

Important Applicant Information: Federal law requires financial institutions to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

Professional Office Application Checklist

In order for us to properly evaluate your credit request quickly and provide you with the most attractive possible pricing and structure, please submit a complete application package, including:

- Completed Loan Application
- Three years of corporate tax returns and corporate financial statements for the borrower/operating company
- Year-to-date operating statements and balance sheet for the borrower/operating company
- Three years Federal Income Tax Returns for individual guarantors
- Personal Financial statement for individual guarantors
- Copy of Purchase and Sales Agreement

Note: Additional information may be required by lender to complete the due diligence process.

Please submit your completed loan application package to:

Kim Hill
NCB
2011 Crystal Drive, Suite 800
Arlington, VA 22202

Contact Information

Kim Hill
Vice President
TEL (703) 302-1948
FAX (703) 647-3464
EMAIL khill@ncb.coop

Loan Applied For

Loan Amount: \$ _____ Term: _____ Amortization: _____

Project Cost Detail (Leave amount blank if not applicable)

Loan Purpose Information	Amount Needed
Purchase	\$ _____
Leasehold Improvements/Soft Costs	\$ _____
Refinance	\$ _____
TOTAL PROJECT COSTS (A)	\$ _____

Source of Project Funds (Please list the amount & source of Project Funds)

Borrower's Cash Investment \$ _____
 Other (Please Describe) _____
 Other (Please Describe) _____
TOTAL INVESTMENT SOURCES (B) \$ _____

TOTAL PROJECT COSTS (A) \$ _____
 - **TOTAL INVESTMENT SOURCES (B)** \$ _____
TOTAL FINANCING NEEDED (A-B) \$ _____

Refinance Data (Funds to be used to pay)

\$ _____
 First Lien Balance _____ Maturity Date (MM/DD/YYYY) _____ Payable to Name _____

Payable to Address (Street, Apt/Suite, City, State, and Zip) _____ Payable to Account Number _____

Prepayment Status _____ Prepayment Penalty(if applicable) _____

Business Profile

Ownership Structure: Sole Proprietorship C Corp. S Corp. LLC LLP Limited/General Partnership

Business Legal Name (As it appears on your Federal Tax Return) _____ Doing Business As (If different legal name) _____

Business Street Address _____ City _____ County _____ State _____ Zip _____

Primary Contact Name _____ Business Phone Number _____ Business Fax Number _____ Email Address _____

Federal Tax ID # _____ State of Incorporation _____ Date Business Established _____ Date Current Ownership Established _____

Years in Business _____ No. of Locations Owned _____ Brand Concept(s) _____

Is Business Applicant a Party to a claim or lawsuit? Yes No
 Has Business Applicant or Principal(s) ever filed for bankruptcy? Yes No
 Has Business Applicant or Principal(s) ever defaulted on a credit obligation? Yes No

Business Debt Schedule

Location #	Lender	Original Amt.	Current Bal.	Monthly Pmt.	Interest Rate	Maturity Date.	Secured (Y/N)	Collateral

Ownership Profile

Principal #1 _____
 Individuals Legal Name Title Social Security Number Date of Birth % of Ownership \$ Annual Income from this Company \$ Other Annual Income

Home Street Address _____ City _____ State _____ Zip _____ OWN RENT \$ Monthly Housing Payment

Principal #2 _____
 Individuals Legal Name Title Social Security Number Date of Birth % of Ownership \$ Annual Income from this Company \$ Other Annual Income

Home Street Address _____ City _____ State _____ Zip _____ OWN RENT \$ Monthly Housing Payment

Principal #3 _____
 Individuals Legal Name Title Social Security Number Date of Birth % of Ownership \$ Annual Income from this Company \$ Other Annual Income

Home Street Address _____ City _____ State _____ Zip _____ OWN RENT \$ Monthly Housing Payment

Project Type (Check all that apply)

Aquisition New Location Dev. Remodel/Rennovaition Equipment Pkg. Real Estate Refinance of Existing Debt Other _____
(Please Specify)

Property Description

Co-op/Condo Bldg. Name _____ Street Address _____ City _____ County _____ State _____ Zip _____

Number of Buildings _____ Number of Stories _____ Number of Units _____ Parking Spaces _____

Year Built _____ Number of Sublets _____ Amount of 30+ Past Dues Assessments _____ Recent Improvements _____

Is there outstanding litigation? If yes, please attach description of the suit _____

Property Management Information (If applicable)

Name of Property Manager/Company _____ Telephone _____ Fax Number _____ Email Address _____ Website Address _____

Signature and Authorization (Please complete all pages and sign)

The undersigned applicant(s) do hereby represent and warrant that the information contained on this form, and in the attachments submitted in conjunction with this application, is complete and correct. Furthermore, the applicant(s) authorize NCB, and/or any of its subsidiaries or affiliates, to obtain credit references and credit reports on the business and its principals, and to release credit information to others. All applications are subject to final credit approval.

Principal #1 _____
 Signature (Individually and as a business applicant) Title Date

Principal #2 _____
 Signature (Individually and as a business applicant) Title Date

Principal #3 _____
 Signature (Individually and as a business applicant) Title Date