

COOPERATIVE BUSINESS ASSISTANCE CORPORATION CBAC LOAN APPLICATION

This application is to provide CBAC with sufficient information to allow us to process your loan request. **A fully completed application is required.** Please e-mail or deliver your completed application package to your CBAC representative.

This is an application for a loan, not a grant or forgivable loan.

I. Applicant Information

Name of Applicant: _____
 Name of Business: _____
 Address of Business (include zip code): _____

 County: _____
 Business Contact Person: _____
 Telephone Number (include area code): _____
 Fax Number: _____
 E-mail Address: _____
 Social Media Profile: _____
 Business Bank of Account: _____
 Branch Address: _____
 Account Number: _____
 Bank Officer & Telephone #: _____
 Month/Day/Year Business was Established: _____
 Tax ID or EIN #: _____
 Line of Business: _____
 Annual Sales of Business: _____
 NAICS #: _____
 DUNS #: _____

Structure of Business (Check One)

Schedule C: Individual/Sole Proprietor or
 Single Member LLC C Corp S Corp Partnership

Limited Liability Company. Enter the Tax Classification (C= C Corp, S= S Corp, P= Partnership) _____

Are all the business owners and/or guarantors citizens of the United States?

Yes No

Ownership of Applicant Company (*List all owners & stockholders. Attach additional sheet if necessary*):

| <i>Name</i> | <i>Percentage Owned</i> |
|-------------|-------------------------|
| 1. | |
| 2. | |
| 3. | |

Key Management:

| <i>Name</i> | <i>Titles/Duties</i> | <i>Yrs. with Co.</i> | <i>Annual Comp. Salary / Bonuses</i> | <i>Life Ins. Amount</i> |
|-------------|----------------------|----------------------|--------------------------------------|-------------------------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |

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 administers compliance with this law concerning this creditor is the Federal Trade Commission, Equal Credit Opportunity, Consumer Response Center, 600 Pennsylvania Avenue NW, Washington, DC 20580. If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact: Harry W. Stone, President, CBAC, 328 Market Street, Camden, New Jersey 08102 within 60 days of 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. CBAC is an equal opportunity provider and employer. If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call 866-632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at USDA, Director, Office of Adjudication, 1400 Independence Ave., S.W. Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program_intake@usda.gov.
- The Federal Information Relay Service, allows a deaf or speech-impaired person to contact us at 856-966-8181 by dialing 7-1-1 or New Jersey Relay TTY at 1-800-852-7899 for assistance with making the call.

I/We authorize the Cooperative Business Assistance Corporation 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 and other parties to the application who you are asking us to rely upon. CBAC is hereby authorized to release and share any and all written and verbal information with other parties that are or may become involved with the loan application and/or resulting Loan. Each of the undersigned authorizes you to answer questions about your credit experience with the undersigned. The undersigned, in applying for financial assistance from CBAC, 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. The purpose of the loan is to support business activities for which credit is not otherwise available on terms and conditions, which would permit the completion or operation of the project in the community. The undersigned certifies that the ultimate recipient is unable to finance the proposed project through commercial credit or other Federal, State, or local programs at reasonable rates and terms. The undersigned further certifies that he or she is not in default with child support payments and that all required child support payments have been made.

The foregoing and any supplementary information are warranted by the undersigned to be true, accurate, and not misleading as of the date submitted and are furnished to CBAC, and shall be retained by CBAC for its records, and to induce CBAC to make the Loan applied for, which, if granted, the proceeds thereof will be used only for the purpose stated above. The undersigned knows that you rely and continue to rely thereon until written notice of any change therein is received by you. The undersigned will give you immediate written notice of any material change in the undersigned's financial condition, including any lawsuit, begun or threatened, the effect of which may be to materially alter the said condition. Rev. 1-1-26

The undersigned certifies that they have not caused a prior loss to the Federal Government unless the prior loss to the Federal Government has been fully satisfied and that they do not have any existing delinquent federal debt.

PLEASE KEEP A COPY OF THIS APPLICATION FOR YOUR RECORDS

Name of Applicant:

Signature:

Title:

Date:

Signature:

Title: