



Barry M. Dameshek
Vice President

Ph: 949-559-4512 Toll Free: 866-986-6529

Fax: 949-559-3635 Efax: 949-861-9121

Email: barry@evergreenfinc.com

21 Greenmoor Irvine, CA 92614

Commercial / Franchise Loan Application Forms

Attention All Franchise Finance Applicants:

Please attempt to scan and email as much of the requested information as possible; the process will be quicker and more efficient. However, a printed copy of the financial package will still be required by mail or overnight delivery since certain documents may not be acceptable in electronic form by the investment committee. If you do not possess a scanner or cannot transmit large documents electronically, be sure to use the Efax number provided. Remember to send the hard copy as well.

If you have any questions feel free to contact me to discuss further. We look forward to working with you.

Sincerely,

Barry M. Dameshek
Vice President
EverGreen Financial, Inc.
21 Greenmoor Irvine, CA 92614
949-559-4512 Phone
866-986-6529 Toll Free
949-559-3635 Fax
949-861-9121 Efax
barry@evergreenfinc.com



COMMERCIAL LOAN APPLICATION & CHECKLIST

This checklist is provided to assist in gathering the necessary information needed for the initial evaluation of your loan request.

Complete information is necessary to process your application. All applicable forms are provided herewith. If there are any questions please do not hesitate to call your **Barry M. Dameshek-VP-** with our Commercial Finance Division at:

Ph: (949) 559-4512 Fax: (949) 559-3635 Efax: 949-861-9121 Email: barry@evergreenfinc.com.

Application for Franchise Financing (Expansion, Re-Imaging, Commercial Real Estate, Debt Restructuring, Working Capital)
Application Form Attached Includes The Following:
Loan Application; Debt Schedule; History of Bus. & Benefits of Loan; Resume; Personal Financial Statement; Project Costs

Business Financial Statements
Provide a complete copy of Balance Sheets & Income Statements, current within 45 days and for the last three fiscal years. (For a new business, a pro forma balance sheet is required that reflects what you expect the balance sheet position to be on the day the business opens. It should include proposed equity and capital and anticipated loan proceeds.)

Business Tax Returns
Provide complete copies with all schedules for the last three fiscal years. (Existing Businesses Only)

Personal Tax Returns
Provide complete copies with all schedules for the last three years on all owners, partners, officers, directors, guarantors, and stockholders with 20% or more stock ownership.

Bank Statements For The Last Six Months (1st Page Only Required)

Estimated Project Costs (see attached form)

For Franchise Loans Involving Real Estate Add:

Purchase Contract/Buy-Sell Agreement
For purchase of owner-occupied real estate, provide a copy of the signed contract and all exhibits/addenda.

New Construction / Project Costs
Provide a copy of the construction contract ("draft" copy of acceptable) and a copy of the plans/specs for the project. If in the planning stages, provide a copy of the initial projected cost analysis. Fill out UOP form attached.

Refinancing
Provide a complete copy of the note(s) and Deed(s) of Trust on the real estate to be refinanced.

For Business Acquisition Loans Add:

Purchase contract/Buy-Sell Agreement
Provide a copy of the signed contract and all exhibits/addenda. The contract should provide for the allocation of the purchase price.

Seller Financials:
Provide the last three years financial statements and current interim financial for the existing locations being acquired.

Other:

Affiliate(s)
Provide complete copies of Business Tax Returns with all schedules for the last three fiscal years and a current financial statement within 45 days on affiliate(s).



APPLICATION FOR BUSINESS LOAN

COMPANY INFORMATION (FRANCHISEE / BORROWER)

Company Name _____ Telephone: (____) _____

Fax: (____) _____ Email: _____ Federal Tax ID: _____

Address: _____

City: _____ County: _____ State: _____ Zip: _____

Type of Business: _____ Date Established: _____

Type of entity: Corporation Partnership Sole Proprietorship Other

Application Is For: New Location ___ Acquisition ___ Remodel ___ Refinance ___ Other _____

Number of Employees: Existing: _____ If Loan is Approved: _____ Affiliates: _____

Have you or any officer of your company ever been:

Involved in bankruptcy or insolvency proceedings? Yes No (If yes, furnish details in a separate exhibit.)

Ownership Information – List below all officers, directors, partners, owners and co-owners, and all stockholders of record. All (100%) stock ownership must be shown. Include a resume for each person listed below and a personal financial statement if ownership is over 20%.

NAME	TITLE	% OF OWNERSHIP	SOCIAL SECURITY #	ANNUAL COMPENSATION

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

COMPANY NAME	OWNER (APPLICANT COMPANY OR INDIVIDUALS)	% OF OWNERSHIP

PREVIOUS GOVERNMENT FINANCING – If you or any principals or affiliates have ever requested government financing (including SBA loans and government guaranteed student loans), complete the following.

NAME OF AGENCY	AMOUNT	DATE	APPROVED OR DECLINED	BALANCE	STATUS

BANK & LOAN REFERENCES -

BANK	PHONE NUMBER	FAX NUMBER	CONTACT	ACCOUNT NUMBER

BANK LOAN, LEASE OR FINANCE REFERENCES	PHONE NUMBER	FAX NUMBER	CONTACT	ACCOUNT NUMBER

SUMMARY OF PROJECT COST

Franchise Fee	\$ _____
Land and Improvements	\$ _____
Machinery & Equipment	\$ _____
Machinery & Equipment	\$ _____
Inventory	\$ _____
Working Capital	\$ _____
Other _____	\$ _____
Refinance Existing Debt*	\$ _____
Total Project Cost	\$ _____
Less Owners Equity	\$ _____
Less Seller Debt	\$ _____
Total Loan Requested	\$ _____

COLLATERAL VALUE

Land and Improvements	\$ _____
Building Construction	\$ _____
Furniture & Fixtures	\$ _____
Accounts Receivable	\$ _____
Inventory	\$ _____
Other	\$ _____
Total Collateral Value	\$ _____

* Lender _____	\$ _____
Lender _____	\$ _____
Lender _____	\$ _____

SOURCE OF COLLATERAL VALUATIONS

AUTHORIZATION TO RELEASE INFORMATION

I/We hereby authorize the release to EverGreen Financial Group, and/or any affiliates of any and all information that they may require for the purpose of a credit transaction. I/We further authorize EverGreen Financial Group and/or any affiliates to release such information to any entity they deem necessary for any purpose related to our credit transaction with them.

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

Signature: _____
 Signature: _____
 Signature: _____
 Signature: _____

Date: _____
 Date: _____
 Date: _____
 Date: _____



AFFIDAVIT OF OWNERSHIP/AUTHORITY

I _____ (Name), as _____ (Position)
of _____ (Company Name)
located at _____

do hereby certify that the following is a list of the shareholders/partners/owners, directors, and officers of the
company as of _____ (Date).

- Shareholders (Corporation) Partners (Partnership) Owners (Proprietorship) Other _____
- _____ %
- _____ %
- _____ %
- _____ %
- _____ %

TOTAL = 100%

DIRECTORS:

_____	_____
_____	_____
_____	_____
_____	_____

OFFICERS:

Chairman of the Board	_____
President	_____
Vice President	_____
Secretary	_____
Treasurer	_____
Other _____	_____
Other _____	_____
Other _____	_____
Other _____	_____

If additional space is required, use back of page

Signature: _____ Title: _____ Date: _____

PERSONAL FINANCIAL STATEMENT

U.S. SMALL BUSINESS ADMINISTRATION

As of _____, 20____

Complete this form for: (1) each proprietor, or (2) each limited partner who owns 20% or more interest and each general partner, or (3) each stockholder owning 20% or more of voting stock and each corporate officer and director, or (4) any other person or entity providing a guaranty on the loan.

Name	Business Phone
Residence Address	Residence Phone
City, State & Zip Code	
Business Name of Applicant / Borrower	

ASSETS		LIABILITIES	
	(Omit Cents)		(Omit Cents)
Cash on hand & Banks	\$	Accounts Payable	\$
Savings Accounts	\$	Notes Payable to Banks and Others (Describe in Section 2)	\$
IRA or Other Retirement Account	\$	Installment Account (Auto) Mo. Payment \$	\$
Accounts & Notes Receivable	\$	Installment Account (Other) Mo. Payment \$	\$
Life Insurance-Cash Surrender Value Only (Complete Section 8)	\$	Loan on Life Insurance	\$
Stock and Bonds (Describe in Section 3)	\$	Mortgages on Real Estate (Describe in Section 4)	\$
Real Estate (Describe in Section 4)	\$	Unpaid Taxes (Describe in Section 6)	\$
Automobile – Present Value	\$	Other Liabilities (Describe in Section 7)	\$
Other Personal Property (Describe in Section 5)	\$	Total Liabilities	\$
Other Assets (Describe in Section 5)	\$	Net Worth	\$
Total:	\$	Total:	\$

Section 1. Source of Income		Contingent Liabilities	
Salary	\$	As Endorser or Co-Maker	\$
Net Investment Income	\$	Legal Claims and Judgments	\$
Real Estate Income	\$	Provision for Federal Income Tax	\$
Other Income (Describe below)*	\$	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 towards total income.

Section 2. Notes Payable to Banks and Others					
(Use attachments if necessary. Each attachment must be identified as 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
	\$	\$	\$		
	\$	\$	\$		
	\$	\$	\$		
	\$	\$	\$		

SBA Form 413 (5-91) Previous Editions Obsolete Ref SOP 50-10 and 50-30

Section 3. Stocks and Bonds (Use attachments if necessary. Each attachment must be identified as part of this statement and signed.)

Number of Shares	Name of Securities	Cost	Market Value Quotation / Exchange	Date of Quotation / Exchange	Total Value

Section 4. Real Estate Owned	(List each parcel separately. Use attachments if necessary. Each attachment must be identified as part of this statement and signed.)		
	Property A	Property B	Property C
Type of Property			
Address	_____	_____	_____
Name of Title Holder			
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			

Section 4. Real Estate Owned	(List each parcel separately. Use attachments if necessary. Each attachment must be identified as part of this statement and signed.)		
	Property D	Property E	Property F
Type of Property			
Address	_____	_____	_____
Name of Title Holder			
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			

Section 5. Other Personal Property and Other Assets. (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.)

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Section 6. Unpaid Taxes	(Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches.)
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Section 7. Other Liabilities	(Describe in detail.)
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Section 8. Life Insurance Held.	(Give face amount and cash surrender value policies – name of insurance company and beneficiaries.)
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I authorize EverGreen and/or the SBA/Lender to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of either obtaining a loan or guaranteeing a loan. I understand FALSE statements may result in forfeiture of benefits and possible prosecution by the U.S. Attorney General (Reference 18 U.S.C. 1001)

Signature: _____ Date: _____
Social Security Number: _____

Signature: _____ Date: _____
Social Security Number: _____

PLEASE NOTE:	The 69X estimate average burden hours for the completion of this form is 1.5 hours per response. If you have any 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 Office, Paper Reduction Project (3245-0188), Office of Management and Budget, Washington, D.C. 20503
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Send All Information Electronically And By Overnight Mail To:

Barry M. Dameshek
Vice President
EverGreenFinancial, Inc.
21 Greenmoor Irvine, CA 92614
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