes, provide detail on separate sheet.

1. Has your business ever filed bankruptcy or defaulted on any debts? ..... ☐ Yes ☐ No
2. Is your business a party to any lawsuit or claim? ..... ☐ Yes ☐ No
3. Does your business owe any taxes for years prior to the current year? ..... ☐ Yes ☐ No

Details of Business

Please describe the nature of the business and primary products or services:

_____

_____

_____

_____

Management succession plan: _____

_____

Competitive advantage: _____

Trade area served: _____

Type of customers: _____

Terms of sales: _____

Major suppliers and terms of purchase: _____

_____

Major competitors: _____

History of Business

Please provide a narrative history of the business and include the benefits to be derived from obtaining the Loan:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Management Resume (To be completed by each individual with more than 20% ownership in the company)

Name of Applicant Company: _____

Your Name: _____

PERSONAL: Date of Birth:_____ Place of Birth:_____

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed Number of Children: _____

EDUCATION:

Name & Location	Dates Attended From	To	Major	Did you Graduate?	Type of Degree

MILITARY:

Branch:_____ Dates of Active Duty:_____ Reserve Duty:_____

Date of Discharge: _____ Rank of Discharge:_____ Honorable Discharge? _____

TECHNICAL TRAINING: _____

_____

WORK EXPERIENCE:

Name of Company & Location _____

Dates of Employment: From_____ To_____ Title: _____

Duties: _____

Name of Company & Location _____

Dates of Employment: From_____ To_____ Title: _____

Duties: _____

Name of Company & Location _____

Dates of Employment: From_____ To_____ Title: _____

Duties: _____

Below Required for SBA Loan Only

The following information is required by the U.S. Small Business Administration for all SBA 7(a) business loan applications in order to reflect the participation of various groups in the 7(a) program. Each OWNER of the business MUST provide the following information. Do NOT complete this section for key managers who are not owners of the business.

_____% ownership in the business Gender: ☐ Male ☐ Female

Veteran status: ☐ Non-veteran ☐ Vietnam era veteran ☐ Other veteran

With which race does the owner most closely identify? (Choose one only) ☐ African American
☐ Native American (other than Eskimo or Aleut) ☐ Eskimo or Aleut ☐ Asian, Pacific Islander ☐ White ☐ Other

Does the owner consider him/herself to be of Hispanic origin? (Choose one only)
☐ Not Spanish/Hispanic ☐ Puerto Rican ☐ Hispanic, other than Puerto Rican

Management Resume (To be completed by each individual with more than 20% ownership in the company)

Name of Applicant Company: _____

Your Name: _____

PERSONAL: Date of Birth:_____ Place of Birth:_____

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed Number of Children: _____

EDUCATION:

Name & Location	Dates Attended From	To	Major	Did you Graduate?	Type of Degree

MILITARY:

Branch:_____ Dates of Active Duty:_____ Reserve Duty:_____

Date of Discharge: _____ Rank of Discharge:_____ Honorable Discharge? _____

TECHNICAL TRAINING: _____

_____

WORK EXPERIENCE:

Name of Company & Location _____

Dates of Employment: From_____ To_____ Title: _____

Duties: _____

Name of Company & Location _____

Dates of Employment: From_____ To_____ Title: _____

Duties: _____

Name of Company & Location _____

Dates of Employment: From_____ To_____ Title: _____

Duties: _____

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_____% ownership in the business Gender: ☐ Male ☐ Female

Veteran status: ☐ Non-veteran ☐ Vietnam era veteran ☐ Other veteran

With which race does the owner most closely identify? (Choose one only) ☐ African American
☐ Native American (other than Eskimo or Aleut) ☐ Eskimo or Aleut ☐ Asian, Pacific Islander ☐ White ☐ Other

Does the owner consider him/herself to be of Hispanic origin? (Choose one only)
☐ Not Spanish/Hispanic ☐ Puerto Rican ☐ Hispanic, other than Puerto Rican

Estimated Projection and Forecast of Two Year's Earnings

(For startups: projections must be on a month-by-month basis for first year, including totals for first full year, please.)

APPLICANT:_____

	First Year Projection		Second Year Projection	
Dollar Estimates		% of Gross		% of Gross
Gross Receipts	$	100	$	100
Merchandise Cost	$		$	
Gross Profit	$ 0		$ 0	
EXPENSES:				
Officer's Salaries (only if corp.)	$		$	
Employee's Wages	$		$	
Accounting/Legal Fees	$		$	
Advertising	$		$	
Rent	$		$	
Depreciation	$		$	
Supplies	$		$	
Electricity	$		$	
Telephone	$		$	
Interest	$		$	
Repairs	$		$	
Taxes	$		$	
Insurance	$		$	
Bad Debts	$		$	
Miscellaneous (If miscellaneous. expenses is large, please itemize)	$		$	
Other_____	$		$	
TOTAL EXPENSES:	$ 0		$ 0	
NET PROFIT BEFORE TAXES	$ 0		$ 0	
LESS INCOME TAXES:	$		$	
NET PROFIT AFTER TAXES:	$ 0		$ 0	
LESS- Withdrawals (Only if Proprietorship or Partnership)	$		$	
NET PROFIT REMAINING FOR PAYMENTS ON LOAN:	$ 0		$ 0	

NOTE: Please complete projection assumptions form on the opposite page.

I certify the foregoing data fairly represents the potential annual earnings to the best of my knowledge.

Name _____ Title_____ Date _____

Projection Assumptions

Please list the assumptions used to support your revenue and expense projections, i.e.: "Sales figures arrived at by assuming four sales per day at an average sales price of $500."

Business Debt Schedule

Furnish the following information on all installment debts, contracts, notes, and mortgages payable. Indicate by asterisk (*) items to be paid by loan proceeds and reason for paying same (present balance should agree with latest balance sheet submitted). Do not include accounts payable or accrued liabilities.

Creditor Name and Address	Original Date	Original Amount	Present Balance	Interest Rate	Monthly Payment	Maturity Date	Collateral/Security
				%			
				%			
				%			
				%			
				%			
				%			
				%			
				%			
				%			
				%			
				%			
				%			
				%			
Total Present Balance / Total Monthly Payment			$0		$0		

Form **4506-T**

(Rev. April 2006)

Department of the Treasury
Internal Revenue Service

Request for Transcript of Tax Return

▶ **Do not sign this form unless all applicable lines have been completed. Read the instructions on page 2.**

▶ **Request may be rejected if the form is incomplete, illegible, or any required line was blank at the time of signature.**

OMB No. 1545-1872

Tip: Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can also call 1-800-829-1040 to order a transcript. If you need a copy of your return, use **Form 4506,** Request for Copy of Tax Return. There is a fee to get a copy of your return.

1a Name shown on tax return. If a joint return, enter the name shown first.	**1b First social security number on tax return or employer identification number (see instructions)**
2a If a joint return, enter spouse's name shown on tax return	**2b Second social security number if joint tax return**

3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code

4 Previous address shown on the last return filed if different from line 3

5 If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax information.

Caution: *If a third party requires you to complete Form 4506-T,* ***do not*** *sign Form 4506-T if lines 6 and 9 are blank.*

6 **Transcript requested.** Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▶ _____

a **Return Transcript,** which includes most of the line items of a tax return as filed with the IRS. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120A, Form 1120H, Form 1120L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days . . . . . ☐

b **Account Transcript,** which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 30 calendar days . ☐

c **Record of Account,** which is a combination of line item information and later adjustments to the account. Available for current year and 3 prior tax years. Most requests will be processed within 30 calendar days . . . . . ☐

7 **Verification of Nonfiling,** which is proof from the IRS that you **did not** file a return for the year. Most requests will be processed within 10 business days . . . . . ☐

8 **Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.** The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2003, filed in 2004, will not be available from the IRS until 2005. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 45 days . . ☐

Caution: *If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.*

9 **Year or period requested.** Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.

____/____/____ ____/____/____ ____/____/____ ____/____/____

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, **either** husband or wife must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer.

Sign Here

▶ **Signature** (see instructions)	Date	Telephone number of taxpayer on line 1a or 2a ( )
▶ **Title** (if line 1a above is a corporation, partnership, estate, or trust)		
▶ **Spouse's signature**	Date	

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

Cat. No. 37667N Form **4506-T** (Rev. 4-2006)

Form **4506-T**

(Rev. April 2006)

Department of the Treasury
Internal Revenue Service

Request for Transcript of Tax Return

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3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code

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____/____/____ ____/____/____ ____/____/____ ____/____/____

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, **either** husband or wife must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer.

Sign Here

▶ **Signature** (see instructions)	Date	Telephone number of taxpayer on line 1a or 2a ( )
▶ **Title** (if line 1a above is a corporation, partnership, estate, or trust)		
▶ **Spouse's signature**	Date	

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

Cat. No. 37667N Form **4506-T** (Rev. 4-2006)

General Instructions

Purpose of form. Use Form 4506-T to request tax return information. You can also designate a third party to receive the information. See line 5.

Tip. Use Form 4506, Request for Copy of Tax Return, to request copies of tax returns.

Where to file. Mail or fax Form 4506-T to the address below for the state you lived in when that return was filed. There are two address charts: one for individual transcripts (Form 1040 series and Form W-2) and one for all other transcripts.

Note. *If you are requesting more than one transcript or other product and the chart below shows two different service centers, mail your request to the service center based on the address of your most recent return.*

Chart for individual transcripts (Form 1040 series and Form W-2)

If you filed an individual return and lived in:	Mail or fax to the "Internal Revenue Service" at:
District of Columbia, Maine, Maryland, Massachusetts, New Hampshire, New York, Vermont	RAIVS Team Stop 679 Andover, MA 05501 978-247-9255
Alabama, Delaware, Florida, Georgia, North Carolina, Rhode Island, South Carolina, Virginia	RAIVS Team P.O. Box 47-421 Stop 91 Doraville, GA 30362 678-530-5326
Arkansas, Kansas, Kentucky, Louisiana, Mississippi, Oklahoma, Tennessee, Texas, West Virginia	RAIVS Team Stop 6716 AUSC Austin, TX 73301 512-460-2272
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nebraska, Nevada, New Mexico, Oregon, South Dakota, Utah, Washington, Wyoming	RAIVS Team Stop 38101 Fresno, CA 93888 559-253-4990
Connecticut, Illinois, Indiana, Iowa, Michigan, Minnesota, Missouri, North Dakota, Ohio, Wisconsin	RAIVS Team Stop 6705–B41 Kansas City, MO 64999 816-823-7667
New Jersey, Pennsylvania, a foreign country, or A.P.O. or F.P.O. address	RAIVS Team DP 135SE Philadelphia, PA 19255-0695 215-516-2931

Chart for all other transcripts

If you lived in or your business was in:	Mail or fax to the "Internal Revenue Service" at:
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Georgia, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Tennessee, Texas, Utah, Washington, Wyoming	RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409 801-620-6922
Connecticut, Delaware, District of Columbia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia, Wisconsin	RAIVS Team P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250 859-669-3592
A foreign country, or A.P.O. or F.P.O. address	RAIVS Team DP 135SE Philadelphia, PA 19255-0695 215-516-2931

Line 1b. Enter your employer identification number (EIN) if your request relates to a business return. Otherwise, enter the first social security number (SSN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

Line 6. Enter only one tax form number per request.

Signature and date. Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a. If you completed line 5 requesting the information be sent to a third party, the IRS must receive Form 4506-T within 60 days of the date signed by the taxpayer or it will be rejected.

Individuals. Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506-T exactly as your name appeared on the original return. If you changed your name, also sign your current name.

Corporations. Generally, Form 4506-T can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer.

Partnerships. Generally, Form 4506-T can be signed by any person who was a member of the partnership during any part of the tax period requested on line 9.

All others. See Internal Revenue Code section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

Documentation. For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the Letters Testamentary authorizing an individual to act for an estate.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. Sections 6103 and 6109 require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, and the District of Columbia for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506-T will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form,** 10 min.; **Preparing the form,** 12 min.; and **Copying, assembling, and sending the form to the IRS,** 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-T simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6406, Washington, DC 20224. Do not send the form to this address. Instead, see *Where to file* on this page.

PERSONAL FINANCIAL STATEMENT

As of _____

Complete this form for: (1) each proprietor, or (2) each limited partner who owns 20% or more interest and each general partner, or (3) each stockholder owning 20% or more of voting stock, or (4) any person or entity providing a guaranty on the loan.

Name	Business Phone
Residence Address	Residence Phone
City, State, & Zip Code	
Business Name of Applicant/Borrower	

ASSETS	(Omit Cents)	**LIABILITIES**	(Omit Cents)
Cash on hand & in Banks	$	Accounts Payable	$
Savings Accounts	$	Notes Payable to Banks and Others (Describe in Section 2)	$
IRA or Other Retirement Account	$	Installment Account (Auto) Mo. Payments $	$
Accounts & Notes Receivable	$	Installment Account (Other) Mo. Payments $	$
Life Insurance-Cash Surrender Value Only (Complete Section 8)	$	Loan on Life Insurance	$
Stocks and Bonds (Describe in Section 3)	$	Mortgages on Real Estate (Describe in Section 4)	$
Real Estate (Describe in Section 4)	$	Unpaid Taxes (Describe in Section 6)	$
Automobile-Present Value	$	Other Liabilities (Describe in Section 7)	$
Other Personal Property (Describe in Section 5)	$	Total Liabilities	$ 0
Other Assets (Describe in Section 5)	$	Net Worth	$ 0
Total	$ 0	**Total**	$ 0

Section 1. Source of Income		**Contingent Liabilities**	
Salary	$	As Endorser or Co-Maker	$
Net Investment Income	$	Legal Claims & Judgments	$
Real Estate Income	$	Provision for Federal Income Tax	$
Other Income (Descr be below)*	$	Other Special Debt	$

Description of Other Income in Section 1.

*Alimony or child support payments need not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income.

Section 2. Notes Payable to Banks and Others. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

Name and Address of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly,etc.)	How Secured or Endorsed Type of Collateral

(tumble)

Federal Recycling Program Printed on Recycled Paper

Section 3. Stocks and Bonds. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed).

Number of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value

Section 4. Real Estate Owned. (List each parcel separately. Use attachment if necessary. Each attachment must be identified as a part of this statement and signed.)

	Property A	Property B	Property C
Type of Property			
Address			
Date Purchased			
Original Cost			
Present Market Value			
Name & Address of Mortgage Holder			
Mortgage Account Number			
Mortgage Balance			
Amount of Payment per Month/Year			
Status of Mortgage			

Section 5. Other Personal Property and Other Assets. (Describe, and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment and if delinquent, describe delinquency)

Section 6. Unpaid Taxes. (Descr be in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches.)

Section 7. Other Liabilities. (Descr be in detail.)

Section 8. Life Insurance Held. (Give face amount and cash surrender value of policies - name of insurance company and beneficiaries)

I authorize SBA/Lender to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of either obtaining a loan or guaranteeing a loan. I understand FALSE statements may result in forfeiture of benefits and poss ble prosecution by the U.S. Attorney General (Reference 18 U.S.C. 1001).

Signature: Date: Social Security Number:

Signature: Date: Social Security Number:

PERSONAL FINANCIAL STATEMENT

As of _____

Complete this form for: (1) each proprietor, or (2) each limited partner who owns 20% or more interest and each general partner, or (3) each stockholder owning 20% or more of voting stock, or (4) any person or entity providing a guaranty on the loan.

Name	Business Phone
Residence Address	Residence Phone
City, State, & Zip Code	
Business Name of Applicant/Borrower	

ASSETS	(Omit Cents)	**LIABILITIES**	(Omit Cents)
Cash on hand & in Banks	$	Accounts Payable	$
Savings Accounts	$	Notes Payable to Banks and Others (Describe in Section 2)	$
IRA or Other Retirement Account	$	Installment Account (Auto) Mo. Payments $	$
Accounts & Notes Receivable	$	Installment Account (Other) Mo. Payments $	$
Life Insurance-Cash Surrender Value Only (Complete Section 8)	$	Loan on Life Insurance	$
Stocks and Bonds (Describe in Section 3)	$	Mortgages on Real Estate (Describe in Section 4)	$
Real Estate (Describe in Section 4)	$	Unpaid Taxes (Describe in Section 6)	$
Automobile-Present Value	$	Other Liabilities (Describe in Section 7)	$
Other Personal Property (Describe in Section 5)	$	Total Liabilities	$ 0
Other Assets (Describe in Section 5)	$	Net Worth	$ 0
Total	$ 0	**Total**	$ 0

Section 1. Source of Income		**Contingent Liabilities**	
Salary	$	As Endorser or Co-Maker	$
Net Investment Income	$	Legal Claims & Judgments	$
Real Estate Income	$	Provision for Federal Income Tax	$
Other Income (Descr be below)*	$	Other Special Debt	$

Description of Other Income in Section 1.

*Alimony or child support payments need not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income.

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Name & Address of Mortgage Holder			
Mortgage Account Number			
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Status of Mortgage			

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Signature: Date: Social Security Number:

Signature: Date: Social Security Number:

OMB APPROVAL NO.3245-0178
Expiration Date: 2/28/2013

United States of America

SMALL BUSINESS ADMINISTRATION

STATEMENT OF PERSONAL HISTORY

Please Read Carefully: SBA uses Form 912 as one part of its assessment of program eligibility. Please reference SBA Regulations and Standard Operating Procedures if you have any questions about who must submit this form and where to submit it. For further information, please call SBA's Answer Desk at 1-800-U-ASK-SBA (1-800-827-5722), or check SBA's website at www.sba.gov.

Name and Address of Applicant (Firm Name)(Street, City, State, and ZIP Code)

SBA District/Disaster Area Office

Amount Applied for (when applicable)

File No. (if known)

1. Personal Statement of: (State name in full, if no middle name, state (NMN), or if initial only, indicate initial.) List all former names used, and dates each name was used. Use separate sheet if necessary.

First Middle Last

2. Give the percentage of ownership or stock owned or to be owned in the small business or the development company

Social Security No.

3. Date of Birth (Month, day, and year)

4. Place of Birth: (City & State or Foreign Country)

Name and Address of participating lender or surety co. (when applicable and known)

5. U.S. Citizen? ☐ YES ☐ NO **INITIALS**: _____

If No, are you a Lawful Permanent resident alien: ☐ YES ☐ NO

If non- U.S. citizen provide alien registration number: _____

6. Present residence address:

From:

To:

Address:

Home Telephone No. (Include Area Code):

Business Telephone No. (Include Area Code):

Most recent prior address (omit if over 10 years ago):

From:

To:

Address:

PLEASE SEE REVERSE SIDE FOR EXPLANATION REGARDING DISCLOSURE OF INFORMATION AND THE USES OF SUCH INFORMATION.

YOU MUST INITIAL YOUR RESPONSES TO QUESTIONS 5,7,8 AND 9.

IF YOU ANSWER "YES" TO 7, 8, OR 9, FURNISH DETAILS ON A SEPARATE SHEET. INCLUDE DATES, LOCATION, FINES, SENTENCES, WHETHER MISDEMEANOR OR FELONY, DATES OF PAROLE/PROBATION, UNPAID FINES OR PENALTIES, NAME(S) UNDER WHICH CHARGED, AND ANY OTHER PERTINENT INFORMATION. AN ARREST OR CONVICTION RECORD WILL NOT NECESSARILY DISQUALIFY YOU; HOWEVER, UNTRUTHFUL ANSWER WILL CAUSE YOUR APPLICATION TO BE DENIED AND SUBJECT YOU TO OTHER PENALTIES AS NOTED BELOW.

7. Are you presently under indictment, on parole or probation? **INITIALS**: _____

☐ Yes ☐ No (If yes, indicate date parole or probation is to expire.)

8. Have you ever been charged with, and/or arrested for, any criminal offense other than a minor motor vehicle viola ion? Include offenses which have been dismissed, discharged, or not prosecuted. (All arrests and charges must be disclosed and explained on an attached sheet.)

☐ Yes ☐ No **NITIALS**: _____

9. Have you ever been convicted, placed on pretrial diversion, or placed on any form of probation, including adjudication withheld pending probation, for any criminal offense other than a minor vehicle violation?

☐ Yes ☐ No **INITIALS**: _____

10. I authorize the Small Business Administration Office of Inspector General to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for programs authorized by the Small Business Act, and the Small Business Investment Act.

CAUTION - PENALTIES FOR FALSE STATEMENTS: Knowingly making a false statement on this form is a violation of Federal law and could result in criminal prosecution, significant civil penalties, and a denial of your loan, surety bond, or other program participation. A false statement is punishable under 18 USC 1001 and 3571 by imprisonment of not more han five years and/or a fine of up to $250,000; under 15 USC 645 by imprisonment of not more than two years and/or a fine of not more than $5,000; and, if submitted to a Federally insured institu ion, under 18 USC 1014 by imprisonment of not more than thirty years and/or a fine of not more than $1,000,000.

Signature | Title | Date

Agency Use Only

11. ☐ Fingerprints Waived

Date Approving Authority

☐ Fingerprints Required

Date Approving Authority

Date Sent to OIG _____

12. ☐ Cleared for Processing

Date Approving Authority

13. ☐ Request a Character Evaluation

Date Approving Authority

(Required whenever 7, 8 or 9 are answered "yes" even if cleared for processing.)

PLEASE NOTE: The estimated burden for completing this form is 15 minutes per response. You are not required to respond to any collection of information unless it displays a currently valid OMB approval number. Comments on the burden should be sent to U.S. Small Business Administration, Chief, AIB, 409 3rd St., S.W.,Washington D.C. 20416 and Desk Officer for the Small Business Administration, Office of Management and Budget, New Executive Office Building, Room 10202, Washington, D.C. 20503. OMB Approval 3245-0178. **PLEASE DO NOT SEND FORMS TO OMB.**

OMB APPROVAL NO.3245-0178
Expiration Date: 2/28/2013

United States of America

SMALL BUSINESS ADMINISTRATION

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SBA District/Disaster Area Office

Amount Applied for (when applicable)

File No. (if known)

1. Personal Statement of: (State name in full, if no middle name, state (NMN), or if initial only, indicate initial.) List all former names used, and dates each name was used. Use separate sheet if necessary.

First Middle Last

2. Give the percentage of ownership or stock owned or to be owned in the small business or the development company

Social Security No.

3. Date of Birth (Month, day, and year)

4. Place of Birth: (City & State or Foreign Country)

Name and Address of participating lender or surety co. (when applicable and known)

5. U.S. Citizen? ☐ YES ☐ NO **INITIALS**: _____

If No, are you a Lawful Permanent resident alien: ☐ YES ☐ NO

If non- U.S. citizen provide alien registration number: _____

6. Present residence address:

From:

To:

Address:

Home Telephone No. (Include Area Code):

Business Telephone No. (Include Area Code):

Most recent prior address (omit if over 10 years ago):

From:

To:

Address:

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YOU MUST INITIAL YOUR RESPONSES TO QUESTIONS 5,7,8 AND 9.

IF YOU ANSWER "YES" TO 7, 8, OR 9, FURNISH DETAILS ON A SEPARATE SHEET. INCLUDE DATES, LOCATION, FINES, SENTENCES, WHETHER MISDEMEANOR OR FELONY, DATES OF PAROLE/PROBATION, UNPAID FINES OR PENALTIES, NAME(S) UNDER WHICH CHARGED, AND ANY OTHER PERTINENT INFORMATION. AN ARREST OR CONVICTION RECORD WILL NOT NECESSARILY DISQUALIFY YOU; HOWEVER, UNTRUTHFUL ANSWER WILL CAUSE YOUR APPLICATION TO BE DENIED AND SUBJECT YOU TO OTHER PENALTIES AS NOTED BELOW.

7. Are you presently under indictment, on parole or probation? **INITIALS**: _____

☐ Yes ☐ No (If yes, indicate date parole or probation is to expire.)

8. Have you ever been charged with, and/or arrested for, any criminal offense other than a minor motor vehicle viola ion? Include offenses which have been dismissed, discharged, or not prosecuted. (All arrests and charges must be disclosed and explained on an attached sheet.)

☐ Yes ☐ No **NITIALS**: _____

9. Have you ever been convicted, placed on pretrial diversion, or placed on any form of probation, including adjudication withheld pending probation, for any criminal offense other than a minor vehicle violation?

☐ Yes ☐ No **INITIALS**: _____

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Date Approving Authority

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Date Approving Authority

13. ☐ Request a Character Evaluation

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Principals

Are any principals of the company involved in any pending lawsuits or judgements? . . . . . ☐ Yes ☐ No

Are any principals of the company not United State Citizens? . . . . . ☐ Yes ☐ No

Have any principals to the loan been charged with or arrested for any criminal offense other than a minor motor vehicle violation? Include offenses which have been dismissed, discharged, or nolle prosequito. (Explain all arrests or charges on a separate sheet.) . . . . . ☐ Yes ☐ No

Are any principals to the loan presently under indictment, on parole or probation? . . . . . ☐ Yes ☐ No

Have any of the principals ever been convicted, placed on pre-trial diversion, or placed on any form of probation, including adjudication withheld pending probation, for any criminal offense other than a minor vehicle violation?. . ☐ Yes ☐ No

Have any principals to the loan ever been bankrupt or insolvent? . . . . . ☐ Yes ☐ No

Do any principals to the loan have relatives that are employed by the United States Small Business Administration? . . . . . ☐ Yes ☐ No

If the answer to any of the above questions is yes, please list the principal's name and the circumstances:

_____

_____

_____

_____

I request Meadows Bank to use the information provided in this questionnaire and any included exhibits to evaluate this request for a Small Business Loan. I believe the information in this package to be true and accurate. The undersigned authorizes Meadows Bank to make all inquiries it deems necessary to verify the accuracy of the information provided herein, and to determine my/our credit-worthiness. (All owners and guarantors must sign this form. Spouses should sign when applicable.)

Name	Signature	Title	Date
Name	Signature	Title	Date
Name	Signature	Title	Date
Name	Signature	Title	Date
Name	Signature	Title	Date

Certification and Authorization

Applicant:

Lender: **Meadows Bank**
8912 Spanish Ridge Avenue #100
Las Vegas, NV 89148

Certification

To Meadows Bank ("Lender"):

1. Applicant (and co-applicant if applicable), _____, has applied for a loan from Lender. In applying for the loan, Applicant provided to Lender various information about Applicant and the requested loan, such as the amount and source of any down payment, income information, and assets and liabilities. Applicant certifies that all of the information is true and complete. Applicant made no misrepresentations to Lender, nor did Applicant omit any important information.
2. Applicant understands and agrees that Lender may verify any information provided to Lender concerning Applicant's application, including, but without limitation, verifications from financial institutions of the information provided.
3. Applicant fully understands that it is a Federal crime punishable by fine or imprisonment, or both, to knowingly make any false statements when applying for this loan, as applicable under the provisions of Title 18, United States Code, Section 1014.

Authorization to release information

To whom it may concern:

1. Applicant has applied for a loan from Meadows Bank ("Lender"). As part of the application process, Lender, any insurer of the loan and any collateral title insurer may verify information Applicant provided to Lender either before or after the loan is closed.
2. Applicant authorizes you to provide to Lender, to any investor to whom Lender may sell Applicant's loan, and to any insurer of the loan any and all information and documentation that they may request. Such information may include, but is not limited to, income: bank, money market, and similar account balances; credit history; and copies of income tax returns.
3. Lender, any investor that purchases the loan, and any insurer of the loan may address and send this authorization to any person or company named in the loan application.
4. A copy of this authorization may be accepted as an original.
5. Your prompt reply to Meadows Bank, to any investor that purchases the loan, and to any insurer of the loan is appreciated.

Authorization to file financing statement

Applicant herby authorizes Lender to file the appropriate Financing Statements for the following collateral prior to executing a security agreement, pledge, or control agreement: _____

_____

_____

_____

Applicant:

X _____ _____ X _____ _____

Applicant **Date** **Co-Applicant** **Date**

Loan No(s). _____

MEADOWSBANK

REGULATION B - NOTICE OF INTENT TO APPLY FOR JOINT CREDIT

Regulation B and the Equal Credit Opportunity Act requires that a lender obtain evidence of each loan applicant's intent to apply for joint credit. Failure to complete this information when required may render the application / request for credit incomplete.

NOTICE

☒ **Each of the undersigned intend to apply for joint credit.**

ACKNOWLEDGEMENT

☒ **Each of the undersigned acknowledge receipt of a copy of this notice on Today's Date.**

Print or Type Primary Applicant Name	Primary Applicant Signature	Today's Date
Print or Type Co-Applicant Name	Co-Applicant Signature	Today's Date
Print or Type Co-Applicant Name	Co-Applicant Signature	Today's Date