

## Instructions

All required forms and documentation must be completed, signed and submitted to a McMillen Capital representative. All information, with the exception of the signatures, may be completed digitally.

## Required

Item name	Instructions	Form number (as designated in the footer of each document)
<input type="checkbox"/> Commercial Real Estate Loan Application	Complete form	CLA001–CLA002
<input type="checkbox"/> Business Debt Schedule	Complete form	BD001
<input type="checkbox"/> Personal Financial Statement	Complete form	PFS001–PFS002
<input type="checkbox"/> Business Real Estate Rent Schedule	Complete form	BRS001
<input type="checkbox"/> Business Financial Statement	Complete form or provide spreadsheets (i.e. QuickBooks report).	BFS001
<input type="checkbox"/> Business Tax Returns (3 Most Current Years)	Provide copies	NONE
<input type="checkbox"/> Individuals Tax Returns (3 Most Current Years)	Provide copies	NONE
<input type="checkbox"/> Environmental Questionnaire – Real Estate Secured Loans	Complete form	EQ001
<input type="checkbox"/> Business Profile	Complete form	BP001–BP002
<input type="checkbox"/> Commercial Real Estate Loan Application Supplement	Complete form	CAS001–CAS002

## Recommended

Item name	Instructions	Form number (as designated in the footer of each document)
<input type="checkbox"/> Management Profile	Complete form and/or attach Resume for “work experience” section	MP001

## Optional – McMillen Capital will request if necessary

Item name	Instructions	Form number (as designated in the footer of each document)
<input type="checkbox"/> Projections for Business Expansion	Complete form	PBE001
<input type="checkbox"/> Most Recent Property Tax Bill	Provide Copies	NONE
<input type="checkbox"/> Environmental Questionnaire – Underground Storage Tanks	Review list and gather requested information	UST001



## Commercial Real Estate Loan Application

### Applicant information (You may apply for credit in your name alone, regardless of your marital status.)

Full legal name of company borrower		Primary contact		Borrower TIN or SSN	
Address		City	County	State	ZIP
Billing address (If different from above)		City	County	State	ZIP
Proposed business address		City	County	State	ZIP
Residence telephone	Business telephone	Fax	E-mail address		
Loan Amount	Purpose	Nature of business			
Gross annual revenue/sales	Number of employees	Date established	SIC/NAICS	<input type="checkbox"/> Yes <input type="checkbox"/> No Is/Will the real estate financed be owner occupied?	
<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Sole proprietorship	<input type="checkbox"/> Subchapter S corporation	<input type="checkbox"/> Limited liability company	<input type="checkbox"/> Other (Describe)
Type of entity					
<input type="checkbox"/> Purchase	<input type="checkbox"/> Refinance	<input type="checkbox"/> Purchase with improvements	<input type="checkbox"/> Perm take out		
Transaction					

### Company ownership (List below all principal, officers and owners with 20% or greater ownership. If more than three, please include on separate sheet and attach.)

Name	Title	SSN	Date of birth	
Phone	E-mail address	<input type="checkbox"/> Yes <input type="checkbox"/> No Guarantor	% Ownership	
Address	City	County	State	ZIP
Name	Title	SSN	Date of birth	
Phone	E-mail address	<input type="checkbox"/> Yes <input type="checkbox"/> No Guarantor	% Ownership	
Address	City	County	State	ZIP
Name	Title	SSN	Date of birth	
Phone	E-mail address	<input type="checkbox"/> Yes <input type="checkbox"/> No Guarantor	% Ownership	
Address	City	County	State	ZIP

### Affiliates (List below all business concerns in which the applicant company or any of the individuals listed in the ownership section above have any ownership. Attach current financial statements. If more than three, please include on separate sheet and attach.)

Company name	TIN	Business telephone		
Guarantor	Owner (applicant company or individuals)	% Ownership		
Address	City	County	State	ZIP
Company name	TIN	Business telephone		
Guarantor	Owner (applicant company or individuals)	% Ownership		
Address	City	County	State	ZIP
Company name	TIN	Business telephone		
Guarantor	Owner (applicant company or individuals)	% Ownership		
Address	City	County	State	ZIP

**Miscellaneous** (If answered “yes,” provide detail on a separate sheet.)

Any previous SBA or Federal Government debt? If “Yes,” please detail on debt schedule. ☐ Yes ☐ No

Is any loan applicant, or any director, executive officer or principal shareholder loan applicant, and executive officer, director or principal shareholder of a financial institution? ☐ Yes ☐ No

Has your business ever filed bankruptcy or defaulted on any debts? ☐ Yes ☐ No

Is the business an endorser, guarantor or co-maker for obligations not listed in its financial statements? ☐ Yes ☐ No

Does your business use or store any hazardous/toxic materials or produce hazardous/toxic waste? ☐ Yes ☐ No

Is the business a party to any claim or lawsuit? ☐ Yes ☐ No

Does the business owe any taxes for years prior to the current year? ☐ Yes ☐ No

Does your company maintain key person life insurance on any owner, officer or shareholder? ☐ Yes ☐ No

Name of insurance company	Life insurance agent	Telephone
Name of insured	Beneficiary	Amount
Accountant name		Telephone
Attorney name		Telephone
Business insurance agent		Telephone
Residential insurance agent		Telephone
Certified development corporation		Telephone
Real estate agent name		Telephone
Title company/closing attorney		Telephone

**Agreement**  
By signing below, you certify that all the information you’ve given with this application is true and complete. You authorize us to verify all your statements with any source, obtain credit and employment history, (including your spouse’s, if you live in a community property state) and exchange information with others about your credit and account experience with us. You agree to provide additional information that we may require to process this application, including but not limited to true and complete federal income tax returns, employment verification and income verification.  
You also agree to reimburse McMillen Capital for its expenses incurred in connection with any credit commitment. These expenses include without limitation McMillen Capital’s appraisal, environmental services and legal costs, and are payable even though the extension of credit may not be consummated.

Authorized signature	Authorized signature
Print name, title	Print name, title
Address	Address
CityStateZIP	CityStateZIP
Social Security or tax ID no. Date	Social Security or tax ID no. Date

**Consent to transfer application/information**  
The undersigned has applied to McMillen Capital, LLC (“McMillen Capital”) for commercial loan financing. The undersigned understands that McMillen Capital has established a referral relationship with other financial service providers to whom it may refer financing requests that do not meet the parameters established by McMillen Capital for the type of financing requested. Neither McMillen Capital nor any such third party financial service provider has any commitment to lend to the undersigned. The undersigned hereby authorizes McMillen Capital to transfer its loan application, together with all supporting information submitted by the undersigned (including information concerning any guarantors), to such third party financial service provider(s). In addition, the undersigned hereby further authorizes any such third party financial service provider to notify McMillen Capital of such financial service provider’s action with respect to such application.

For credit applications submitted by non-individuals (such as corporations, partnerships, limited liability companies or trusts), sign here:

Name of business entity	
By	By
TitleDate	TitleDate

For credit applications submitted by individuals or sole proprietors, sign here:

Authorized signature	Authorized signature
Print nameDate	Print nameDate



## Business Debt Schedule

### Indebtedness

Furnish the following information on all installment debts, contracts, notes and mortgages payable. Indicate by asterisk (\*) items to be paid by loan proceeds and reason for paying same (present balance should agree with latest balance sheet submitted). Do not include accounts payable or accrued liabilities.

Company Name \_\_\_\_\_

Creditor	Original Date	Original Amount	Present Balance	Interest Rate	Monthly Payment	Maturity Date	Collateral/ Security	RLOC Limit
Name _____							_____	
Address _____							_____	
City, State, ZIP _____							_____	
Name _____							_____	
Address _____							_____	
City, State, ZIP _____							_____	
Name _____							_____	
Address _____							_____	
City, State, ZIP _____							_____	
Name _____							_____	
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City, State, ZIP _____							_____	
Name _____							_____	
Address _____							_____	
City, State, ZIP _____							_____	
Name _____							_____	
Address _____							_____	
City, State, ZIP _____							_____	
Name _____							_____	
Address _____							_____	
City, State, ZIP _____							_____	

Total Present Balance \_\_\_\_\_

### Your signature

By signing below, you certify that the statements above and on any attachment(s) are true and complete as of the date given below. You authorize McMillen Capital, LLC to verify or check any of the information given.

X \_\_\_\_\_ Date \_\_\_\_\_  
Applicant



**Schedule A – marketable securities** (Attach supplemental schedule, if necessary)

No. of Shares/ Amt. of Bonds	Description	Exchange Listed	Name(s) of Owner(s)	Ownership Type*	Current Market on Listed or Estimated Value on Unlisted

**Schedule B – business(es) owned** (Attach supplemental schedule, if necessary)

No. of Shares	Description	Name(s) of Owner(s)	Ownership Type*	Percentage Ownership

**Schedule C – real estate** (Attach supplemental schedule, if necessary)

Property Address and Type of Improvement	Purchase Date	Name(s) of Owner(s)	Ownership Type*	Net Annual Rent Income	Estimated Value	Amount Owning	To Whom Payable/ Monthly Payment

\*Ownership Type: JT – Joint Tenancy    TC – Tenants in Common    CP – Community Property    SP – Separate Property

**General information on applicant and spouse** (Provide full details on any “yes” answers to questions 2-6; attach separate sheet, if necessary.)

1. Are your principal cash deposits held jointly with another person?

☐ Yes    ☐ No    If yes, with whom? \_\_\_\_\_
2. Are any assets encumbered or debts secured except as indicated?

☐ Yes    ☐ No
3. Are there any suits or unpaid judgments now pending against you?

☐ Yes    ☐ No
4. Have you ever voluntarily surrendered or had a vehicle, or any other item, repossessed?

☐ Yes    ☐ No
5. Have you or your spouse ever been the subject of bankruptcy proceedings?

☐ Yes    ☐ No
6. Have you ever applied for or obtained credit under another name?

☐ Yes    ☐ No
7. Are you a U.S. citizen?

☐ Yes    ☐ No    If no, please give country of citizenship and visa status: \_\_\_\_\_
8. Are any assets held in a trust?

☐ Yes    ☐ No

**Life insurance**

Name of insurance company

Name of insured

Life insurance amount

Beneficiary’s name

Relationship

Beneficiary’s address

City

State

ZIP

Name of insurance company

Name of insured

Life insurance amount

Beneficiary’s name

Relationship

Beneficiary’s address

City

State

ZIP

**Your signature**

By signing below, you certify that the statements above and on any attachment(s) are true and complete as of the date below. You authorize McMillen Capital, LLC to verify or check any of the information given, check your credit references, verify employment and obtain credit reports (including your spouse, if you are married and living in a community property state). You also authorize McMillen Capital, LLC to provide credit information about you and your accounts to others.

X

Applicant

Date

X

Applicant

Date



## Business Real Estate Rent Schedule

### Business Real Estate Rent Schedule

Furnish the following information on all real estate rental properties used and/or paid for by the business. Do not include equipment rents, any personal rents or any rents received for properties where the business is a landlord.

Company Name \_\_\_\_\_

Lessor and/or Property Address	Original Lease Date	Monthly Lease Amount	Final Lease Maturity	Will this lease payment cease if this real estate transaction closes? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, indicate the date of the last lease payment and and the annual taxes and insurance on this property.
Lessor Name _____ Address _____ City, State, ZIP _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ _____ _____
Lessor Name _____ Address _____ City, State, ZIP _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ _____ _____
Lessor Name _____ Address _____ City, State, ZIP _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ _____ _____
Lessor Name _____ Address _____ City, State, ZIP _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ _____ _____
Lessor Name _____ Address _____ City, State, ZIP _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ _____ _____
Lessor Name _____ Address _____ City, State, ZIP _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ _____ _____
Lessor Name _____ Address _____ City, State, ZIP _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ _____ _____
Lessor Name _____ Address _____ City, State, ZIP _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ _____ _____
Lessor Name _____ Address _____ City, State, ZIP _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ _____ _____
Lessor Name _____ Address _____ City, State, ZIP _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ _____ _____
Lessor Name _____ Address _____ City, State, ZIP _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ _____ _____
Lessor Name _____ Address _____ City, State, ZIP _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ _____ _____
Lessor Name _____ Address _____ City, State, ZIP _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ _____ _____
Lessor Name _____ Address _____ City, State, ZIP _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ _____ _____

Total monthly lease payments \_\_\_\_\_

### Your signature

By signing below, you certify that the statements above and on any attachment(s) are true and complete as of the date given below. You authorize McMillen Capital, LLC to verify or check any of the information given.

**X**

Applicant \_\_\_\_\_

Date \_\_\_\_\_



## Business Financial Statement

### Financial statement of

Full legal name of company				Date submitted	
Address	City	County	State	ZIP	
Type of business	Business telephone			Federal tax ID number	

### Balance sheet as of

Assets	\$	Liabilities	\$
Cash		Accounts payable	
Marketable securities		Notes payable	
Accounts receivable		Current portion long-term debt	
Inventory		Accruals	
Prepaid expenses		Taxes payable	
Other current assets		Other current liabilities	
<b>Total current assets</b>		<b>Total current liabilities</b>	
Land and buildings		Long-term debt	
Machinery and equipment		Other liabilities	
Leasehold improvements		<b>Total liabilities</b>	
Other fixed assets		Capital stock	
Less accumulated depreciation		Paid in capital	
<b>Net fixed assets</b>		Retail earnings	
Other assets		<b>Total equity</b>	
<b>Total assets</b>		<b>Total liabilities and equity</b>	

### Income statement for the period from to

Net sales or revenue	
Less cost of goods sold	
Gross margin	
Less operating expenses	
Salaries (owners)	
Salaries (other)	
Rent	
Depreciation	
Bad debts	
Interest	
Advertising	
Taxes	
Other misc. expenses	
<b>Net profit before income tax</b>	
Less income taxes paid	
<b>Net profit after income tax</b>	

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X		Date
Applicant		
X		Date
Prepared by (print name)		
X		Date
Prepared by (signature)		



Borrower name		Property known as				
Property address		City	County	State	ZIP	
Date first developed	Specific property use					

**Please check the appropriate box for each question.**

	Yes	No	Attachment?
Has the site, its owners or occupants ever been the focus of environmental inquiry or investigation by a local, state or federal agency? If so, provide a complete explanation with supporting attachments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has any prior or current occupant or owner of the site ever been cited, fined or paid penalties in any manner as a result of environmental issues on-site? If so, provide a complete explanation with supporting attachments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has a Phase I ESA or any other environmental report ever been prepared by a consultant for this property? If so, you must provide a copy of each report for McMillen Capital, LLC's review with this completed questionnaire.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have any environmentally sensitive activities listed below taken place at the property historically either as a primary activity or in conjunction with activities on site? If yes, complete Table A (below).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are any of the above applicable to the current use of the property? If yes, complete Table A (below).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If the property was built prior to 1981, is asbestos known to be present at the property? If so, provide a copy of all information concerning asbestos with this completed questionnaire.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has the property ever been investigated for or had a documented presence of lead-based paint, indoor air quality problem or mold? If so, provide a copy of all information concerning these issues with this completed questionnaire.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Historically, did the property ever have any underground storage tanks (e.g., heating oil, backup generators)? If underground storage tanks were removed from the property, provide documentation that they have been removed and have received regulatory agency closure.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are any underground storage tanks currently located on the property? If so, complete the McMillen Capital Environmental Questionnaire – Underground Storage Tanks form.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are any regulated, toxic or hazardous chemicals or materials stored, consumed on or disposed of from the property? If so, describe them and their use, storage and handling (including whether or not Material Safety Data Sheets are presently available on-site)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have there been any spills, leaks or other reportable releases of chemicals on the property or migration of chemicals onto the property from an off-site source? If so, provide copies of all reports and regulatory agency correspondence related to the incident(s).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Table A – Environmentally Sensitive Activities** (Check all that apply.)

Historical	Current	Activity	Historical	Current	Activity
<input type="checkbox"/>	<input type="checkbox"/>	Airport or aircraft maintenance	<input type="checkbox"/>	<input type="checkbox"/>	Military base
<input type="checkbox"/>	<input type="checkbox"/>	Analytical testing	<input type="checkbox"/>	<input type="checkbox"/>	Mining or quarry activities
<input type="checkbox"/>	<input type="checkbox"/>	Asphalt or cement plant	<input type="checkbox"/>	<input type="checkbox"/>	Motor vehicle maintenance / repairs
<input type="checkbox"/>	<input type="checkbox"/>	Automotive repair or service (mechanical or autobody)	<input type="checkbox"/>	<input type="checkbox"/>	Oil and gas production / refining
<input type="checkbox"/>	<input type="checkbox"/>	Chemical manufacturing / treatment	<input type="checkbox"/>	<input type="checkbox"/>	Paper manufacturing
<input type="checkbox"/>	<input type="checkbox"/>	Dairy, meat and food processing	<input type="checkbox"/>	<input type="checkbox"/>	Pharmaceutical / medical production
<input type="checkbox"/>	<input type="checkbox"/>	Dry cleaning or laundry facilities	<input type="checkbox"/>	<input type="checkbox"/>	Photochemical laboratories
<input type="checkbox"/>	<input type="checkbox"/>	Explosives manufacturing	<input type="checkbox"/>	<input type="checkbox"/>	Plastic / fiberglass fabrication / manufacturing
<input type="checkbox"/>	<input type="checkbox"/>	Fertilizer manufacturing	<input type="checkbox"/>	<input type="checkbox"/>	Power plant
<input type="checkbox"/>	<input type="checkbox"/>	Foundries / smelters / casting operations	<input type="checkbox"/>	<input type="checkbox"/>	Printing industries
<input type="checkbox"/>	<input type="checkbox"/>	Freight terminals	<input type="checkbox"/>	<input type="checkbox"/>	Railroad yard / spur
<input type="checkbox"/>	<input type="checkbox"/>	Gasoline station or convenience store	<input type="checkbox"/>	<input type="checkbox"/>	Recycling processes
<input type="checkbox"/>	<input type="checkbox"/>	Herbicide / pesticide manufacturing	<input type="checkbox"/>	<input type="checkbox"/>	Textile and leather manufacturing
<input type="checkbox"/>	<input type="checkbox"/>	Incineration, furnace or air emissions of any nature	<input type="checkbox"/>	<input type="checkbox"/>	Trash, debris or waste disposal including landfilling or open dumps
<input type="checkbox"/>	<input type="checkbox"/>	Inks, dye and paint manufacturing or use	<input type="checkbox"/>	<input type="checkbox"/>	Treatment, storage or disposal facility for municipal, special, regulated or hazardous wastes
<input type="checkbox"/>	<input type="checkbox"/>	Junk / scrapyard			Vehicle / equipment de-greasing / washing
<input type="checkbox"/>	<input type="checkbox"/>	Livestock feed lots or manure stockpiles	<input type="checkbox"/>	<input type="checkbox"/>	Waste treatment processes
<input type="checkbox"/>	<input type="checkbox"/>	Machine shops	<input type="checkbox"/>	<input type="checkbox"/>	Wood preservation or finishing
<input type="checkbox"/>	<input type="checkbox"/>	Metal fabrication or production			
<input type="checkbox"/>	<input type="checkbox"/>	Metal plating or finishing			

## Your signature

I, \_\_\_\_\_, state to the best of my knowledge, information and belief that all of the facts stated in response to the questions and requests for information contained in the foregoing Environmental Questionnaire are true.

<b>X</b>		
Signature	Corporate title	Date



**Business Profile**

Use separate attachments to answer questions if necessary.

Company name

Nature of business: (Describe the type of business you are in, including products and services, and how/why you became involved.)

List key customers (Indicate with asterisk any who the loss of could jeopardize orderly repayment)

Geographic sales area

List major competitors and size (sales \$/employees)

Major suppliers (indicate with asterisk any who the loss of could jeopardize orderly repayment)

Customer profile: (what are the primary markets who use your products?)

Describe market / industry conditions. Is the market emerging or mature? Growing or declining?

How does your business compete in this industry and in this market? What's your niche or competitive advantage?

Marketing analysis and strategy: (Explain your promotional, pricing and distribution strategies.)

Major past accomplishments: (Describe how your business differs from the competition and your competitive advantages.)

Have there been changes in the last 5 years in ownership or key management? ☐ Yes ☐ No

Comment on management's business/industry experience and management's depth. Have they operated successfully through a variety of business cycles?

What is management's primary concern for the business? What does management see as the primary risk?

Are there non-guarantor owners? ☐ Yes ☐ No

Describe nonconventional ownership structures and affiliate relationships relevant to an understanding of the request.

Name of primary business bank

Address

City

State

ZIP

Business Profile (continued)

Explain any extraordinary items on the financial statements, such as significant changes in sales, margins, A/R turnover, A/P turnover and inventory turnover as well as what caused them.

Do you have any previous SBA or other Federal Government debt?    ☐ Yes    ☐ No

If yes, please provide details:

Name of agency	Original Amount of Loan	Date of Request	Approved or Declined	Current or Past Due	Current Balance

Explain potential liabilities related to lawsuits, taxes, etc.

Have you or any officer of your company ever been involved in bankruptcy or insolvency proceedings?    ☐ Yes    ☐ No    If yes, please provide details:

Do you or your spouse or any member of your household, or anyone who owns, manages or directs your business or their spouses or members of their households work for the Small Business Administration, Small Business Advisory Council, SCORE, ACE, any Federal Agency, or McMillen Capital, LLC?

☐ Yes    ☐ No    If yes, please provide the name and address of the person and the office where employed.

Do you buy from, sell to or use the services of any concern in which someone in your company has a significant financial interest?    ☐ Yes    ☐ No    If yes, please provide details:

Does your business presently engage in export trade?    ☐ Yes    ☐ No

Do you have plans to begin exporting as a result of this loan?    ☐ Yes    ☐ No

Would you like information on exporting?    ☐ Yes    ☐ No

How sensitive is your company to changes in energy costs?

Future plans: (What is your growth strategy? Rapid growth, moderate or maintain market position. What are the impediments that may impact your success?)

Outlook: (What is your outlook concerning the business activity in which you are engaged?)

How will this loan benefit your company?

Will funding this loan create new employment opportunities?    ☐ Yes    ☐ No    If yes, state how:

Number of employees: (Including subsidiaries and affiliates)

A. At time of application    B. If loan is approved    C. Subsidiaries or affiliates (Separate from A and B)

Your signature

By signing below, you certify that the statements above and on any attachment(s) are true and complete as of the date given below. You authorize McMillen Capital, LLC to verify or check any of the information given.

X

Applicant

Date



## Commercial Real Estate Loan Application Supplement

### Credit request

Borrower name	Federal tax ID no.	<input type="checkbox"/> First Trust Deed Please check one	<input type="checkbox"/> Second Trust Deed
Amount requested	Term requested		

### Purpose of request

☐ To finance current purchase at \_\_\_\_\_

☐ Property improvement (how much) \$ \_\_\_\_\_

☐ Refinance present loan(s)

☐ Other (Describe and show amounts) \$ \_\_\_\_\_

### Property information

Street address	City	State	ZIP					
<input type="checkbox"/> Industrial <input type="checkbox"/> Retail <input type="checkbox"/> Office <input type="checkbox"/> Mixed use /other:								
Property type								
Construction type (i.e. wood frame, concrete tilt-up, un-reinforced brick, etc.)								
Building Sq. Ft.	Approx. lot size	# of parking spaces	% Occupied	% Owner Occupied	Year built	Date acquired	Purchase price	Estimated value
How will the property be vested? (Attach a copy of property tax bill)								
Property is/will be held in the name(s) of								
Zoning (If available)	Date last appraised	Appraised value	<input type="checkbox"/> Yes <input type="checkbox"/> No Appraisal copy available					

### Tenant list (Attach copies of leases)

Occupant Name	Associated with applicant?	Sq. Ft.	% of Space Occupied	Business Activity	Annual Rent	Tenant Since	# of months Remaining

### Annual expense

	Amount	Actual	Projected		Amount	Actual	Projected
Utilities		<input type="checkbox"/>	<input type="checkbox"/>	Insurance		<input type="checkbox"/>	<input type="checkbox"/>
Maintenance		<input type="checkbox"/>	<input type="checkbox"/>	Interest expense		<input type="checkbox"/>	<input type="checkbox"/>
Property management		<input type="checkbox"/>	<input type="checkbox"/>	Other		<input type="checkbox"/>	<input type="checkbox"/>
Real estate taxes		<input type="checkbox"/>	<input type="checkbox"/>	Total		<input type="checkbox"/>	<input type="checkbox"/>

### Existing liens against the property

Lender	Date Made	Original Amount	Current Balance	Original Term	Rate (Fixed/Floating)	Monthly Payment	Maturity Date

## Property condition

Adverse influences or hazards?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Exterior condition	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Repairs/deferred maintenance needed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Interior condition	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Change in future use of property?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Improvements made since acquired?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Cost of improvements	_____

Please explain any property deficiencies indicated above: \_\_\_\_\_

\_\_\_\_\_

## Access arrangements

Primary contact	Home phone	Business phone
Alternate contact	Home phone	Business phone
Property occupied by	<input type="checkbox"/> Yes <input type="checkbox"/> No	Occupant to know of inspection?

## Life insurance

Name of insurance company	Policy number		
Agent's name	Phone		
Address	City	State	ZIP
Fire and extended coverage	Expiration date	<input type="checkbox"/> Yes <input type="checkbox"/> No	Replacement cost guarantee?
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Flood insurance required?	Amount	Name of insurance company	

## Signatures

By signing below, you certify that the statements above and on any attachment(s) are true and complete as of the date given below. You authorize McMillen Capital, LLC to verify or check any of the information given, check your credit references, verify employment and obtain credit reports (including your spouse, if you are married and living in a community property state). You also authorize McMillen Capital, LLC to provide credit information about you and your accounts to others.

<b>X</b>	_____	_____
Applicant		Date
<b>X</b>	_____	_____
Applicant		Date