



Date \_\_\_\_\_

**BUSINESS INFORMATION (Please include: latest property tax bill, latest income statement & balance sheet, as well as personal & business tax returns for the past 2 years)**

Name of Business \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Do you prefer Invoices faxed or e-mailed? (Please provide fax number or e-mail address)

Fax \_\_\_\_\_ E-Mail \_\_\_\_\_

Please fill in the following:

Corporation     Sole Proprietorship (Individual)     Partnership

Corporation Name \_\_\_\_\_

List all Names and addresses of Owners, Members and/or Partners (and Spouses) of Corporation, Sole Proprietorship or Partnership:

- |                   |                   |
|-------------------|-------------------|
| 1) _____<br>_____ | 3) _____<br>_____ |
| 2) _____<br>_____ | 4) _____<br>_____ |

Property    Owned \_\_\_\_\_ Leased \_\_\_\_\_

Appraised Value \$ \_\_\_\_\_      Balance Owed \$ \_\_\_\_\_

Mortgage Holder \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Bank Contact Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_