



QUADRANT FINANCIAL™

# Commercial Loan Application

Please note: **Each** additional Principal of the Borrowing Entity owning a 20% or greater portion of the Company should complete a separate Personal Financial Exhibits Package which is available from your Business Development Officer.

## Questions?

**Please contact your business development officer**

**[www.quadrant-financial.com](http://www.quadrant-financial.com)  
1-877-893-QUAD (7823)**

This checklist has been provided to assist you in gathering the necessary information for the **credit evaluation** of your loan request. Please note that all items must contain an original signature and date. **Complete** information will be necessary to process your application. If you have any questions about the forms or require assistance in completing them, please contact your Business Development Officer.

### Quadrant Financial Forms Packet (required from all applicants):

- 1. **Loan Application Form**
- 2. **History of Business Form**
- 3. **Business Debt Schedule**
- 4. **Personal Financial Statement** Complete this form for: (1) each proprietor, or (2) each limited partner who owns 20% or more interest & each general partner, or (3) each stockholder owning 20% or more voting stock & each corporate officer and director, or (4) each trustor/donor to a borrowing trust, or (5) other person or entity providing a guaranty on the loan. (***Please include the resources of spouse and any dependent children.***)
- 5. **Statement of Personal History – SBA Form 912** Complete this form for all principals owning 20% or more interest in the borrowing entity and key managers, directors, officers, and/or trustors/donors to a borrowing trust.
- 6. **Management Resume** (form enclosed) Provide complete resumes on all individuals owning 20% or more interest in the borrowing entity including key managers (copy form as needed).
- 7. **Signed Authorization to Release Information** Signed by all principals having 20% or more ownership interest in borrowing entity.
- 8. **IRS Form 4506- T – “Request for Copy or Transcript of Tax Returns”** – executed form required for operating business. (***Form included at the end of this application packet.***)

### Business & Personal Financial Exhibits (required from all applicants):

- 1. **Business Financial Statements for three (3) prior years**, including Balance Sheets and Profit & Loss Statements, for existing business & any affiliates. (An affiliate is primarily defined as any entity that is controlled by the applicant, its' stockholders, managers or directors or has control of the applicant business either through common ownership, management, previous relationships with or ties to another concern, and contractual relationships.)
- 2. **Federal Tax Returns for three (3) prior years** including all statements and schedules for existing business & any affiliates.
- 3. **Interim Profit & Loss, and Balance Sheet**- Within 45 days old for business being: 1) acquired, 2) existing/expanded, and 3) affiliates. ***Also please include a comparable interim statement from the prior year.***
- 4. **Aging of Accounts Receivable and Accounts Payable Summary** (corresponding to dates of interim financial statements) - Please attach current internally generated A/R and A/P aging. (Include for affiliate business as well.)
- 5. **Personal Federal Tax Returns for three (3) prior years** including all statements and schedules - for: (1) each proprietor, or (2) each limited partner who owns 20% or more interest & each general partner, or (3) each stockholder owning 20% or more voting stock & each corporate officer and director, or (4) each trustor/donor to a borrowing trust, or (5) other person or entity providing a guaranty on the loan.
- 6. **Written Explanation of any derogatory credit items.** – If you know of any derogatory items that may appear on your personal credit report, please include a written explanation along with any supporting documentation.

**If your loan request involves commercial real estate you will also need to provide:**

- 1. **Purchase Contract/Buy-Sell Agreement**
- 2. **Environmental Questionnaire** – consult with your Business Development Officer.
- 3. **If your project involves new construction** – Provide copy of the construction contract (a draft is acceptable) and a copy of the plans & specifications for the proposed project. If your project is in the early stages of development, please provide a preliminary cost analysis.
- 4. **If your project involves refinancing** – Provide a copy of the notes and deeds on the real estate to be refinanced.

**If your loan request involves a business acquisition you will also need to provide:**

- 1. A copy of the proposed **Purchase & Sale Agreement or Letter of Intent** – complete with allocation of monies, signatures, exhibits, and addendums
- 2. **Federal Tax Returns on Seller's Business for three (3) prior years** including all statements and schedules for existing business & any affiliates.
- 3. **Business Financial Statements on Seller's Business** – complete Balance sheets and Profit & Loss statement of business to be acquired for the most recent last three fiscal years.
- 4. **Interim Profit & Loss, and Balance Sheet**- complete Balance sheets and Profit & Loss statement of business to be acquired, current within 45 days.
- 5. **IRS Form 4506- T – “Request for Copy or Transcript of Tax Returns” (Form included)** prepared for selling business and signed by seller.

**If your loan request involves hotel/hospitality you will also need to provide:**

- 1. **Smith Travel Research Report (aka STAR Report)** – with details about the hotel's occupancy rates, average daily rates, REVPAR, etc.; current within 60 days. Must include data on subject hotel as well as competitors.
- 2. **Quality Assurance Report (QAR) from Franchisor** – please provide most recent QAR on subject location including condition report on interior and exterior.

**Depending on the specifics of your loan request, you may also need to provide:**

- 1. **If your request involves a franchised business: Copy of Proposed Franchise Agreement or Letter of Approval from Franchisor**
- 2. **If your request involves a franchised business: Franchise Disclosure Document (formerly UFOC) - provide a copy of the most current version of these documents.**
- 3. **If your request involves equipment financing: Purchase Orders, Invoices or Quotes** – with specific details about the equipment
- 4. **If your business is newly formed or expanding or your request is projection-based: 3 years of Business Projections** (form available from your Business Development Officer, if needed) Include a description of management, feasibility analysis, assumptions, site evaluation, and demographics. Note that the first year of projections must be monthly.
- 5. **If your request involves a gas station: Gallonage reports for the last 3 years**
- 6. **Business Plan** (for new businesses or as requested)
- 7. **Lease(s)** – complete copies of all existing or proposed leases.

**APPLICANT COMPANY:**

Legal Business Name: \_\_\_\_\_

dba name (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Contact: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

Type of Entity:  Sole Proprietorship  General Partnership  
 Limited Partnership  Corporation (Please specify:  S Corp,  C Corp,  LLC)

Date Established: \_\_\_\_\_ Date Incorporated: \_\_\_\_\_ State of Incorporation: \_\_\_\_\_

# of Employees: Existing: \_\_\_\_\_ After this financing: \_\_\_\_\_ Affiliates: \_\_\_\_\_

Employer Tax I.D.: \_\_\_\_\_ Website: \_\_\_\_\_

Name & Address of Current Bank: \_\_\_\_\_

Name of Franchise (if applicable) \_\_\_\_\_

**PROPOSED PROPERTY (IF DIFFERENT FROM CURRENT BUSINESS ADDRESS):**

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**OWNERSHIP INTEREST - List below THE PROPRIETOR, owners, partners, OFFICERS and ALL stockholders IN THE BUSINESS. 100% OWNERSHIP MUST BE SHOWN**

Name	Title	SSN	Ownership %
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**AFFILIATES - List below all business concerns in which the Applicant Company or any of the individuals listed in the Ownership section above have any ownership. (If additional affiliates, please attach on separate sheet)**

Co. Name: _____	Co. Name: _____
Individual Name: _____	Individual Name: _____
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____
Phone: _____	Phone: _____
Percent of Ownership: _____	Percent of Ownership: _____

**INSURANCE INFORMATION**

Hazard/Property Insurance

Company: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Life Insurance: Does the company maintain Life Insurance on any owner or officer? If yes, provide details below.

Insured: \_\_\_\_\_ Beneficiary: \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
 Insured: \_\_\_\_\_ Beneficiary: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

**ADDITIONAL INFORMATION (For any affirmative response please attach an explanation)**

1. Have you or any officer of your company ever been involved in bankruptcy or insolvency proceedings?  Yes  No
2. Are you or your business involved in any pending lawsuits?  Yes  No
3. Does any applicant or their spouse or any member of their household, or any one who owns, manages or directs your business or their spouses or members of their households, work for the Small Business Administration, Small Business Advisory Council, SCORE or ACE, any Federal Agency, or the participating lender?  Yes  No
4. Does your business presently, or will it as a result of this loan, engage in export trade?  Yes  No
5. Does the company or any owner own title to a patented, trademarked, or copyrighted product?  Yes  No
6. Do you currently have or have you ever applied or received any previous or existing SBA or other Federal Government Debt? If Yes, please provide details:  Yes  No

**ESTIMATED PROJECT COSTS**

Land Purchase	\$ _____
Real Estate Purchase/New Building Construction	\$ _____
Construction Contingency/Overruns	\$ _____
Leasehold Improvements/Repairs	\$ _____
Interim Interest	\$ _____
Equipment Purchase	\$ _____
Working Capital (including Accounts Payable & Inventory)	\$ _____
Business Acquisition	\$ _____
Refinance Debt	\$ _____
Estimated Closing Costs and Third Party Reports:	
Survey Fee (estimated)	\$ _____
Title Insurance (estimated)	\$ _____
Appraisal Fee (estimated)	\$ _____
Legal Fees (estimated)	\$ _____
Other: _____	\$ _____
Conventional/Interim Loan Fee	\$ _____
SBA Guarantee Fee	\$ _____
Other: _____	\$ _____
<b>TOTAL ESTIMATED PROJECT AMOUNT</b>	\$ _____
<b>LESS OWN CASH/EQUITY TO BE INJECTED</b>	\$ _____
<b>TOTAL LOAN REQUESTED FOR PROJECT</b>	\$ _____

**Background & History of principals and company:**

**Describe the products/services you offer and what they do for the customer.  
Please provide any company brochures or literature you have.**

**What geographic/demographic areas do you service? Who are your customers and where are they located, how big is the market and what is your current and desired future market share?**

**Does any customer represent greater than 15% of your sales?  YES  NO**

*If "Yes", please provide detail about the customer including general information (sales volume, public/private, years in business, etc.) and how long you have been servicing this customer.*

**Who are your primary competitors?**

<i>Competitor</i>	<i>Location</i>	<i>Your Competitive Advantage</i>

**How do you market your product/services? (include information about distribution channels, suppliers *including concentrations, seasonal swings, etc.*)**

**Describe your vision for the company over the next 2-3 years... 8-10 years? ( i.e. growth plans, changes in customer base, future capital expenditures, current capacity vs. future, management structure. Please also describe your management succession plan should you or a key member of your management die, become disabled and/or unable to work.)**

**Applicant's Signature** \_\_\_\_\_

**Date:** \_\_\_\_\_





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](http://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.		2. Give the percentage of ownership or stock owned or to be owned in the small business or the development company	Social Security No.
First	Middle	3. Date of Birth (Month, day, and year)	
Last		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? <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: _____	INITIALS: _____
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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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**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 violation? 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      INITIALS: \_\_\_\_\_

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 than 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 institution, 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
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Agency Use Only		12. <input type="checkbox"/> Cleared for Processing	Date _____	Approving Authority _____
11. <input type="checkbox"/> Fingerprints Waived	Date _____	Approving Authority _____		
<input type="checkbox"/> Fingerprints Required	Date _____	Approving Authority _____		
Date Sent to OIG _____				
		13. <input type="checkbox"/> 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.**

## NOTICES REQUIRED BY LAW

The following is a brief summary of the laws applicable to this solicitation of information.

### **Paperwork Reduction Act (44 U.S.C. Chapter 35)**

SBA is collecting the information on this form to make a character and credit eligibility decision to fund or deny you a loan or other form of assistance. The information is required in order for SBA to have sufficient information to determine whether to provide you with the requested assistance. The information collected may be checked against criminal history indices of the Federal Bureau of Investigation.

### **Privacy Act (5 U.S.C. § 552a)**

Any person can request to see or get copies of any personal information that SBA has in his or her file, when that file is retrieved by individual identifiers, such as name or social security numbers. Requests for information about another party may be denied unless SBA has the written permission of the individual to release the information to the requestor or unless the information is subject to disclosure under the Freedom of Information Act.

Under the provisions of the Privacy Act, you are not required to provide your social security number. Failure to provide your social security number may not affect any right, benefit or privilege to which you are entitled. Disclosures of name and other personal identifiers are, however, required for a benefit, as SBA requires an individual seeking assistance from SBA to provide it with sufficient information for it to make a character determination. In determining whether an individual is of good character, SBA considers the person's integrity, candor, and disposition toward criminal actions. In making loans pursuant to section 7(a)(6) the Small Business Act (the Act), 15 USC § 636 (a)(6), SBA is required to have reasonable assurance that the loan is of sound value and will be repaid or that it is in the best interest of the Government to grant the assistance requested. Additionally, SBA is specifically authorized to verify your criminal history, or lack thereof, pursuant to section 7(a)(1)(B), 15 USC § 636(a)(1)(B). Further, for all forms of assistance, SBA is authorized to make all investigations necessary to ensure that a person has not engaged in acts that violate or will violate the Act or the Small Business Investment Act, 15 USC §§ 634(b)(11) and 687b(a). For these purposes, you are asked to voluntarily provide your social security number to assist SBA in making a character determination and to distinguish you from other individuals with the same or similar name or other personal identifier.

When the information collected on this form indicates a violation or potential violation of law, whether civil, criminal, or administrative in nature, SBA may refer it to the appropriate agency, whether Federal, State, local, or foreign, charged with responsibility for or otherwise involved in investigation, prosecution, enforcement or prevention of such violations. See 74 Fed. Reg. 14890 (2009) for other published routine uses.

**Your Name:**

First	Middle/Maiden	Last
Social Security Number	Date of Birth	Place of Birth

**U.S. Citizenship Status:**

Yes     No    If no, Alien Registration #: \_\_\_\_\_

**Present Home Address:**

\_\_\_\_\_  
\_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_

**Immediate Past Address:**

\_\_\_\_\_  
\_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_

**Residence Phone #:**

\_\_\_\_\_ Business Phone #: \_\_\_\_\_

**Spouse's Name:**

First	Middle/Maiden	Last
Social Security Number	Date of Birth	Place of Birth

**Employment History  
(last 10 years):**

to Employer: \_\_\_\_\_ Location \_\_\_\_\_  
Duties: \_\_\_\_\_

to Employer: \_\_\_\_\_ Location \_\_\_\_\_  
Duties: \_\_\_\_\_

to Employer: \_\_\_\_\_ Location \_\_\_\_\_  
Duties: \_\_\_\_\_

to Employer: \_\_\_\_\_ Location \_\_\_\_\_  
Duties: \_\_\_\_\_

**Your Formal Education  
Consists Of:**

High School: \_\_\_\_\_ Years: \_\_\_\_\_  
College: \_\_\_\_\_ Degree: \_\_\_\_\_ Years: \_\_\_\_\_  
Military History: Veteran:  Branch: \_\_\_\_\_ Served: \_\_\_\_\_ to \_\_\_\_\_

Are you or any other owner responsible for alimony or child support payments?  Yes  No

If yes, please include owner's name, annual amount, and anticipated expiration:

I am aware that this information is used to determine my eligibility for a loan, and that, if my application is approved, you may contact these sources to update this information at any time.

Signature: \_\_\_\_\_ Date \_\_\_\_\_  
Applicant

PERSONAL FINANCIAL STATEMENT

U.S. SMALL BUSINESS ADMINISTRATION

As of \_\_\_\_\_, \_\_\_\_\_

Complete this form for: (1) each proprietor; (2) general partner; (3) managing member of a limited liability company (LLC); (4) each owner of 20% or more of the equity of the Applicant (including the assets of the owner's spouse and any minor children); and (5) any person providing a guaranty on the loan. Return completed form to: 7(a) loans - to the lender processing the SBA application; 504 loans - to the Certified Development Company processing the SBA application; Disaster loans - to the Disaster Processing and Disbursement Center at 14925 Kingsport Road, Fort Worth, TX 76155-2243; and 8(a)/BD applicants who are individuals claiming social and economic disadvantaged status and their spouses - electronically at http://www.sba.gov or send hard copy with paper application to either of the two following offices:

8(a) BD only

Table with 2 columns: Mail to the following address, if your firm is located in one of the states below: and Mail to the following address, if your firm is located in one of the states below:.

Name Business Phone

Residence Address Residence Phone

City, State & Zip Code

Business Name of Applicant/Borrower

Table with 4 columns: ASSETS, (Omit Cents), LIABILITIES, (Omit Cents). Rows include Cash on hand, Savings Accounts, IRA, Accounts & Notes Receivable, Life Insurance, Stocks and Bonds, Real Estate, Automobiles, Other Personal Property, Other Assets, Accounts Payable, Notes Payable, Installment Account, Loan on Life Insurance, Mortgages, Unpaid Taxes, Other Liabilities, Total Liabilities, Net Worth.

Table with 2 columns: Section 1. Source of Income and Contingent Liabilities. Rows include Salary, Net Investment Income, Real Estate Income, Other Income, As Endorser or Co-Maker, Legal Claims & Judgments, Provision for Federal Income Tax, 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.

<b>Section 2. Notes Payable to Banks and Others.</b> (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
<b>Section 3. Stocks and Bonds.</b> (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
<b>Section 4. Real Estate Owned.</b>		(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 Real Estate (e.g. Primary Residence, Other Residence, Rental Property, Land, etc.)					
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					
<b>Section 5. Other Personal Property and Other Assets.</b> (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)					
<b>Section 6. Unpaid Taxes.</b> (Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches.)					
<b>Section 7. Other Liabilities.</b> (Describe 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.  
**CERTIFICATION:** (to be completed by each person submitting the information requested on this form)

By signing this form, I certify under penalty of criminal prosecution that all information on this form and any additional supporting information submitted with this form is true and complete to the best of my knowledge. I understand that SBA or its participating Lenders, or Certified Development Companies will rely on this information when making decisions regarding an application for a loan from SBA or an SBA Participating Lender, or for participation in the SBA 8(a) Business Development (BD) program.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name \_\_\_\_\_

Social Security Number: \_\_\_\_\_

**NOTICE TO LOAN APPLICANTS: CRIMINAL PENALTIES AND ADMINISTRATIVE REMEDIES 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. A false statement is punishable under 18 U.S.C. §§ 1001 and 3571 by imprisonment of not more than five years and/or a fine of up to \$250,000; under 15 U.S.C. § 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 institution, a false statement is punishable under 18 U.S.C. § 1014 by imprisonment of not more than 30 years and/or a fine of not more than \$1,000,000.

**NOTICE TO APPLICANTS OR PARTICIPANTS IN THE 8(a) BD PROGRAM: CRIMINAL PENALTIES AND ADMINISTRATIVE REMEDIES FOR FALSE STATEMENTS:**

Any person who misrepresents a business concern's status as an 8(a) Program participant or SDB concern, or makes any other false statement in order to influence the 8(a) certification or other review process in any way (e.g., annual review, eligibility review), shall be: (1) Subject to fines and imprisonment of up to 5 years, or both, as stated in Title 18 U.S.C. § 1001; (2) subject to fines of up to \$500,000 or imprisonment of up to 10 years, or both, as stated in Title 15 U.S.C. § 645; (3) Subject to civil and administrative remedies, including suspension and debarment; and (4) Ineligible for participation in programs conducted under the authority of the Small Business Act.

**PLEASE NOTE:** The estimated average burden hours for the completion of this form is 1.5 hours per response. If you have questions or comments concerning this estimate or any other aspect of this information, please contact Chief, Administrative Branch, U.S. Small Business Administration, Washington, D.C. 20416, and Clearance Officer, Paper Reduction Project (3245-0188), Office of Management and Budget, Washington, D.C. 20503. **PLEASE DO NOT SEND FORMS TO OMB.**



## AUTHORIZATION TO OBTAIN AND RELEASE INFORMATION

I/We hereby authorize Quadrant Financial, Inc. to obtain any and all information they may require at any time for any purpose related to my/our credit transaction with Quadrant Financial, Inc. or any of its affiliated lenders, including obtaining my/our personal credit history from a consumer reporting agency, and I/we authorize the release of all such information to Quadrant Financial, Inc. or any of its affiliated lenders. I/We further authorize Quadrant Financial, Inc. to release such information to any entity they deem necessary for any purpose related to my/our credit transaction with them.

I/We hereby certify that the enclosed information (plus any attachments or exhibits) is valid and correct to the best of my/our knowledge.

I/We hereby acknowledge that all loan approvals will be in writing and subject to the terms and conditions set forth in a commitment letter signed by an officer of Quadrant Financial, Inc. or any of its affiliated lenders.

### Applicant #1

### Applicant #2

Signature

Signature

Print Full Legal Name

Print Full Legal Name

Social Security Number

Social Security Number

Street Address

Street Address

City, State & Zip Code

City, State & Zip Code

Applicant #1 Date of Birth

Applicant #2 Date of Birth

**Notice to applicants:** If your application for business credit is denied, you have the right to a written statement of the specific reason for denial. To obtain a statement, please contact *Quadrant Financial, Inc., P.O. Box 11197, Savannah, GA 31412* 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 the creditor is: FDIC Consumer Response Center, 2345 Grand Boulevard, Suite 100, Kansas City, Missouri 64108

Any further inquiries or questions regarding this Authorization should be directed to:

Quadrant Financial, Inc.  
P.O. Box 11197  
Savannah, GA 31412

