

## VERMONT SMALL BUSINESS LOAN PROGRAM APPLICATION

## I. BUSINESS INFORMATION

Borrower Name:	Business Name (if different):				
Business Address:		Year Bus. Established:		Federal Tax ID No.:	
Business Telephone:		Business Fax:	Bu	siness E-Mail:	
NAICS Code:(1)		DUNS # <sup>(2)</sup>		Website:	
Form of Organization:	C Corporation	S Corporation	L	imited Liability Corp	
Limited Liability Partnership	Sole Proprietorshi	other (Please Spe	cify)	:	
Project Description (briefly describ	e what is to be purchased	l and/or built with the project	t pro	ceeds):	
(1) 777 37 4 4 4 7 7 1 4 67 167	.' G . OILLIGG) ! .1	. 1 1 11 12 1 1			1

## II. OWNERSHIP/PRINCIPALS

Name and Title or Position with Business	Home Address	SS#	% Owner- ship	Telephone #'s	E-Mail
				c) w)	

Please attach resumes for all key personnel, management and principals, outlining education and employment history.

<sup>(1)</sup> The North American Industry Classification System (NAICS) is the standard used by Federal statistical agencies in classifying business establishments for the purpose of collecting, analyzing, and publishing statistical data related to the U.S. business economy. <a href="http://www.naics.com/search/">http://www.naics.com/search/</a>

 $<sup>^{(2)}</sup>$  The Data Universal Numbering System or D-U-N-S Number is a means of identifying business entities on a location specific basis. Instructions on how to obtain this number can be found at the end of this application or by following this link <a href="http://fedgov.dnb.com/webform">http://fedgov.dnb.com/webform</a>. The number is required by federal regulation.

# III. LOAN INFORMATION

A.	Amount requested:	\$
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**B.** Loan Purpose: Please provide a detailed itemization and description (where applicable) of how loan proceeds will be utilized in the table below. Please attach copies of all purchase agreements for real estate and invoices for machinery and equipment. If the loan is for working capital or to finance accounts receivable and/or inventory, please attach a current accounts receivable aging and / or inventory listing.

Purpose and Description	Amount
1. Land Purchase ( # of acres):	\$
2. Building Purchase (# of sq. feet):	\$
3. Land and Building Purchase (# of acres and # of sq. feet):	\$
4. Renovation of Existing Real Estate:	\$
5. Machinery, Equipment, Furniture, & Fixtures (describe):	\$
6. Leasehold Improvements:	\$
7. Legal / Professional Fees:	\$
8. Working Capital (describe):	\$
9. Contingency:	\$
10: Other Soft Costs (describe):	\$
11. Other (describe):	\$
12. Other (describe):	\$
Total	\$

C. Additional Sources of Funding for Project: Please list the other sources of funding for the project. Attach commitment letters from the other lenders (if available).

Lender Name	Loan Amount	Interest Rate	Term	Amortization	Collateral
	\$	%	Mos.	Mos.	
	\$	%	Mos.	Mos.	
	\$	%	Mos.	Mos.	

D. Equity Investment: Please list all source(s) and corresponding amount(s) of equity investment for the project.

Source of Equity	Amount
	\$
	\$
	\$

## IV. COLLATERAL INFORMATION

Collateral Description (for real estate please give full address)	Collateral Value	Source of Valuation (Ex.: cost, appraisal, tax assessment)	Owner of Collateral	Existing Lien(s)	Name of Lienholder
,	\$	tax assessment)		\$	
	\$			\$	
	\$			\$	
	\$			\$	
	\$			\$	
	\$			\$	

V. SCHEDULE OF EXISTING BUSINESS LIABILITIES (Note: You may skip this section if <u>all</u> the requested information is provided in your financial statements.)

Lender Name & Contact Info.	Original Loan Amount	Current Loan Balance	Maturity of	Monthly	Interest Rate	Payment Status (Current or # days Past Due)
Direct Liabilities:	Loan Amount	Loan Dalance	Loan (date)	Payment		days Past Due)
2 HOW Electrical	\$	\$		\$	%	
	\$	\$		\$	%	
	\$	\$		\$	%	
	\$	\$		\$	%	
	\$	\$		\$		
Contingent Liabilities:						
J	\$	\$		\$	%	
	\$	\$		\$	%	
	\$	\$		\$	%	

#### VI. BUSINESS PLAN AND FINANCIAL INFORMATION

**A. Business Plan: Please provide a complete business plan.** If you do not have a business plan, the following websites are a few of the many resources available to help you get started.

Small Business Administration
Vermont Small Business Development Center
SCORE

#### **B.** Business Financial Information: Please provide the following:

- a. CPA prepared business financial statements or tax returns for the last three years (or since inception if business is less than three years old). These should include both <u>income statements and balance sheets</u> for all years.
- b. If the applicant is a subsidiary or is closely affiliated with another corporation, please provide financial statements for the parent corporation or affiliate for the last three years.
- c. Current interim income statement and balance sheet for this year-to-date.
- d. Projected income statements and balance sheets for the present year and at least two years going forward. (List all material assumptions used in the projections.)
- e. For start-up businesses: In addition to item d. above, monthly cash flow projections for the first year or until the business is projected to reach breakeven.

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#### C. Personal Financial Information:

- a. Full, signed IRS personal tax return(s) for the most recent year for each individual owning 20% or more of the business.
- b. Complete, signed and dated personal financial statement for each individual owning 20% or more of the business, dated within 90 days of the application. (See attached Personal Financial Statement form or you may use another lender's form if already completed and dated within 90 days of application.)

## VII. EMPLOYMENT / BENEFITS INFORMATION

Please provide the following information regarding current and projected employee compensation and benefits.

	Before Project (at time of application)					Within 3 Year	<u>'S</u>	
No. of Full-Time Hourly Employees								
Average Hourly Wage Without Benefits	\$	P	Per hour		\$	Per h	our	
Average Hourly Wage With Benefits	\$		Per hour		\$	Per h	our	
No. of Salaried Employees								
Average Annual Salary Without Benefits	\$		Per year		\$	Per y	Per year	
Average Annual Salary With Benefits	\$		Per year		\$	Per y	ear	
Employee Benefits as % of Total Payroll	%				%			
	FY 20		_	FY	20	FY	20	
Total Payroll Last 3 Years	\$	1		\$		\$	1	

#### Please Mark All Benefits Offered to Employees:

Cafeteria Plan	
Health Insurance	
Life Insurance	
Disability Insurance	
Dental Insurance	
Vision Plan	
401 K Match	
Vacation / Sick/Holiday Time	
Other (please describe)	

Additional Comments / Information on Benefits (optional):

# VIII. GENERAL INFORMATION

		No	Yes	
1)	Is this business a co-borrower or guarantor for any other business or individual?	- 10	_ 23	If <b>Yes</b> , please explain:
2)	Is this business or any principal stockholder or affiliate a party to any claim or lawsuit?			If <b>Yes</b> , please explain:
3)	Has this business or any principal stockholder or affiliate ever filed for protection under the bankruptcy laws?			If <b>Yes</b> , please explain:
4)	Is at least 51% of the business owned by U.S. citizen(s) or resident alien(s)?			<b>Note:</b> Eligible borrowers must be U.S. citizens or 51% owned by U.S. citizens, and unable to access conventional credit.
5)	Are all principals and stockholders Vermont residents?			If <b>Yes</b> , number of Years? If <b>NO</b> , please explain:
6)	Does the business owe any taxes for prior years?			If <b>Yes</b> , please explain:
7)	Are any payroll withholding taxes delinquent?			If <b>Yes</b> , please explain:
8)	Will these loan proceeds be used for a project that will require the approval of a governmental authority, such as a Zoning Board, Planning Commission, or District Environmental Commission?			If Yes, please describe what permits have been obtained and those which will be obtained and the status of each permit application:
9)	Does the business currently produce products for export outside the United States?			If <b>Yes</b> , would you be interested in learning about VEDA's Export Assistance Program?  Yes No

# X. Attachments: (Please check all attachments included with your application)

Required:	Check if Attached
Business plan	
All business financial information listed in Section VI.B	
All personal financial information listed in Section VI.C	
Resumes of all key personnel, management & principals	
Loan Applicant Certification (appended to this application)	
Civil Rights and Equal Opportunity (optional)	
Environmental Short Form (appended to this application)	
USDA Assurance Agreement (appended to this application)	
Additional attachments, if applicable	
Authorization to Order Credit Reports (appended to this application)	
Commitment letter(s) from other financial institution lender(s) (if available)	
Purchase & Sale Agreement(s)	
Machinery & equipment purchase invoice(s)	
Lease agreement(s)	
Real estate appraisal(s)	
Equipment appraisal	
Environmental site assessment	
Accounts Receivable Aging and / or Inventory Listing	
Business formation documents /agreements	
Certificate of Authority to do Business in Vermont (required only if	
applicant is an out-of-state domiciled company)	
Project completion timetable	
Other (describe):	
Other (describe):	
Other (describe):	

(Note: Additional information may be requested by the Lender as deemed necessary.)

I/We, the undersigned, affirm that all statements made on this Application are accurate and complete. I/We also agree to notify VSBDC of any material changes in the information shown on this application or the accompanying documents. VSBDC is hereby authorized to gather credit information about me/us in order to help determine our creditworthiness, and to respond to credit inquiries about my/our accounts. I/We understand that all application information will remain the property of VSBDC. I/We certify that financing cannot be obtained from conventional credit sources, without VSBDC's involvement. I/We understand that VSBDC's lending decision may be a matter of public record.

Title:

Date:

Please print name:	_	
Signature:	_ Title:	_ Date:
Please print name:	_	
If application was prepared by someone other than the owner(s) l	isted in this application:	
Name of individual who prepared this application:		
Relationship to applicant:		
Telephone #:		
E-mail Address:		

Signature:

## PERSONAL FINANCIAL STATEMENT

Submitted to: Vermont Economic Development	Authority Date:						
IMPORTANT: Read these direction	s before completing this Statement						
If you are applying for individual credit in your own name and are relying on your own income, or assets and no income or assets of another person as the basis for repayment of the credit requested, or if this statement relates to guaranty of the indebtedness of other person(s), firm(s), or corporation(s), complete only Sections 1, 3, and 4.							
If you are applying for individual credit but are relying on income from alimony, child support, or separate maintenance or on the income or assets of another person as a basis for repayment of the credit requested, complete all Sections. Provide information in Section 2 about the person whose alimony, support, or maintenance payments or income or assets you are relying on. Alimony, child support, or separate maintenance income, need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.							
Section 1 – Individual Information	Section 2 – Other Party Information						
Name:	Name:						
Address:	Address:						
City, State & Zip:	City, State & Zip:						
Social Security #:	Social Security #:						
Date of Birth:	Date of Birth:						
Position or Occupation:	Position or Occupation:						
Business Name:	Business Name:						
Business Address:	Business Address:						
City. State & Zip:	City, State & Zip:						
Length at Present Address:	Length at Present Address:						
Length at Present Employer:	Length at Present Employer:						
Res. Phone:	Res. Phone:						
Bus. Phone:	Bus. Phone:						
Have (either of) you or any firm in which you were a majecthe amounts owned?     Yes No     If yes, please provide details on a separate sheet.	or owner ever declared bankruptcy, or settled any debts for less than						
2) Are (either of) you a defendant in any suit or legal action	? Yes No						
3) Are (either of) you presently subject to any unsatisfied ju	dgments to tax liens? Yes No						
4) Have (either of) you been audited by IRS? Yes No If Yes, what year(s)?							

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Assets (Do not include assets of doubtful value	Individu \$	ıal J	oint \$	If Joint, with whom	Liabilit		Individual \$	Joii \$	nt	f Joint, with whom
Cash, Checking & Savings, CD's See Schedule A	-				Notes payab banks & othe Sch. H					
U.S. Gov't & marketable securities—See Schedule B					Due to broke	ers				
Non-Marketable securities—Se Schedule C	e e				Amts. Payab					
Securities held by broker in margin accounts					Amounts pay	able to				
Restricted, control or margin account stocks					Accounts & b					
Real Estate owned – see Sch. D					Unpaid incor	ne tax				
Accounts, loans & notes receivable					Other unpaid interest	taxes &				
Automobiles					Real estate					
					mortgages pages See Sch. D &					
Cash surrender value-life ins. – See Sch. E.										
Vested interest in deferred										
compensation/profit-sharing plans – see Sch. F										
Business ventures – see Sch. G										
Other assets/personal property itemize –	,									
see Sch. G if applicable					Total Liabil	ities				
				1	Net Worth					
Total Assets					Total Liabil & Net Wor					
Section 4 – Annual Incor	ne For Year i	Ended :								
Annual Income	Individual \$	Joint \$	Annua	al Expenditures	Individual \$	Joint \$	Contingent Lial	oilities	Individual \$	Join \$
		·	l l	age/rental	,	•	Do you have an	y (circle	•	
	·						<b>Y</b> or <b>N</b> )			
commissions			payme				Contingent lish	ilitios as		
commissions		<u> </u>	Real e	ents state taxes & ments			Contingent liab endorser, co-m or guarantor?	aker		
Salary, bonuses & commissions Dividends & Interest  Real estate income			Real e assess Taxes	state taxes & ments				aker *Y N		
Dividends & Interest  Real estate income  Other Income (Alimony, child support, or separate maintenance			Real e assess Taxes- & loca Other payme	state taxes & ments federal, state I contract ents (auto ents, charge			endorser, co-m or guarantor?	aker *Y N ntracts? *Y N		
Commissions Dividends & Interest  Real estate income  Other Income (Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this			Taxes- & loca Other payme cards, Alimo suppo	state taxes & ments  federal, state I contract ents (auto ents, charge etc.) ny, child			endorser, co-m or guarantor? On leases or co Contested inco	aker *Y N ntracts? *Y N me tax liens? capital gains alized		
Commissions Dividends & Interest  Real estate income  Other Income (Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a			Real e assess Taxes- & loca Other payme cards, Alimo suppo maint	state taxes & ments  federal, state   contract ents (auto ents, charge etc.) ny, child rt,			endorser, co-m or guarantor? On leases or co  Contested inco *Y N  Any estimated tax on the unre	aker *Y N ntracts? *Y N me tax liens?  capital gains alized ion? *Y N		

## SCHEDULE - CASH, CHECKING AND SAVINGS ACCOUNTS, CERTIFICATES OF DEPOSIT, MONEY MARKET FUNDS, ETC.

Name of Financial Institution	Type of Account	Owner	(J)	If Pledged, to Whom?	Balance \$

#### **SCHEDULE B – U.S. GOVERNMENT & MARKETABLE SECURITIES** (Use additional sheet if necessary)

Number of Shares or Face Value of Bonds	Description	In Name of	Are these Registered, Pledged, or Held by Others?	Market Value \$	Exchanges Where Traded

## **SCHEDULE C – NON-MARKETABLE SECURITIES** (Use additional sheet if necessary)

Number of Shares or Face Value of Bonds	Description	In Name of	Are these Registered, Pledged, or Held by Others?	Value \$	Method of Valuation

#### **SCHEDULE D – INVESTMENTS IN REAL ESTATE** (Use additional sheet if necessary)

Description/Location of Real Estate Investment	(J)	Date of Original Investment/ Amount	% Owned by You	Market Value of Your % of Investment \$	Present Balance \$	Monthly Payment \$	Mortgage Maturity Date	Mortgage Owed To

#### SCHEDULE E – LIFE INSURANCE CARRIED, INCLUDING GROUP INSURANCE

Name of Insurance Company	Owner of Policy	Beneficiary and Relationship	Face Amount \$	Policy Loans \$	Cash Surrender Value \$

#### SCHEDULE F - VESTED INTEREST IN DEFERRED COMPENSATION/PROFIT-SHARING PLANS

% Vested	Company Name	Account Number	Manner of Payout (Annuity, Lump Sum, etc.)	Distribution Date	Beneficiary	Amount \$

#### SCHEDULE G - BUSINESS VENTURES (use additional sheets if necessary)

Name and Address Of Any Business Venture In Which You Are A Principal or Partner	Your Position/Title in the Business	Line of Business	Years In Business	Total Assets Listed in Section 3 \$	Your % of Ownership	Net Worth of Business \$	Present Net Value of your Investment \$

#### SCHEDULE H - LOANS OWING BANKS, BROKERS, FINANCE COMPANIES, AND OTHERS (MASTERCARD, VISA, ETC.)

Owing to (Name / Acct. No.)	(J)	Date of Original Borrowing/Amount	Present Balance \$	Next Due Date	Monthly Payment \$	Date of Final Payment	Secured by

The information contained in this statement is provided to induce VEDA or its affiliates to extend or to continue the extension of credit to the undersigned or to others upon the guaranty of the undersigned. The undersigned acknowledges and understands that VEDA or its affiliates are relying on the information provided herein in deciding to grant or continue credit or to accept a guaranty thereof. Each of the undersigned represents, warrants, and certifies that (1) the information provided herein is true, correct and complete and gives a correct and complete showing of the financial condition of the undersigned, (2) the undersigned has no liabilities direct, indirect or contingent except as set forth in this statement, and (3) legal and equitable title to all assets listed herein is in the undersigned's sole name, except as may be herein otherwise noted. Each of the undersigned agrees to notify VEDA or its affiliates immediately and in writing of any change in name, address, or employment and of any material adverse change (1) in any of the information contained in this statement or (2) in the financial condition of any of the undersigned or (3) in the ability of any of the undersigned to perform its (or their) obligations to VEDA or its affiliates. In the absence of such notice or a new and full written statement, this should be considered as a continuing statement and substantially correct. VEDA or its affiliates are authorized to make all inquiries it deems necessary to verify the accuracy of the information contained herein, and to determine the credit-worthiness of the undersigned and the undersigned hereby authorizes all persons of whom VEDA or its affiliates make such inquiries to respond thereto in full. Each of the undersigned authorizes VEDA or its affiliates to answer questions about its credit experience with the undersigned.

Date Signed	Signature (individual)
Date Signed	Signature (other party)

VEDA is an equal opportunity lender and employer

#### LOAN APPLICANT CERTIFICATION, CIVIL RIGHTS and EQUAL CREDIT NOTICE

LOAN APPLICANTS (individual(s), public or private organizations, or other legal entities) MUST CERTIFY THE FOLLOWING:

- has the authority to incur the debt and carry out the purpose of the loan;
- are citizens of the United States or reside in the United States after being legally admitted for permanent residence. In the case of an organization, at least 51 percent of the outstanding membership or ownership must be either citizens of the United States or residents of the United States after being legally admitted for permanent residence;
- are not government employees or active duty military personnel (unless within 6 months of anticipated separation date);
- are located in a rural area of a state (town with a population of less than 25,000);
- are unable to finance the proposed project from its own resources or through commercial credit or other Federal, State, or local programs at reasonable rates and terms;
- along with its principal officers (including their immediate family) hold no legal or financial interest or influence in the Intermediary extending the credit requested. Also, the Intermediary and its principal officers (including immediate family) hold no legal or financial interest or influence in the Loan Applicant;
- do not have any delinquent debt to the Federal Government. If delinquent, are not eligible to receive a loan from USDA Rural Development IRP revolving loan funds. IRP revolving loan funds may not be used to satisfy the delinquency.

LOAN APPLICANT HEREBY CERTIFIES all Items listed above.

# **Civil Rights and Equal Opportunity**

The following information is requested by the Federal Government in order to monitor the Provider/Lender's compliance with the Equal Credit Opportunity Act. You are not required to furnish this information, but are encouraged to do so.

The law requires that the Provider/Lender may neither discriminate on the basis of this information, nor on whether you choose to furnish it. However, if you choose not to furnish it, under Federal regulations the Provider/Lender is required to note race and sex on the basis of visual observation or surname.

If you do not wish to furnish the following information, please check the box below.

<u>Applicant</u>	
☐ American Indian/Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Other	Ethnicity:  Hispanic or Latino  Not Hispanic or Latino  I do not wish to furnish this information
Sex  Male Female	
_ Co - Applicant  American Indian/Alaskan Native  Asian  Black or African American  Native Hawaiian or Other Pacific Islander  White  Other	Ethnicity ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ I do not wish to furnish this information.
Sex  □ Male □ Female	

## EQUAL CREDIT OPPORTUNITY NOTICE

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 that the applicant has the capacity to enter into a binding contract); and because all or parts of the applicant's income is derived from any public assistance program; or because the applicant has in good faith, exercised any rights under the Consumer Credit Protection Act. The Federal agency that administers compliance with this law concerning this credit is the Federal Trade Commission. If a person believes he or she was denied assistance in violation of this law, they should contact the Federal Trade Commission, Washington, DC 20580.

# **ENVIRONMENTAL INFORMATION "SHORT FORM"**

The purpose of this "short form" is to collect a basic amount of information to help Rural Development complete its Environmental Review. Depending on the information provided with this form, you may be requested to complete Form 1940-20, "Request for Environmental Information". **If your project involves ground disturbing construction or major building addition/rehab.**, the 1940-20 will be required and you should contact RD (B&I Loan Guarantee) or your Intermediary (IRP loans) as soon as possible.

<b>DESCRIPTION OF PROJECT:</b> Please provide a brief description of how the proposed funds (from all sources) will be used by your business. If your project involves construction (whether interior or exterior or renovations), please describe that in detail.
LOCATION OF PROJECT: Please provide an accurate street map outlining the project site. If a clear and detailed site map is not provided, we cannot proceed with the review and your project will experience an approval delay.
Is your business located within a 100-year floodplain? If NO, how did you verify this?
<b>PERMITS REQUIRED:</b> List any local (zoning), State or Federal permits that you will be required to obtain (or currently hold) for your project. If a permit is in process, please explain its current status.
OTHER REGULATIONS: Please list the State, Federal, local or other regulations that your business is required to comply with:
HAZARDOUS WASTES / MATERIALS: Please list any regulated hazardous materials or wastes that your business uses or creates:

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USDA Form RD 400-4 (Rev. 06-10)

#### ASSURANCE AGREEMENT

FORM APPROVED OMB No. 0575-0018 OMB No. 0570-0062

(Under Title VI, Civil Rights Act of 1964)

The		
	(name of recipient)	
	(address)	

("Recipient" herein) hereby assures the U. S. Department of Agriculture that Recipient is in compliance with and will continue to comply with Title VI of the Civil Rights Act of 1964 (42 USC 2000d et. seq.), 7 CFR Part 15, and Rural Housing Service, Rural Business- Cooperative Service, Rural Utilities Service, Risk Management Agency, or the Farm Service Agency, (hereafter known as the "Agency") regulations promulgated thereunder, 7 C.F.R. § 1901.202. In accordance with that Act and the regulations referred to above, Recipient agrees that in connection with any program or activity for which Recipient receives Federal financial assistance (as such term is defined in 7 C.F.R. § 15.2) no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination.

- 1. Recipient agrees that any transfer of any aided facility, other than personal property, by sale, lease or other conveyance of contract, shall be, and shall be made expressly, subject to the obligations of this agreement and transferee's assumption thereof.
- 2. Recipient shall:
  - (a) Keep such records and submit to the Government such timely, complete, and accurate information as the Government may determine to be necessary to ascertain our/my compliance with this agreement and the regulations.
  - (b) Permit access by authorized employees of the Agency or the U.S. Department of Agriculture during normal business hours to such books, records, accounts and other sources of information and its facilities as may be pertinent to ascertaining such compliance.
  - (c) Make available to users, participants, beneficiaries and other interested persons such information regarding the provisions of this agreement and the regulations, and in such manner as the Agency or the U. S. Department of Agriculture finds necessary to inform such persons of the protection assured them against discrimination.
- 3. The obligations of this agreement shall continue:
  - (a) As to any real property, including any structure, acquired or improved with the aid of the Federal financial assistance, so long as such real property is used for the purpose for which the Federal financial assistance is made or for another purpose which affords similar services or benefits, or for as long as the Recipient retains ownership or possession of the property, whichever is longer.
  - (b) As to any personal property acquired or improved with the aid of the Federal financial assistance, so long as Recipient retains ownership or possession of the property.
  - (c) As to any other aided facility or activity, until the last advance of funds under the loan or grant has been made.
- 4. Upon any breach or violation this agreement the Government may, at its option:
  - (a) Terminate or refuse to render or continue financial assistance for the aid of the property, facility, project, service or activity.
  - (b) Enforce this agreement by suit for specific performance or by any other available remedy under the laws of the United States or the State in which the breach or violation occurs.

Rights and remedies provided for under this agreement shall be cumulative.

In witness whereof,			on this
	(nam	ne of recipient)	
date has caused this	agreement to be executed by its duly authorized officer	rs and its seal affixed hereto, or, if a natural person, has hereunto executed this	agreement.
(SEAL)			
			Recipien
Attest:			Date
	Title		Title

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0570-0018 and 0570-0062. The time required to complete this information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

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#### **Dun & Bradstreet Date Universal Numbering System (DUNS) Number**

There is no cost for a business to obtain a DUNS number and the process takes about 10 minutes. If you already have a DUNS number you can use the number you have. If you do not have a DUNS number, call Dun & Bradstreet (D&B) toll free at 1-866-705-5711 or register online at the D&B website: <a href="https://www.dnb.com/">https://www.dnb.com/</a>.

## Telephone Instructions

- 1. Dial 1-866-705-5711
- 2. Enter "5" if registering as a government loan applicant and select "1" at the next menu for new DUNS number.
- 3. Enter "4" if registering as a government grant applicant and select "1" at the next menu for new DUNS number.
- 4. At this point a service representative will answer and suggest you buy the Credit Builder Service. It is not necessary to purchase this service in order to obtain your loan.
- 5. Provide answers to the following questions:
  - a. Name of business
  - b. Business Address
  - c. Local Phone Number
  - d. Name of CEO/Business Owner
  - e. Legal structure of the business (corporation, partnership, LLC, proprietorship)
  - f. Year business started
  - g. Primary line of business
  - h. Total number of employees (full and part time)

#### Online Instructions

- 1. After accessing the website be sure to click on the link that reads "DUNS number only" at the right hand bottom corner of the screen
- 2. Note: registration on the web site may take up to 14 days to complete

<u>Instructions</u>: Please complete this form if either of the following applies:

- You are a borrower/co-borrower/guarantor and did not sign the referenced loan application; and /or
- You submitted a non-VEDA personal financial statement(s).

# **Authorization to Order Credit Reports**

I/We, the undersigned, affirm that all statements made on the loan application concerning my/our involvement in the applicant company dated are accurate and complete. I/We also agree to notify VEDA of any material changes in our personal information shown on the referenced application or the accompanying documents. VEDA or any of its component units is hereby authorized to gather credit information about me/us in order to help determine our creditworthiness, and to respond to credit inquiries about my/our accounts. I/We understand that all application information will remain the property of VEDA. I/We understand that VEDA's lending decision may be a matter of public record.				
Print Name:				
Signature:				
Print Name:				
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