

AFFILIATE FORM

Please make copies if there are more than two businesses in which you are affiliated.

For any other business that you own or partially own, please provide the following information on each business*

	<u>AFFILIATE # 1</u>	<u>AFFILIATE # 2</u>
1 Corporate Name (if any)	_____	_____
2 Name of Business	_____	_____
3 Type of Business	_____	_____
4 City/State	_____	_____
5 Tax Returns for the Last Two Years Attached?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Latest Interim Financial Statement (Including Balance Sheet) Attached?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7 Percentage of Ownership	_____	_____
8 Date Acquired	_____	_____
9 Cost (of 100%)	_____	_____
10 Loan Balance (of 100%)	_____	_____
11 Lender Name	_____	_____
12 Monthly Debt Service	_____	_____
13 Term	_____	_____
14 Rate	_____	_____
15 Number of Rooms (if applicable)	_____	_____
16 Has this business ever applied for or had an SBA loan?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so...	_____	_____
What is outstanding balance?	_____	_____
Paid as agreed?	_____	_____