



BENNINGTON REVOLVING LOAN APPLICATION

BUSINESS INFORMATION

Applicant Name: _____ Business Name/Employer ID: _____

Business Street Address: _____ Town/City: _____ State: _____ Zip: _____

Mailing Address: _____ Town/City: _____ State: _____ Zip: _____

Business Phone: _____ Home Phone: _____ Mobile Phone: _____

Fax: _____ Email: _____

Type of Business (i.e. Corporation, LLC, Sole Proprietorship, Non-Profit, etc.): _____

Date Business Started: _____ Original State Located: _____ Number of Employees: _____

Primary Industry/Products/Services: _____

Co-Applicant Name: _____ Social Security Number: _____ DOB: _____

Mailing Address: _____ Town/City: _____ State: _____ Zip: _____

Home Phone: _____ Mobile Phone: _____ Email: _____

PROJECT AND LOAN INFORMATION:

Revolving Loan Terms:

- Amount: \$2,000 - \$35,000
- Term: 2 years – 25 years
- Interest Rate: New (½ of Prime + 2%), Refinance (4%-7%)
- Bank Refusal Required

Total Cost of Project: \$

Total Loan Amount Requested: \$

Total Amount Contributed by Applicant: \$

Total Jobs Created by Project:

List other sources of funding for this project: _____

BUSINESS DEPOSIT RELATIONSHIP(S) PLEASE LIST ANY AND ALL BANK ACCOUNTS THE PRINCIPALS OF THIS COMPANY CURRENTLY HAVE.

Primary Account Holder	Bank Name	Account Number	Current Checking Balance	Current Savings Balance

BUSINESS COLLATERAL RECEIPT FOR EQUIPMENT COLLATERAL WILL BE REQUIRED UPON PURCHASE.

Collateral Type	Current Value	Description of Collateral	Current Lienholder	Current Owner
Equipment				
Residential Real Estate				
Commercial Real Estate				
Other				

OTHER FINANCIAL OBLIGATION(S)

Obligation Type	Creditor	Total Obligation	Current Obligation Balance	Monthly Payment Amount	Primary Owner
Personal Loan(s)					
Business Loan(s)					
Mortgage(s)					
Loan(s) by Primary					

OWNER(S) AND/OR GUARANTOR(S) PERSONAL INFORMATION

OWNER

GUARANTOR

Full Name: _____ Title Held in Company: _____

Home Address: _____ Town/City: _____ State: _____ Zip: _____

Mailing Address: _____ Town/City: _____ State: _____ Zip: _____

Social Security Number: _____ DOB: _____ Marital Status: _____

Business Phone: _____ Home Phone: _____ Mobile Phone: _____

Fax: _____ Email: _____

Monthly Mortgage/Rent: _____ Gross Income: _____ Gross Assets: _____

Current Banking Relationship: _____ Checking Balance: _____ Savings Balance: _____

DECLARATIONS

Please provide additional information in the notation section for any 'Yes' answers.

1. Is the applicant or any of the proposed guarantors party to any lawsuit and/or outstanding judgment? Y N
2. Has the applicant or any of the proposed guarantors ever filed for personal bankruptcy or served as an officer for a company that declared bankruptcy? Y N
3. Is the applicant or any of the proposed guarantors party to taxes or credit obligations that are past due? Y N
4. Is the applicant or any of the proposed guarantors presently under indictment or probation, or parole, or been convicted of any criminal offense other than minor traffic violations? Y N
5. Is the applicant and/or owner of the borrowing entity employed by the Town of Bennington Y N

AUTHORIZATION(S)

I/We for ourselves, and as an authorized signer of the applicant, certify that everything stated in this application and on any attachments is correct. You may keep this application whether or not it is approved. By signing below, I/we authorize **The Town of Bennington** and its affiliates, to obtain and use credit reports, process this application, process any requested changes to my/our accounts, review performance of my/our accounts and to collect any credit extended to me/us. It is understood that a photocopy of this form will also serve as authorization. I/We understand that I/we must update this credit information at your request and/or if my/our financial condition changes. I/We acknowledge that the credit being applied for will be used for business purposes. In addition, I/We acknowledge that the information provided in this application will be shared with other members of the Town's staff as we as the Bennington Select Board.

Legal Business Name: _____

Authorizing Signature for Legal Entity: _____

Date: _____

Applicant Signature: _____

Date: _____

Owner/Guarantor Signature (if different than applicant): _____

Date: _____

INTERNAL USE ONLY

Loan Amount Approved by Select Board:	
Interest Rate Approved by Select Board:	
Authorizing Signature and Date:	
Authorizing Department:	

ADDITIONAL NOTES/INFORMATION

Blank lined area for writing.