



Application for Small Business Loan

Alaska Growth Capital BIDCO, Inc.
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REQUIRED DOCUMENTATION

Please provide copies of the following items, if available.

BUSINESS AND AFFILIATE INFORMATION <i>(All submissions to be signed and dated)</i>	PERSONAL INFORMATION <i>(For each owner 20% or greater)</i>
<input type="checkbox"/> Business federal tax returns <i>(complete with all schedules)</i> , last three (3) years	<input type="checkbox"/> Personal tax returns <i>(complete with all schedules)</i> , last three (3) years
<input type="checkbox"/> IRS 4506-T Form, used to verify tax returns <i>(form available at: www.irs.gov/pub/irs-pdf/f4506t.pdf)</i>	<input type="checkbox"/> IRS 4506-T Form, used to verify tax returns <i>(form available at: www.irs.gov/pub/irs-pdf/f4506t.pdf)</i>
<input type="checkbox"/> Business financial statements, last three (3) years	<input type="checkbox"/> Personal financial statement <i>(form attached)</i>
<input type="checkbox"/> Year-to-date financial statement dated within the last 45 days	<input type="checkbox"/> Personal resume <i>(form attached)</i>
<input type="checkbox"/> Business debt schedule**	<input type="checkbox"/> Copy of current driver's license, permanent alien card, if applicable
<input type="checkbox"/> Aging of accounts receivable and accounts payable**	ADDITIONAL INFORMATION:
<input type="checkbox"/> Previous government financing **	<input type="checkbox"/> Management Resumé <i>(For each business principal & officer)</i>
<input type="checkbox"/> Corporation: Articles of Incorporation & Bylaws	<input type="checkbox"/> Business Plan
<input type="checkbox"/> Limited Liability Company: Articles of Organization and Operating Agreement	
<input type="checkbox"/> Cash flow projections, with assumptions in narrative format* <i>(form available on request)</i>	

* Required for "new" businesses under two years old and/or when requested.

** Information and date reflected on this form should match interim year-to-date financial statement.

DECLARATIONS

Please provide details on an additional page to any question with a YES response.

<input type="checkbox"/> Yes <input type="checkbox"/> No	1. Is the applicant party to any lawsuit or subject to outstanding judgments?
<input type="checkbox"/> Yes <input type="checkbox"/> No	2. Are the applicant's business and personal taxes past due?
<input type="checkbox"/> Yes <input type="checkbox"/> No	3. Has the applicant or any members of the Applicant Company ever been involved in bankruptcy or insolvency proceeds?
<input type="checkbox"/> Yes <input type="checkbox"/> No	4. Is the applicant presently under indictment or probation or parole, or ever been charged or convicted for any criminal offense other than a minor motor vehicle violation?
<input type="checkbox"/> Yes <input type="checkbox"/> No	5. Do you, your spouse, any member of your household, or anyone who owns, manages or directs your business, their spouses or members of their households, work for the U.S. Small Business Administration, Small Business Advisory Council, SCORE, ACE, U.S. Department of Agriculture or any federal agency, or Alaska Growth Capital BIDCO, Inc.?
<input type="checkbox"/> Yes <input type="checkbox"/> No	6. Has the applicant or any members of the Applicant Company ever been debarred from doing business with the U.S. Government?
<input type="checkbox"/> Yes <input type="checkbox"/> No	7. Does the Applicant Company buy from, sell to, or use the services of any company in which someone in Applicant Company has a significant financial interest?
<input type="checkbox"/> Yes <input type="checkbox"/> No	8. Does your business currently engage in export trade?
<input type="checkbox"/> Yes <input type="checkbox"/> No	9. Do you plan to begin exporting as a result of this loan?

TERMS AND CONDITIONS OF APPLICATION EVALUATION

- Alaska Growth Capital BIDCO, Inc. (AGC) agrees to maintain the confidentiality of all trade, commercial and financial information provided in this application.
- Applications for funding will be approved or rejected at the sole discretion of AGC.
- The undersigned acknowledges and agrees that AGC will investigate the creditworthiness of the Applicant Company, its principal officers and shareholders, including through review of credit histories, verifying tax information, etc.
- 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, social security number, and other information that will allow us to identify you. We will also ask to see your driver's license or other identifying documents.
- The undersigned authorizes AGC staff to communicate directly with the Applicant Company's internal accounting staff and external accounting and/or auditing professionals.
- The undersigned authorizes AGC to contact Applicant's existing lender for payoff information and credit reference (if applicable).

The statements in this application are warranted to be true, full, and complete. I have read, understand and agree to comply with all terms and conditions set forth in this application.

Applicant Company

Printed Name & Title

Authorized Signature

Date



REFERRAL INFORMATION		ASRC Shareholder? <input type="checkbox"/> Yes <input type="checkbox"/> No
How did you hear about Alaska Growth Capital?		Alaska Native? <input type="checkbox"/> Yes <input type="checkbox"/> No
BUSINESS INFORMATION (APPLICANT / BORROWER)		
Operating Company Name:	Type of Entity: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> S-Corporation <input type="checkbox"/> Other: <input type="checkbox"/> C-Corporation	
Doing Business As (DBA):	Date Established:	
Type of Industry (NAICS Code):	Tax I.D. #	Duns #
Address:	Website:	
Principal Contact:	Phone:	
Title:	Cell/Mobile Phone:	
Email:	Fax:	
List any Affiliated Companies (provide ownership %):		

COMPANY OWNERSHIP / MANAGEMENT				
Name	Title <small>For corporations include President, Vice President, Secretary and Treasurer</small>	Ownership Percentage	Years with Company	Years in the Industry

PROJECT COST WORKSHEET			
<i>USES OF FUNDS</i>		<i>SOURCES OF FUNDS</i>	
<i>Description</i>	<i>Amount</i>	<i>Description</i>	<i>Amount</i>
Land / Building Purchase		Borrower's Equity Contribution*	
Building Renovations / New Construction		AGC/SBA Loan Requested	
Equipment Purchase		Other Government Loan Assistance	
Leaseholds		Other:	
Working Capital			
Inventory			
Acquisition of Existing Business			
Pay-off / Refinance Existing Business Debt			
Pay-off / Refinance Existing SBA or USDA Loan			
Soft Costs (SBA Guaranty & Closing Fees)			
Other:			
Total Project Cost:		Total Project Funding:	

* Source of Equity Contribution (please describe):



Provide information for all business installment debts, contracts, notes, and mortgages payable. Any debts to be refinanced with SBA loan proceeds should be marked with an asterisk (*) and include a reason why the refinance is needed.

BUSINESS DEBT SCHEDULE						
Creditor Name/Address	Original Amount	Present Balance	Interest Rate	Maturity Date	Monthly Payment	Collateral
1.						
2.						
3.						
4.						
5.						
6.						

**TOTAL PRESENT
LOAN BALANCES:**

**MONTHLY
PAYMENTS:**

List all previous government loans, even if fully repaid, in this section.

Name of Agency	Original Amount of Loan	Rate of Request	Approved or Declined	Balance	Current or Past Due
1.					
2.					
3.					

HISTORY OF BUSINESS (If available, attach business plan)	
Background and history of company:	
Nature of business, type of products/services:	
List of key/primary customers:	List, or identify major competitors:
1.	1.
2.	2.
3.	3.
4.	4.

Dated as of: _____

Applicant Company Name: _____



Financial Statement as of _____, 20__ , in compliance with SBA and USDA requirements, this statement should reflect the financial condition of your spouse as well as your financial condition.							
Applicant's Name <i>(please print)</i> :		Date of Birth		Co-Applicant <i>(include applicant's spouse)</i> :		Date of Birth	
Residence Address:				Relationship to Applicant		This statement may be completed jointly by both applicants if their assets and liabilities are sufficiently joined so that the statement can be meaningfully presented on a combined basis, otherwise separate statements are required.	
Mailing Address:				Residence Address <i>(if different from Applicant)</i> :			
U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, are you a lawful permanent resident alien? <input type="checkbox"/> Yes <input type="checkbox"/> No If non-U.S. Citizen, provide alien registration number:				US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, are you a lawful permanent resident alien? <input type="checkbox"/> Yes <input type="checkbox"/> No If non-US Citizen, provide alien registration number:			
Employed By:		No. of Dependents:		Employed By:		No. of Dependents:	
Business Address:		Telephone No.:		Business Address:		Telephone No.:	
Type of Business:		Position	How Long There:	Type of Business:		Position	How Long There:
Fixed or Average Salary:		Income you may receive from alimony, child support or maintenance payments need not be revealed if you do not choose to rely upon it for the basis of repayments.		Fixed or Average Salary:		Income you may receive from alimony, child support or maintenance payments need not be revealed if you do not choose to rely upon it for the basis of repayments.	
\$ Per				\$ Per			
Amount of Other Income:		Source – Rentals, Dividends, Etc.		Amount of Other Income:		Source – Rentals, Dividends, Etc.:	

Assets	In Even Dollars	Liabilities	In Even Dollars
Cash on Hand and in Banks (Schedule A)		Notes Payable to Banks (Schedule F)	
Marketable Securities (Schedule B)		Notes Payable to Others (Schedule F)	
Non-Marketable Securities (Schedule C)		Real Estate Mortgages (Schedule G)	
Life Insurance (Schedule D)		Due to Brokers	
Restricted or Controlled Stock (Schedule B)		Unpaid Income Tax	
Securities Held by Brokers in Margin Accounts		Credit Cards	
Real Estate (Schedule G)		Other Liabilities <i>(itemize)</i>	
Notes Receivable (Schedule H)			
Accounts Receivable			
Automobiles			
Retirement Accounts (Schedule E)			
Household goods			
Jewelry		(See Schedule I for Contingent Liabilities)	
Assets Held in Trust		Total Liabilities	
Other Assets <i>(Itemize)</i>		Net Worth	
Total Assets		Total Liabilities and Net Worth	

Schedules – Details Relative to Assets and Liabilities *(If space is insufficient, attach supplemental list)*

(A) Cash in Accounts – Account Description / Account Owner	Name of Bank	Current Balance

(B) Marketable Securities - List	Title in Name of	Pref. or Common	No. of Shares	Market Value	Shares Pledged	Where Pledged

(C) Non-Marketable Securities – List <i>(including Restricted or Control Stock)</i>	Title in Name of	Pref. or Common	No. of Shares	Market Value	Shares Pledged	Where Pledged



(D) Life Insurance	Owner	Face Amount	Beneficiary	Kind of Insurance	Cash Value	Amount of Policy

(E) Retirement Accounts/Account Description	Name Registered In	Current Value

(F) Notes Payable to:	Amount	Date Made	Date Due	Repayment Schedule	Secured or Endorsed by

(G) Real Estate – Property Owned by Signer

Property Type: SF = Single Family, MF = Multiple Family, C = Commercial/Industrial, L = Land/Acreage			
Property Type	Residence <input type="checkbox"/> SF <input type="checkbox"/> MF	<input type="checkbox"/> Vacation <input type="checkbox"/> Rental <input type="checkbox"/> SF <input type="checkbox"/> MF <input type="checkbox"/> C <input type="checkbox"/> L	<input type="checkbox"/> Vacation <input type="checkbox"/> Rental <input type="checkbox"/> SF <input type="checkbox"/> MF <input type="checkbox"/> C <input type="checkbox"/> L
Ownership %			
Co-Owned with Spouse	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Property Address			
City, State, Zip			
Date Purchased			
Purchase Price			
Estimated Market Value			
1 st Mortgage Balance			
Lender			
Interest Rate			
Maturity Date			
Payment on 1 st Mortgage			
All Other Mortgages/Liens - Balance <i>(include loans and equity lines)</i>			
Lender(s)			
Payments – Other Mortgages			
Annual Property Tax/Insurance			
Gross Monthly Rent			

(H) Accounts and Notes Receivable - From	Maturity	Repayment Schedule	Security (if any)

(I) Contingent Liabilities (If your response is YES to any of the below, please provide details on additional pages)	YES	NO	AMOUNT <i>(Where applicable)</i>
• Are you a guarantor, co-maker, or endorser for any debt of an individual, corporation or partnership?	<input type="checkbox"/>	<input type="checkbox"/>	
• Do you have any outstanding letters of credit or surety bonds?	<input type="checkbox"/>	<input type="checkbox"/>	
• Are there any legal actions pending against you?	<input type="checkbox"/>	<input type="checkbox"/>	
• Are you obligated to pay alimony, child support or separate maintenance?	<input type="checkbox"/>	<input type="checkbox"/>	
• Are any assets held in Trust?	<input type="checkbox"/>	<input type="checkbox"/>	
• Do you own 20% or more owner of another company?	<input type="checkbox"/>	<input type="checkbox"/>	
• Any significant changes expected in the next 12 months?	<input type="checkbox"/>	<input type="checkbox"/>	
• Are you contingently liable on any lease or contract?	<input type="checkbox"/>	<input type="checkbox"/>	

Remarks:



Signatures:
 By signing below, each of the signer(s) certifies he/she has verified that all the information in the above and attached statements, supporting schedules, and federal tax returns is accurate and provides a complete and correct statement of the financial condition of the undersigned on the date indicated. If Applicant or Guarantor is an individual/sole proprietor, he/she specifically certifies that the name and other information set forth in the "Applicant or Guarantor Identify Verification" section is accurate. The signer(s) authorize Alaska Growth Capital BIDCO, Inc. and its affiliates to obtain consumer and/or business reports including inquiries to the Internal Revenue Service or the Franchise Tax Board, on the signer(s) as individuals anytime. Report information may be used for the duration of this credit request to evaluate eligibility for the new or existing credit requests. Any signed document submitted by email, facsimile, or other electronic means may be accepted as a signed original document and shall be admissible as evidence of the document and the signer's execution. Upon receipt by Alaska Growth Capital BIDCO, Inc., any confidential information will be treated and protected as confidential information in accordance with Alaska Growth Capital BIDCO, Inc.'s privacy policies.

Applicant's or Guarantor's Signature	Date	Co-Applicant's or Guarantor's Signature	Date



All owners, partners and stockholders with 20% or more ownership and any key managers should complete this form. Please fill in all spaces. Use first, middle, maiden and last names. Please indicate if an item is not applicable (N/A). *(Copy this page as needed for all parties.)*
 Should you have a resumé, please disregard and attach.

PERSONAL INFORMATION				
Name (First, Middle and Last)		Date of Birth	Social Security Number	
Residence		Place of Birth		
Telephone No.	Minority-Owned Business? <input type="checkbox"/> Yes <input type="checkbox"/> No		Alaska Native? <input type="checkbox"/> Yes <input type="checkbox"/> No	ASRC Shareholder? <input type="checkbox"/> Yes <input type="checkbox"/> No
EDUCATION				
College / Technical Training (Name and Location)		Dates Attended	Major	Degree / Certificate
1.				
2.				
3.				
MILITARY SERVICE BACKGROUND				
Branch of Service	Dates of Service	Honorable Discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No	Rank at Discharge	Grade
WORK EXPERIENCE (List chronologically beginning with present employment)				
Have you ever been employed by the U.S. Government?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Company Name and Location	Dates Worked	Position / Title	Duties	
1.				
2.				
3.				
4.				