

**KOSCIUSKO ECONOMIC DEVELOPMENT CORPORATION**

**COMMERCIAL CREDIT APPLICATION**

TO: **KEDCo LOAN COMMITTEE** (121 N. Lake St. Warsaw, IN 46580)

The undersigned respectfully submits the application for the credit extension described below:

Applicant's Name \_\_\_\_\_

Name, Address, and Telephone Number of Contact Person

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Type of Organization (as indicated):

- |   |   |
|---|---|
| <input type="checkbox"/> Corporation              | <input type="checkbox"/> Limited Liability Company (LLC)      |
| <input type="checkbox"/> General partnership      | <input type="checkbox"/> Limited Liability Partnership (LLP)  |
| <input type="checkbox"/> Limited partnership (LP) | <input type="checkbox"/> Sole proprietorship (d/b/a)          |
| <input type="checkbox"/> Individual personal      | <input type="checkbox"/> Joint personal (i.e. husband & wife) |

State of Organization: \_\_\_\_\_

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

Brief Description of Business \_\_\_\_\_

\_\_\_\_\_

Identify any owner/member that has 20% or more ownership in the company \_\_\_\_\_

\_\_\_\_\_

Current number of employees: \_\_\_\_\_ Number of employees planned as a result of this facility: \_\_\_\_\_

Requested Credit Facility (as indicated):

1. Use of Funds
  - Acquisition of land, buildings, equipment and other fixed assets
  - Construction, expansion or remodeling of buildings
  - Purchase of equipment or machinery
  - Research and development of new products/processes
  - Buy outs by purchase of business assets
  - Other (specify): \_\_\_\_\_
2. Total Project Cost \$ \_\_\_\_\_
3. Amount requested \$ \_\_\_\_\_

Describe Specific Purpose of Loan Request \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Repayment Source \_\_\_\_\_

Proposed Collateral \_\_\_\_\_

Financial Statements Attached (as indicated):

	<u>Applicant</u>	<u>Guarantor(s)</u>
Fiscal Year Ended _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Interim (_____ month(s)/period(s) ending _____)	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Personal Financial Statement Dated _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____

References (if appropriate to loan request) \_\_\_\_\_

The undersigned hereby represents and warrants that the information set forth herein is accurate and complete in all respects.

Dated: \_\_\_\_\_

Individual/Joint Applicant

Organizational Applicant

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Organization Name

\_\_\_\_\_  
Applicant Printed Name

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

\_\_\_\_\_  
Co-Applicant, if any, Signature

\_\_\_\_\_  
Printed Name / Title

\_\_\_\_\_  
Co-Applicant Printed Name

**TO: Kosciusko Economic Development Corporation (KEDCo)**

**PERSONAL**

**IMPORTANT:** Sign and date this statement. Fill in all blanks; write "Yes," "No," or "None" where necessary To complete information, and complete all applicable schedules on the reverse side.

Check one: ( ) individual borrowing. ( ) joint borrowing with spouse, ( ) or joint borrowing With non-spouse. If non-spouse, that individual must complete a separate statement.

INDIVIDUAL INFORMATION		(COMPLETE ONLY IF JOINT WITH SPOUSE) SPOUSE INFORMATION	
Name:		Name:	
Residence Address:		Residence Address:	
City, State & Zip:		City, State & Zip:	
Position or Occupation:		Position or Occupation:	
Business Name:		Business Name:	
Business Address:		Business Address:	
City, State & Zip:		City, State & Zip:	
Res. Phone:	Bus. Phone:	Res. Phone:	Bus. Phone:

**PERSONAL FINANCIAL STATEMENT AS OF \_\_\_\_\_, 20\_\_\_\_**

(X): Check if joint with spouse or other, if other, please list name: \_\_\_\_\_

ASSETS (OMIT CENTS)			X	LIABILITIES (OMIT CENTS)			X
ASH (Schedule A)				NOTES PAYABLE (Schedule F)	To Financial Institutions		
STOCKS AND BONDS (Schedule B)	Government and Municipal Bonds				To Others		
	Listed Stocks			ACCOUNTS PAYABLE (Schedule F)			
	Unlisted Stocks						
NOTES AND ACCOUNTS RECEIVABLE (Schedule C)				REAL ESTATE (Schedule D)			
REAL ESTATE (Schedule D)				OTHER LIABILITIES (ITEMIZE)	Unpaid Taxes		
OTHER ASSETS (ITEMIZE)	Cash Surrender Value of Life Ins. (Sch. E)						
	Automobiles						
	Household Goods						
				TOTAL LIABILITIES			
				NET WORTH			
TOTAL ASSETS				TOTAL LIABILITIES AND NET WORTH			

ANNUAL INCOME (OMIT CENTS)			GENERAL INFORMATION	
Income From Employment	Salary or Wages (Gross)		Are you a defendant in any suits or legal action?	
	Commissions		<input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, explain on a separate sheet)	
	Bonus		Have you ever filed for bankruptcy?	
Income From Business Or Profession	(Net)		<input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, explain on a separate sheet)	
			Officer in other companies? <input type="checkbox"/> No <input type="checkbox"/> Yes (List company and position)	
Income From Investment	Dividends			
	Interest			
	Rent (Net of all expense)			
Other Income	(Income from alimony, child support or Maintenance is not required to be disclosed)		Contingently liable on legal claims or as endorser, co-maker or guarantor for:	
TOTAL ANNUAL INCOME			Number of dependents:	

**SCHEDULE A: CASH**

NAME OF FINANCIAL INSTITUTION	(X) IF JOINT	TYPE OF ACCOUNT i.e., Checking Savings, C.D.'s etc.	AMOUNT	PLEGGED ON LOANS	
				YES	NO

**SCHEDULE B: STOCKS AND BONDS**

No. of Shares Or Face Value	DESCRIPTION	(X) IF JOINT	Market Value Or Book Value if Unlisted	PLEGGED ON LOANS	
				YES	NO

**SCHEDULE C: RECEIVABLES**

AMOUNT	NAME OF MAKER	WHEN DATED	WHEN DUE	REPAYMENT PLAN – COLLATERAL, IF ANY

**SCHEDULE D: REAL ESTATE**

ADDRESS OF PROPERTY	(X) If Joint	Date Acquired	No. Acres	COST	Market Value	Insurance Coverage	Mortgage Balance	Payment	Mortgage Holder

\*On land Contract

**SCHEDULE E: LIFE INSURANCE**

NAME OF INSURANCE COMPANY	BENEFICIARY	FACE VALUE	CASH SUR. VALUE	POLICY LOANS

**SCHEDULE F: PAYABLES AND LOANS**

NAME AND ADDRESS OF PAYEE	TERMS	DATE MADE	DATE DUE	CURRENT BALANCE	COLLATERAL

The undersigned hereby affirm(s), upon penalties for perjury, that this financial statement has been given voluntarily and that it is a continuing and binding instrument which should be relied upon for all future advances, and shall be deemed accurate until KEDCo is notified otherwise. The undersigned further affirm(s) that he is solvent, able to pay his debts as they become due, and agrees to inform KEDCo immediately of any change in financial condition including insolvency. In case of failure to so notify KEDCo, or if this statement is false in any material respect, KEDCo may declare due and payable all obligations of the undersigned to KEDCo. The undersigned certify(ies) that both sides hereof have been carefully read and that the information given herein is true and correct, and authorize(s) KEDCo to obtain information concerning any statements made herein, including but not limited to credit reports and histories from credit reporting agencies.

_____ BORROWER'S SIGNATURE	_____ DATE	_____ SPOUSE'S SIGNATURE (IF JOINT)	_____ DATE
Social Security Number _____ Date of Birth _____		Social Security Number _____ Date of Birth _____	