



COMPANY INFORMATION

Company name					
Address	CITY	STATE ZIP			
Principal in charge	Phone	Fax			
Secondary contact person(IN-HOUSE CONTROLLER	OR BOOKKEEPER) Phone	Fax			
Type of business		Date established			
Type of entity (check one) Proprietorship Part	tnership Corporation LLC				
COMPANY OWNERSHIP					
Name	Title	% of ownership			
Name	Title	% of ownership			
Name	Title	% of ownership			
AFFILIATE BUSINESS IF APPLICABLE					
Name	OwnerApplicant company or in	% of ownership			
Name IF A CORPORATION, PLEASE INDICATE WHO IS PRESIDENT AND SE	OwnerApplicant company or in	% of ownership			
EXISTING BUSINESS LOCATIONS Address	•	ease Lease ment expiration			
Address		ease Lease rment expiration			

NATURE OF YOUR BUSINESS Nature of your business
Type of products or services (include any catalogs or brochures)
Is your business/product seasonal?
Geographic market area
How do you market your product or service (e.g., type of advertising, direct mail, outside salesperson, etc.)?
List of key customers
What percentage of business is done with your five largest customers?
List of major competitors and how they compare
What are your industry trends?
How will this new (or remodeled) facility help your business (e.g., revenues, add new products/services, improve efficiency, etc.)? Please be specific.

PROJECT INFORMATIO	N					
Street address			CITY	STATE	ZIP	COUNTY
What is the square footage of the new building?	ge 		nat is the square	footage		
*Please note: We require your co		_				
scrow closing date			Realtor's name			Phone
If known, how will the pr wife, partnership, LLC co	operty be vested (e.g	., individually, h				
TOTAL PROJECT COSTS Purchase existing buildin	a		Construction p	roject		
Purchase price \$			_	_	Ś	
mprovements \$				id		
Equipment \$			Architects, per	mits, other soft co	sts <u>\$</u>	
Other \$			Equipment	•••••	<u>\$</u>	
Total \$						
					otal \$	
f there are any tenants that will re	main in the building, please p	provide the information	on below. Also, please	e have your realtor provic	le copies o	f all existing leases.
Tenant name	Square	footage	Lease e	xpiration		Rent amount
EMPLOYEE QUESTIONN Number of current emplo	E		er of new empl ers as a result of	oyees within this project ——		
Key employees						
Name	Title	Respo	onsibilities	Years with comp	any	Years in the industry
	I and the second	1				

MISCELLANEOUS QUESTIONS			
Have you or any officer of your company ever been involved in bankruptcy or insolvency proceeding	gs?		
Are you or your business involved in any pending or prior lawsuits? If yes, please provide detail	s on a separate sheet.		
Have you ever received an SBA loan? If yes, please provide a copy of the SBA Loan Authorization Docum	ent and the following:		
Original Amount \$ Date of t	Date of the loan		
Current Balance \$ Status _	Status		
AUTHORIZATION TO RELEASE INFORMATION			
I/We hereby authorize the release to Amplio of any information they may require at any time for any purpose related to my/our We further authorize Amplio to release such information to any entity they deem necessary for any purpose related to my/our control of the control of			
I/We hereby certify that the enclosed information, including any attachments or exhibits provided here within or at a later date my/our knowledge.	, is valid and correct to the best of		
Name of applicant(s)	_		
Signature of applicant(s)	_ Date		
Name of applicant(s)	-		
Signature of applicant(s)	_ Date		