



Growing Businesses, Building Communities

APPLICATION CHECKLIST

Please complete the attached loan application, provide all requested documentation, and mail to:

Texas Mezzanine Fund, Inc.
320 S. R.L. Thornton Freeway, Suite 110
Dallas, Texas 75203
214-943-5900
214-943-5905 Fax

- Completed Signed Application**
Fill in all blanks. Please be sure to have each principal complete, **sign** and **date** the application.
- Debt Schedule**
List all existing business debt including capital leases.
- A Personal Financial Statement for each Principal, owning 20% or more of the business.**
- Most Recent Tax Return for each Principal**
Complete with all supporting schedules.
- Three Years of Complete Financial Statements**
Including balance sheet, income statement and cover letter if statements prepared by a CPA.
- Past Three Year's Tax Returns of Business**
- Current Interim Financial Statement, dated within the past 90 days**
- Financial Projections and Assumptions**
You must provide financial projections for at least two years if in business less than three years, and/or when seeking business expansion funds.
- Business Plan**

TEXAS MEZZANINE FUND, INC.
Business Loan Application

COMPANY INFORMATION

Legal Name (under which tax returns are filed)		Business Telephone ()		Tax Identification Number of Business
Location Address	City	State	Zip Code	Primary Contact
Mailing Address (if different)	City	State	Zip Code	Social Security Number
Type of Ownership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> S Corporation	Nature of Business: <input type="checkbox"/> Manufacturing <input type="checkbox"/> Wholesale <input type="checkbox"/> Retail <input type="checkbox"/> Services In Business Since _____ Please describe your product/service: _____			
Current number of employees: _____		Number of jobs to be created/retained with this loan: _____		

REQUEST

Loan Amount Requested: \$ _____ Monthly payment you can afford: \$ _____
 Use of Loan Proceeds: _____
 Available Collateral: _____
 Source of your Injection: \$ _____ Cash \$ _____ Project Land Cost \$ _____ Other _____

OWNERSHIP INFORMATION (List all owners and provide a Personal Financial Statement for those with 20% or more ownership)

Name:	% of Ownership:	Title:
Name:	% of Ownership:	Title:
Name:	% of Ownership:	Title:
Name:	% of Ownership:	Title:

FINANCIAL INFORMATION

Sole Proprietorships/Owners: <input type="checkbox"/> Previous three years financial statements and/or <input type="checkbox"/> Previous three years tax returns (incl. Schedule C) <input type="checkbox"/> Current personal financial statement	Corporations/Partnerships: <input type="checkbox"/> Previous three years financial statements <input type="checkbox"/> Previous three years tax returns <input type="checkbox"/> Current financial statements for each owner/partner <input type="checkbox"/> Partnership Agreement, Assumed Name Certificate, Articles of Incorporation/By-Laws as required
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CREDIT INFORMATION

Bank Name	Account Number	Current Balance	Business ___ Personal ___	Checking ___ Savings ___ Loan/Line ___
Bank Name	Account Number	Current Balance	Business ___ Personal ___	Checking ___ Savings ___ Loan/Line ___
Bank Name	Account Number	Current Balance	Business ___ Personal ___	Checking ___ Savings ___ Loan/Line ___

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. Has the borrower used or done business under any other name? Yes No
2. Is the business involved in any litigation or other legal claims or proceedings? Yes No
3. Has the business ever been through bankruptcy or settled any debts for less than the amount owed? Yes No
4. Does the business owe any past due taxes? Yes No
5. Are any assets shown on the business financial statement pledged or assigned? Yes No
6. Is the business contingently liable as an endorser or guarantor? (Include any leases, e.g., vehicle, equipment, premises) Yes No
7. Please provide the name of the individual(s) authorized to enter into the proposed loan transaction.
 If YES to any, please describe: _____

ABOUT YOUR COMPANY SALES

Projected sales for this year: \$_____ Are your sales seasonal? ___ Yes ___ No If yes, please explain _____

How many customers? _____ Do any customers represent more than 10% of sales? ___ No ___ Yes - please list with % _____

What are your selling terms? ___ Cash ___ N/10 ___ N/30 ___ N/50 Average days to collect? _____ days

What are your purchasing terms? ___ Cash ___ N/10 ___ N/30 ___ N/50

Any Government sales (local, State, Federal)? ___ No ___ Yes - percent _____%

ABOUT YOUR FACILITIES

Is the Business property: ___ Owned? ___ Leased? If leased, please provide a copy of the lease with this application.

If owned, what was the cost? \$_____. What is the present market value? \$_____

If leased, when does the lease expire? _____ What are the monthly lease payments? \$_____

Name and address of the landlord? _____ Telephone #: (_____) _____

PROJECT INFORMATION (if loan request involves real estate)

Is the project: ___ New Construction ___ Existing Building. # sf _____ \$_____ Planned Construction

Are there any existing tenants that will remain in the building? ___ Yes ___ No

Do you intend to lease out any space? ___ Yes ___ No. If you answered yes to either question above, complete the information below:

Tenant	Square Footage	Lease Expires
_____	_____	_____
_____	_____	_____
_____	_____	_____

ABOUT YOUR MANAGEMENT

Does the owner actively manage the company? ___ No ___ Yes - then ___ Full-time ___ Part-time _____%

Prior to owning the Business, how much experience does the owner have in the industry? _____

Who would manage the Company in the owner's absence? _____

Name	Position	Years w/Firm
_____	_____	_____

May we contact your Accountant? ___ Yes (_____) _____

Phone Number	Name
_____	_____

AUTOMATIC PAYMENT

If you would like TMF to set up automatic monthly loan payments from your Business checking account, please indicate: ___ Yes ___ No

If yes, please include a voided check from your Business checking account with this loan application.

SIGNATURES

The signer(s) certifies that he/she is authorized to execute this Application for the business named above ("Applicant"), and that all information and documents submitted, including federal income tax returns, are true, correct and complete. The signer(s) authorizes TMF ("Lender") to obtain consumer credit and/or business credit reports, including inquiries to the Internal Revenue Service or the Franchise Tax Board, in their names as individuals at any time.

The signer(s) further agrees to notify the Lender promptly of any material change in any such information. The signer(s) further authorizes the Lender to obtain balance payoff information on all accounts requiring payoff as a condition of granting credit. If the Applicant is a corporation or partnership, all ownership/principals listed must sign and include their title. **The signer(s) understands and agrees that this application is subject to final credit approval.**

1.	_____	_____	_____
Signer	Title	Date	
2.	_____	_____	_____
Signer	Title	Date	
3.	_____	_____	_____
Signer	Title	Date	

PERSONAL FINANCIAL STATEMENT

Joint Individual Statement of Financial Condition as of _____, 20____

Please complete information concerning your spouse unless you are relying solely on your separate property for repayment of the credit and your spouse will not be contractually liable for the credit. In Texas, salaries and other income are community rather than separate property. In all cases, indicate marital status. Alimony, child support, and maintenance income need not be disclosed if you choose not to rely on such income in applying for credit.

Name:		Occupation:		Business or Employer:		Years:	
Address:		City:	State:	Zip:	Address:		City: State: Zip:
Phone:	Soc. Sec. Number	Date of Birth:		Phone:			
Are you a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Separated				Number of Dependents:			
Spouse Name:		Soc. Sec. Number		Date of Birth:		Business or Employer:	
						Years:	

Assets		In Dollars Omit Cents	Liabilities		In Dollars Omit Cents
Cash (See Sched. 1)	Checking	\$	Bank Debt (See Sched. 1)	Unsecured	\$
	Savings and CD's			Secured	
Securities (See Sched. 2)	Marketable		Other Payables (See Sched. 5)	Unsecured	
	Non-Marketable			Secured	
Real Estate (See Sched. 3)	Homestead		Mortgage Payable on Real Estate (See Sched. 3)	Homestead	
	Wholly Owned			Wholly Owned	
	Other			Other	
Accounts/Notes Receivable (See Schedule 4)			Other Liabilities - Itemized Below:		
Automobiles/Trucks					
Cash Value Life Insurance (See Sched. 6)					
IRA/Retirement/Keough					
Other Assets - Itemized Below:					
			Total Liabilities		
			\$		
			Net Worth (Assets minus Liabilities)		
			\$		
Total Assets		\$	Total Liabilities and Net Worth		
			\$		

Income Statement for Year Ended _____, 19____

Salary	\$	Gross Income	\$
Bonus and Commissions		Less: Living Expenses	
Dividends		Note Payments	
Real Estate Income		Income Taxes	
Other - Itemized Below:		Other - Itemized Below:	
		Total Expenses	
Gross Income (Carry to Next Column)	\$	Net Income (Gross Income Minus Total Expenses)	\$

The above financial statement and supporting schedules which are submitted for the purpose of establishing, obtaining and maintaining credit either severally, jointly or as guarantor, present a true, complete and correct statement of my financial condition as of the date shown. I understand that you are relying on the information contained herein in deciding to grant or to continue credit. You are authorized to make all inquiries you deem necessary to verify the accuracy of the statements made herein.

Signature: _____	Date: _____	Prepared By (If other than borrower) _____
Signature: _____	Date: _____	Signature: _____
		Address: _____

Schedule 1 BANKS OR OTHER INSTITUTIONS WHERE DEPOSITS OR LOANS ARE CARRIED

INSTITUTION/LOCATION	Deposits		Loans				
	Balance	Type of Account	Original Balance	Present Balance	Due Dates	Repayment Terms	Collateral, If any
	\$		\$	\$		\$	
Total	\$		\$	\$		\$	

Schedule 2 SECURITIES

Name of Issuer	Number of Shares and Par Value	Where Traded	Market Per Share	Total Value	Pledged? (Yes/No)	Issued in Name of?
Total				\$		

Schedule 3 WHOLLY OWNED REAL ESTATE

Address/Location	Acquisition Date	Market Value	Monthly Payments	Monthly Income	Lien Holder	Orig. Loan Amount	Present Balance	Title In Name Of?

Schedule 4 NOTES AND ACCOUNTS RECEIVABLE (INCLUDING SECURED REAL ESTATE)

Maker and Address	Original Amount	Present Balance	Payment and Terms	Maturity	Collateral, if any
	\$	\$	\$		

Schedule 5 NOTES AND ACCOUNTS PAYABLE (INCLUDING AUTOMOBILES, BOATS, ETC.)

Due to Whom?	Original Amount	Present Balance	Payment and Terms	Maturity	Collateral, if any
	\$	\$			

Schedule 6		LIFE INSURANCE				
Name of Company	Owner of Policy	Type of Insurance	Beneficiary	Face Amount \$	Policy Loans \$	Cash Surrender Value \$
Total				\$	\$	\$

CONTINGENT LIABILITIES (other liabilities or debt I have endorsed, guaranteed or become otherwise indirectly, or contingently liable as endorser, co-maker, guarantor or loans, leases, contracts, legal claims, judgements, or other obligations). If none, so state.

Name of Debtor/Obligor	Name of Creditor/Obligee	Original Amount	Present Balance	Payment Terms	Maturity	Collateral

GENERAL INFORMATION:

1. Are you a citizen of the United States? ___ Yes ___ No
2. Do you have a will? ___ Yes ___ No If so, please show the name and address of Executor below.
3. Are you a Partner or Officer in any other business? ___ Yes ___ No
4. Are you obligated to pay alimony, child support or separate maintenance payments? ___ Yes ___ No
5. Are you a defendant in any suit or legal action? ___ Yes ___ No
6. Have you ever declared bankruptcy? ___ Yes ___ No
7. Are any of the assets included on this statement the separate property of your spouse? ___ Yes ___ No
If the answer to any of questions 2 through 7 above is yes, please explain:

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 that 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 rights under the Consumer Credit Protection Act.

CASH FLOW STATEMENT

Please provide the following information regarding sources and uses of cash during the calendar year and your projections for the current year. If a cash flow deficit exists, explain how the existing or requested debt will be serviced.

Individual Joint

	PRIOR YEAR <u>20</u>	CURRENT YEAR ESTIMATE
<u>SOURCES OF CASH</u>		
Salaries, Commissions, Bonuses, or any other income from employment (net)	\$ _____	\$ _____
Rent Received	_____	_____
Dividends	_____	_____
Interest Income	_____	_____
Sales of Assets	_____	_____
Royalties	_____	_____
Distribution from Estates & Trusts	_____	_____
Cash Distributions from Business, Partnerships, or Joint Ventures	_____	_____
Income Tax Refund	_____	_____
Other Sources of cash	_____	_____
TOTAL CASH RECEIVED	\$ _____	\$ _____
<u>USE OF CASH</u>		
Personal Expenses (utilities, rent, household, etc.)	\$ _____	\$ _____
Bank Loans-principal and interest	_____	_____
Other Loans-principal and interest	_____	_____
Insurance Payments	_____	_____
Income Taxes not Covered by Withholding	_____	_____
Other Uses of Cash	_____	_____
TOTAL CASH OUTLAY	\$ _____	\$ _____
Cash Flow Surplus (Deficit)	_____	_____
The undersigned certifies that the information inserted on each side has been carefully read and is true and correct.		
DATE _____	SIGNED _____	