

HUDSON COUNTY ECONOMIC DEVELOPMENT CORP.

830 Bergen Ave. Fl. 3B
Jersey City, NJ 07306

Business Loan Program

This form is designed to provide HCEDC with sufficient information to permit effective consideration of your loan request. A fully completed application will eliminate unnecessary delays. If you have any questions, please call Thomas Furlong, Loan Coordinator at (T) (201) 369 4370 (F) (201) 369 4371 email: loans@hudsonedc.org. **Note: There is a \$125.00 application fee payable to HCEDC when this application is submitted. This fee is not refundable.**

I. General Information

Name of business: _____

Address of business: _____

Contact person: _____

Telephone number: (_____) Fax number (_____)

Business bank of account: _____

Branch address: _____

Account Number: _____

Bank Officer: _____

II. Ownership & Management

Structure of business: (Check One)

Corporation

Professional Corporation

Trading As/DBA

S Corporation

Partnership

Proprietorship

Ownership of applicant company (List all owners & stockholders):

Name	Percentage Owned
1.	
2.	
3.	

Key Management:

Name	Title	Years With Co.	Annual Compensation Salary	Bonuses	Life Ins. Amount
1.					
2.					
3.					

Other Information

Are there any outstanding judgments, garnishments or other legal proceedings against you or you business.

Yes

No

If yes, please explain: _____

Have you ever declared bankruptcy Yes No

Have you had property foreclosed upon or made a settlement with creditors Yes No

III. Company History/Profile

Month/year business was established: ___ / ___ / ___ Tax ID or EIN # _____

Line of business: _____ SIC: _____

Please list the address of all other plants or facilities and the number of employees at each location:

Current number of employees: full-time: _____ part-time: _____

Jobs to be created (within one year): full-time: _____ part-time: _____

Is the applicant's location Principal place of existing business of the applicant Principal place of new business of the applicant Existing branch operation of the applicant where assistance is to be expended new branch operation of the applicant where assistance is to be expended.

If applicant is relocating an existing business, indicate the number of jobs that will be lost: _____

IV. Market

Four Largest Customers: (Not applicable for retail businesses.)

<i>Company Name and Contact Person</i>	<i>Net Sales</i>
<i>Address and Phone Number</i>	
1.	
2.	
3.	
4.	

Four Largest Suppliers:

<i>Company Name and Contact Person</i>	<i>Credit Amount</i>
<i>Address and Phone Number</i>	
1.	
2.	
3.	
4.	

Major Competitors:

1. (Name)	3.
(Address)	
2.	4.

V. Existing Business Loans Payable

Whom Payable/ Account Number	Original Amount	Loan Date Month/Year	Term	Interest Rate	Balance	Collateral	Payments Current Yes No
1.		/					
2.		/					
3.		/					

VI. Description Of Proposed Financing

LOAN REQUEST (Please Itemize):

Real Estate Acquisition: \$ _____

Building Renovations: _____

Leasehold Improvements: _____

Machinery & Equipment: _____

Inventory: _____

Working Capital: _____

Other (describe): _____

Total Project Costs: _____

Owners Equity: _____

Total Loan Request: \$ _____

(Total Loan request = Total Project Costs minus Owners Equity)

How many years are being requested for repayment:

- a) one b) two c) three d) four e) five f) other _____

VII. BANK REFERENCES

Bank Name and Branch: _____

Branch Address: _____

Contact Person: _____

Telephone Number: (____) _____ Facsimile Number: (____) _____

Type Account: Account Number: _____ Avg. Balance: \$ _____

Bank Name and Branch: _____

Branch Address: _____

Contact Person: _____

Telephone Number: (____) _____ Facsimile Number: (____) _____

Type Account: Account Number: _____ Avg. Balance: \$ _____

VIII. BUSINESS REFERENCES

Business Name: _____

Business Address: _____

Contact Person: _____

Telephone Number: () _____ ---- Facsimile Number: (____) _____

Business Name: _____

Business Address: _____

Contact Person: _____

Telephone Number: () _____ ---- Facsimile Number: (____) _____

Business Name: _____

Business Address: _____

Contact Person: _____

Telephone Number: () _____ ---- Facsimile Number: (____) _____

IX. Support Information & Statements Required

1. Current (within 90 days) and previous three years' business financial statements and federal tax returns.
2. Personal financial statements completed and signed for all owners.
(Please use enclosed form.)
3. Personal federal income tax returns for the past three years from all owners.
4. For all equipment purchases and/or minor building renovations, provide contractors estimates, suppliers price quotations and purchase orders.
5. Copy of current business insurance including fire and liability coverage.
6. If you are planning to purchase real estate, please submit a complete copy of the Agreement of Sale. If you own the property to be renovated, submit a copy of the deed.
7. If you currently rent your current location, submit a copy of the lease.
8. If you are planning to renovate commercial real estate, please submit preliminary plans and specifications for new construction or renovation and cost estimates prepared by a qualified, independent third party (General, Contractor or Architect)
9. Explain how the loan will affect your business goals regarding production, sales, profits, jobs created, etc.
10. Any additional information, which will assist HCEDC in analyzing your application.

Please submit this application with the additional information requested.

I/We authorize the Hudson County Economic Development Corp. to investigate my/our personal and business financial credit history as necessary to process a loan application. The undersigned authorize any person or consumer-reporting agency to give you any information it may have on the undersigned. Each of the undersigned authorizes you to answer questions about your credit experience with the undersigned. THE UNDERSIGNED, in applying for financial assistance from HCEDC, recognizes that prior to receiving any financial assistance he or she will agree to comply with all federal, state and local laws and regulations to the extent that such are applicable.

Name of Business:

Signature/Title:

Date:

Signature/Title:

EQUAL CREDIT OPPORTUNITY ACT

The Federal Equal 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); 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 administrates compliance with this law concerning this creditor is the Federal Trade Commission, Equal Credit Opportunity, Room 500, 633 Indiana Avenue, NW Washington. DC 20580.