



Business Information

* Required Information

Legal Business Name * Date Established

Street Address *

City * State * Zip Code * Office Phone *

Primary Contact First Name * Primary Contact Last Name *

Primary contact Mobile phone to receive text messages from lender * Email Address *

Website Address Fax Number

Legal Status * NAICS Code Number of Employees *

Description of Business *

Federal or State Taxes Past Due? *
 Yes No
 Type

Have you or any other entities affiliated with you ever filed for bankruptcy? *
 Yes No
 Year

Tax Lien Filed?
 Yes No
 Year

Minority Status of the Firm (Check all that apply):
 African American
 Hispanic American
 Asian American(includes Asian-Indian and Asian-Pacific individuals)
 Native American

Are you certified by one of the regional councils of the National Minority Supplier Development Council? *

Certifying Regional Council *

OFFICERS, OWNERS, OR PARTNERS

(With 20% ownership interest of more) if owner is an LLC or trust, add the managing member or trustees in the ownership field below

Add additional owner

Owner

Name and Title **% Owned**

Driver's License #

Home Street Address

Home Owned or Rented?

Own

Rent

City **State** **Zip Code**

Cell Phone * **Email Address ***

Date of Birth * **Social Security # *** **Are you a citizen or legal resident of the United States? ***

Current Business Debt

Add additional loan

Lender	Loan Type	Current Balance	Monthly Payment	Maturity Date
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Add additional corporate member

Corporate Member

Name of NMSDC national or local corporate member Applicant either (i) is selling products or providing services to, or (ii) has sold products or provided services to within the last twelve (12) months:

Revenue from Corporate Member within the last 12 Months:

Name: **Phone:** **Email:**

Please Provide

	2018	2019	2020	2021 Projected
Revenue *	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Net Income/Loss *	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Amount of financing requested: *

Use of Proceeds:

Working Capital:

Inventory:

Furniture/Fixes:

Debt Refinancing:

Equipment:

Leashold Improvements:

Information Technology:

Other:

How many new jobs will be created as a result of this financing?

*

Terms and Conditions

PLEASE INITIAL BELOW:

* As an authorized representative I submit this pre-application for a loan to the Business Consortium Fund, Inc. (BCF) and subsidiaries. I authorize BCF to make inquiries as necessary to verify the accuracy of the statements, and should it be required; I will provide additional information to determine the creditworthiness of the individual owners listed above.

Initial Here:

Print name and title:

Date: