



COMMUNITY VENTURES CORPORATION

1450 North Broadway
Lexington, KY 40505
Phone: (859) 231-0054
Toll-Free: (800) 299-0267
Fax: (859) 231-0261

Small Business Loan Program BUSINESS CREDIT APPLICATION

**Community Ventures Corporation
was founded in 1982 as a
community economic development corporation.
It is committed to rebuilding communities
through the development of employment,
business and housing opportunities.**

DISCLOSURE

Creditor's Name: Community Ventures Corporation
Creditor's Address: 1450 North Broadway
Lexington, KY 40505

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 our office within 60 days from the date you are notified of our decision. Our telephone numbers are Office: (859)231-0054; Toll-Free: (800) 299-0267; Fax: (859) 231-0261. We will send you a written statement of reasons for the denial within 30 days of receiving your request for a statement.

NOTICE: The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided 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:

Federal Agency: U. S. Small Business Administration
Address: Office of Financing - MicroLoan Program
409 3rd Street, S. W., 8th Floor
Washington, D. C. 20416

(PLEASE RETAIN THIS DISCLOSURE)

Business Credit Application

PLEASE PROVIDE COMPLETE INFORMATION ON THIS APPLICATION. **A THIRTY-DOLLAR (\$30.00) CREDIT REPORT FEE IS REQUIRED WITH THIS APPLICATION.** You may be requested to provide additional information as part of the application process.

Date _____

The undersigned hereby submit(s) application and financial statement(s) for a loan in the net amount of:

_____ Dollars \$ _____

Purpose of Loan (be specific): _____

Requested Term of Loan _____

BUSINESS RECORD

Name of Business _____
_____ proprietorship
_____ s-corporation
_____ partnership
_____ corporation
_____ LLC

Street Address _____ City _____ Zip Code _____

Phone No. _____ Year Business Established _____

Business Checking Account: Name of Bank _____ Acct. No. _____

Banks or Loan Companies from whom you are borrowing or have borrowed:

NAME	ADDRESS	PHONE #	ACTIVE	INACTIVE
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

Stores, jobbers, broker, manufacturers or finance companies who have extended credit to you:

1. _____
2. _____
3. _____
4. _____

PRINCIPALS

Name _____ **Social Security #** _____

Home Address _____ City, State, Zip _____

Telephone No. _____ Age _____

Name _____ **Social Security #** _____

Home Address _____ City, State, Zip _____

Telephone No. _____ Age _____

(If there are more than two (2) principals, attach a separate sheet of information using the above as a guide.)

Personal References

Please provide three personal references (family or friends, NO employers.) Include full address and phone number:

Business Information

Please answer these questions completely.

Type of Business: Manufacturer Wholesale Distribution Service Retailer
 Other _____ Tax ID No. _____

Date your business was established: _____

What type(s) of product(s)/service(s) do you sell? _____

Number of employees (current): Part Time: _____ Full Time: _____ Family Members: _____

To whom do you sell? _____

What is your geographic trade area? _____

What are your normal sales terms? _____

Who are your major suppliers? _____

What are your suppliers normal credit terms? _____

What is your peak selling season(s)? _____

How do you value your inventory? _____

When do you take a physical count of inventory and close your books? _____

Do you currently Rent Lease Own your place of business?

If Own: Date of purchase: _____

Purchase price: _____

Is the business property mortgaged? Yes No

If yes, name of mortgage holder and amount: _____

Business Credit References

Name	Address	Date Obtained	Name in Which Account is Carried	Account No.	Credit Limit

