



APPLICATION FOR CREDIT

NAME: _____ ADDRESS: _____ _____	INCORPORATED: _____ CO-OPERATIVE: _____ PARTNERSHIP: _____ PROPRIETORSHIP: _____	Email: _____ Phone: BUS: _____ RES _____
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DESCRIBE TYPE OF BUSINESS, PRODUCTS, SERVICES, MARKETS

HISTORY OF BUSINESS:

NEW BUSINESS _____

EXPANSION _____

Application Fees: (non-refundable)

\$ 0 - \$10,000	\$260.00	<input type="checkbox"/>
\$10,001 - \$25,000	\$500.00	<input type="checkbox"/>
\$25,001 - \$75,000	\$630.00	<input type="checkbox"/>
\$75,001 - \$150,000	\$960.00	<input type="checkbox"/>
\$150,000+	\$1600.00	<input type="checkbox"/>

BUSINESS NUMBER _____

OWNERSHIP – Attach Personal Resumes

Full Name: _____ Age _____ Position _____ No. of Shares or % Interest _____

DESCRIBE PROJECT TO BE FINANCED: _____

LOCATION OF BUSINESS: _____

EXPECTED JOBS TO BE CREATED: _____ F.T. _____ P.T. _____ Seasonal

ESTIMATED PROJECT COSTS

Land & Building	\$ _____
Equipment.....	\$ _____
Working Capital.....	\$ _____
Inventory	\$ _____
Other.....	\$ _____
TOTAL \$	_____

EXPECTED FINANCING

Community Futures Loan	\$ _____
New Investment by Owners	\$ _____
.....	\$ _____
.....	\$ _____
.....	\$ _____
TOTAL \$	_____

BANK: _____

ADDRESS: _____

CREDIT AUTHORIZED: \$ _____

SECURITY GIVEN: _____

INSURANCE COMPANY NAME & AGENT:

WHAT OTHER LENDERS HAVE BEEN APPROACHED FOR THIS FINANCING, AND WITH WHAT RESULTS?

(Term, Amount, Rate, etc.) _____

Banking Institution: _____ Financial Officer: _____

Date: _____ Notice of Lender Decline: letter; fax; e-mail; confirmed by phone

I HEREBY AUTHORIZE OUR BANK TO DISCLOSE ALL INFORMATION CONCERNING OUR AFFAIRS TO THE COMMUNITY FUTURES CHINOOK LIKEWISE AUTHORIZED TO DIVULGE INFORMATION CONCERNING OUR AFFAIRS IN RESPONSE TO NORMAL CREDIT INQUIRIES FROM TRADE AND OTHER CREDITORS. CHINOOK MAY MAKE A BRIEF ANNOUNCEMENT OF ANY LOAN WHICH IT MAY SUBSEQUENTLY AUTHORIZE.

SIGNATURE _____ DATE _____

Personal Statement of Affairs

Full Name:		Home Phone: _____ Work Phone: _____		
S.I.N.		Fax Phone: _____ Cell Phone: _____		
Birth Date: Day ____ Month _____ Year ____		E-mail: _____		
<input type="checkbox"/> Single <input type="checkbox"/> Common-Law <input type="checkbox"/> Widowed <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated				Dependants:
Present Address:		City	Province	Postal Code
How Long?				
Previous Addresses in the past 5 years (use reverse if necessary):				
Present Employer:		Position:	Work #:	Mo. Income:
How Long?				
Previous Employer (s) in the past 5 years:				
Spouse's Name:		Birth Date: Day ____ Month _____ Year ____		
S.I.N.				
Spouse's Employer:		Occupation:	Work #:	Mo. Income:
How Long?				
Spouse's Previous Employer				
Source of other Income:				
Relative: Name		Address:		Relationship:
Phone #:				
Relative: Name		Address:		Relationship:
Phone #:				
Relative: Name		Address:		Relationship:
Phone #:				
Landlord:			Phone #:	Rent Payment:
INSURANCE: Do you need life insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, please state name of Insurance Company and Life Agent: Company Name: _____ Life Agent: _____		

Personal Statement of Affairs

What You Own (List and Describe All Assets)		What You Owe		
DESCRIPTION	CASH VALUE	COMPANY	O/S BALANCE	PAYMENT S
Cash on Hand/Deposit:	\$	Credit Cards:	\$	\$
Bank or Trust:				
Name:				
Name:				
RRSP's Where?				
Stocks, Bonds, Etc.:				
Vehicles (Describe with Year and Model)		Bank Loans		
1)		1.		
2)		2.		
3)		3.		
4)		4.		
5)		5.		
Other Assets		Other Liabilities (Parents, Co-signer, Legal Claims, etc.):		
Real Estate: 1.		Mortgage(s):		
2.				
		Monthly Rent Payable:		
Household (insured value):		Taxes Owing (please specify):		
Life Insurance (value):		Revenue Canada		
		Other (please describe):		
Total Assets:	\$	Total Liabilities (add O/S column):	\$	

NET WORTH = \$ _____ (NET WORTH = Total Assets – Total Liabilities)

I hereby certify that the information provided is correct and permission is hereby granted for Community Futures Chinook to conduct a credit investigation.

Signature

Date

Signature

Date

Additional Information that you feel may be applicable (include contingent liabilities), please add to the back of this form.