VACC REVOLVING LOAN FUND APPLICATION*

LOAN PACKAGE CHECKLIST

Date	Information
	Application Form with \$150.00 Non-Refundable Processing Fee
	Historical Financial Statements for Three Years (if applicable)
	Three-year Cash Flow Projections
	Written Business Plan (includes proposed project)
	Personal Financial Information (if three-year historical financials unavailable)
	Documentation of Small & Emerging Business Criteria (Attached)
	Approval by VACC Board
	Loan Signing

VACC REVOLVING LOAN FUND*

PART I: APPLICANT NAME

Business Name	
Business Street Address	
City, State, ZIP	
Business Phone Number	
NAICS Code	
DUNS Number	
Federal EIN/SSN	
Number of Employees	
Annual Gross Revenues	
Owner(s) Name	
Owner Phone Number	
Owner Email Address	
CEO Name (if different)	
,	
CEO Phone Number	
CEO Phone Number	
CEO Phone Number CEO Email Address	
CEO Phone Number CEO Email Address PART II: BANKING INFORMA	TION
CEO Phone Number CEO Email Address PART II: BANKING INFORMA Bank Name	TION
CEO Phone Number CEO Email Address PART II: BANKING INFORMA Bank Name Bank Street Address	TION
CEO Phone Number CEO Email Address PART II: BANKING INFORMA Bank Name Bank Street Address City, State, ZIP	TION
CEO Phone Number CEO Email Address PART II: BANKING INFORMA Bank Name Bank Street Address City, State, ZIP Account Owner Name	TION
CEO Phone Number CEO Email Address PART II: BANKING INFORMA Bank Name Bank Street Address City, State, ZIP Account Owner Name Account Type	TION
CEO Phone Number CEO Email Address PART II: BANKING INFORMA Bank Name Bank Street Address City, State, ZIP Account Owner Name	TION
CEO Phone Number CEO Email Address PART II: BANKING INFORMA Bank Name Bank Street Address City, State, ZIP Account Owner Name Account Type	TION
CEO Phone Number CEO Email Address PART II: BANKING INFORMA Bank Name Bank Street Address City, State, ZIP Account Owner Name Account Type Account Number Account Balance	TION
CEO Phone Number CEO Email Address PART II: BANKING INFORMA Bank Name Bank Street Address City, State, ZIP Account Owner Name Account Type Account Number	TION
CEO Phone Number CEO Email Address PART II: BANKING INFORMA Bank Name Bank Street Address City, State, ZIP Account Owner Name Account Type Account Number Account Balance	TION
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PART II: BANKING INFORMATION (continued)

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Bank Name	
Bank Street Address	
City, State, ZIP	
Account Owner Name	
Account Type	
Account Number	
Account Balance	
Bank Name	
Bank Street Address	
City, State, ZIP	
Account Owner Name	
Account Type	
Account Number	
Account Balance	
DADT III. CREDITOR INCORM	IATION
PART III: CREDITOR INFORM	ATION
Creditor Name	
Creditor Street Address	
City, State, ZIP	
Account Owner Name	
Credit Purpose	
Monthly Payment	
Credit Balance	
Cua ditau Nama	T
Creditor Name	
Creditor Street Address	
City, State, ZIP	
Account Owner Name	
Credit Purpose	
Monthly Payment	
Account Balance	
Cua ditau Nama	Т
Creditor Name	
Creditor Street Address	
City, State, ZIP	
Account Owner Name	
Credit Purpose	
Monthly Payment	
Account Balance	

PART IV: DESCRIPTION OF BUSINESS	
PART V: REASON FOR LOAN REQUEST	_
PART VI: LOAN AMOUNT REQUESTED	_
PART VII: COLLATERAL PLEDGED	_

NOTE: If the business is partly owned by another individual, an individual application must be filed by all part owners of the business, unless they are from the same household.

Ohio laws against discrimination require all creditors make credit equally available to all creditworthy customers and credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law.

The undersigned hereby certifies that all statements made and answers provided in this loan application are true and correct and are made for the purposes of receiving a loan through the Revolving Loan Fund administered by the Versailles Area Chamber of Commerce ("Administering Agency") for the purchase of program eligible items and services.

The undersigned hereby certifies that at least fifty-one percent (51%) of the outstanding interest in the business is owned by those who are either citizens of the United States or reside in the United States after being legally admitted for permanent residence.

The undersigned hereby certifies he/she is competent to enter into a contract and no bankruptcy proceedings are in progress or anticipated that involve this party or any other person whom is a part owner of the business.

The undersigned hereby understands and agrees that annual reporting of the entities financial condition through submission of fiscal year-end financial statements and information related to the ethnicity, race, and gender of all employees may be be submitted on an annual basis to the Administering Agency for the duration of the loan. Documentation supporting the job creation/retention associated with the use of these funds may also be required.

Authorization is hereby given to the Administering Agency to obtain consumer credit report(s) to be used in evaluating this application and obtaining and exchanging of credit information from and with other creditors and consumer reporting agencies.

For the purposes of procuring and maintaining credit from time-to-time through this or any other programs administered by the Administering Agency, the undersigned certifies that the foregoing is a true and accurate statement of the financial condition of the undersigned as of the above date and agrees that, in the event of any material change in such financial condition, the undersigned will immediately notify the Administering Agency of such changes. In the absence of such notice, the Administering Agency may continue to rely upon this statement as a true and accurate statement of the financial condition of the undersigned. In the event of the failure of the undersigned to so notify the Administering Agency or in the event this statement is false in any material respect, the agency may declare due and payable any and all obligations of the undersigned to the agency without notice or demand. It is understood by the undersigned that the Administering Agency will be allowed liquidation of Applicant's accounts should it become necessary to prevent loan default. Agreement to this term will be included with the Loan Closing documents.

Submitted with this application is a non-refundable application fee of \$150.00. The undersigned understands that payment of closing costs may be required for any outside fees incurred by the Administering Agency. These could include credit reports, appraisals, document preparation, attorney fees, recording fees, etc. Fees will vary based on the nature and components of each loan.

The undersigned further certifies that all blank spaces in the foregoing statement are inapplicable. The undersigned authorizes the Administering Agency to make whatever credit inquiries deemed necessary in connection with this financial statement or in collecting any credit you extend and authorize and instruct any persons you contact to compile and furnish such information as they may have or obtain in response to your inquiry.

Authorized Signature	Date
Authorized Signature	Date

In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discrimination on the basis of race, color, national origin, sex, age, or disability. (Not all prohibited bases apply to all programs). To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TDD).

EQUAL OPPORTUNITY QUESTIONNAIRE

The following information is requested by the Federal Government for certain types of loans, in order to monitor the lender's compliance with equal credit opportunity. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender may neither discriminate on the basis of this information nor on whether you choose to furnish it. However, if you chose not to furnish it, under Federal regulations, this lender is required to note race/ethnicity on the basis of visual observation or surname. If you do not wish to furnish the above information, please check the box below.

ETHNICITY: (make a check on the appropriate line)

Hispanic or Latino
Not Hispanic or Latino

RACE: (make a check on the appropriate line)

American Indian/Alaskan Native
Asian
Black or African-American
Native Hawaiian or other Pacific Islander
White

GENDER: (make a check on the appropriate line)

Male	Female
	Male

	I choose not to furnish this information
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