



**MERCANTILE COMMERCIAL CAPITAL'S
CONVENTIONAL LOAN PROGRAM**

**MERCANTILE COMMERCIAL CAPITAL, LLC
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Altamonte Springs, Florida 32714**

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L O A N A P P L I C A T I O N



MERCANTILE COMMERCIAL CAPITAL, LLC

Memorandum

To: Prospective Borrower
From: Christopher G. Hurn
Re: Your loan with Mercantile Commercial Capital, LLC (MCC)

Thank you for your interest in our loan program. We believe this loan program is the best financing vehicle available to small and mid-sized companies wanting to own their commercial real estate. Our goal is to make this loan application process a quick and efficient one. We believe the information on this application can be assembled and prepared completely in under two hours. **KEEP IN MIND, A FULLY COMPLETED LOAN PACKAGE ALWAYS HAS THE HIGHEST PRIORITY OF OUR CREDIT DEPARTMENT AND WILL BE UNDERWRITTEN EXPEDITIOUSLY.** Please feel free to contact an MCC Loan Officer regarding any questions you might have as you prepare your application.

Please note that the application requires detailed information on the Borrower's operating company and its principals. The loan checklist, located at the front of this package, lists additional documents that are required for loan approval. If some of the information and documentation is not readily available to you, please contact us immediately as we often can be of assistance in this regard.

Thank you again for your interest in our loan program, and we look forward to working with you.

Respectfully Yours,

President and CEO
Mercantile Commercial Capital, LLC

940 Centre Circle, Suite 3006
(407) 786-5040 (phone) (407) 682-1632 (fax)
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LOAN CHECKLIST

The following information must be submitted at the time of application.

1. General information form (please complete pages 3-5).
2. Principal Information form (please complete pages 6-7).
3. Authorization to Release Personal Credit form (please complete page 8).
4. Operating company tax returns, and accountant or company-prepared balance sheet and profit and loss statement for the previous three years. (If a change of ownership occurred, please provide seller's financial statements for past three years).
5. Current interim financial statement of business (balance sheet and income statement dated less than 60 days old).
6. Aging summary of accounts receivable and accounts payable – must be dated the same date as interim financial statements (Please complete page 9 and/or attach an internally prepared summary).
7. Business Schedule of Liabilities – must be dated the same date as interim financial statements. (Please complete page 10 and/or attach an internally prepared schedule).
8. Affiliate company (if applicable) Fiscal Year End (FYE) financial statements– balance sheet and profit and loss statements and/or complete copies of tax returns for past two years and current interim financial statement of business (balance sheet and income statement dated less than 60 days old).
9. Complete personal tax returns for previous three years on all proprietors, partners and stockholders owning 20 percent or more of voting stock, and all guarantors.
10. Personal financial statements on all proprietors, partners and stockholders owning 20 percent or more of voting stock, and all guarantors must be provided (please complete pages 11-12 and/or submit a suitable substitution).



MERCANTILE COMMERCIAL CAPITAL, LLC

GENERAL INFORMATION FORM

Operating Company Name:		
Trade Name (DBA as registered with Fla. Div. of Corporations):		
Address:		County:
City:	State:	Zip Code:
Office #:	Fax #:	Mobile #:
Operating Company Tax ID Number:		
E-Mail Address:		
Entity Type: <input type="checkbox"/> Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> Limited Liability Company or LLP		
Operating Company Start Date:		
Description of Business Activity:		
Company Web Address:		
Existing or New Business? <input type="checkbox"/> Existing <input type="checkbox"/> New		Is business engaged in exporting? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is your company involved in any bankruptcy/insolvency proceedings? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have any company officers been involved in bankruptcy/insolvency proceedings? <input type="checkbox"/> Yes <input type="checkbox"/> No		
The next six answers are not required. However, the SBA may offer additional benefits for businesses owned 51 percent or more by women, minorities, veterans, or for businesses accomplishing specific public policy goals.		
Veteran-Owned? <input type="checkbox"/> Yes <input type="checkbox"/> No	Woman-Owned? <input type="checkbox"/> Yes <input type="checkbox"/> No	Minority-Owned? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is project located in a community revitalization or redevelopment area? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	Is the project located in an area affected by federal budget cutbacks? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	Will the proceeds be used for plant re-tooling or modernization of manufacturing facilities? <input type="checkbox"/> Yes <input type="checkbox"/> No

COMPANY PRINCIPALS

A principal information sheet should be completed for each individual listed below with 20 percent or greater ownership. Information sheets can be found in the attached forms packet.

Stockholders/Owners:	Title:	Ownership % (must total 100%):

DESCRIPTION OF PROJECT

(Please describe what the proceeds of the loan will be used for. Attach an additional sheet if necessary)

NARRATIVE HISTORY OF BUSINESS

(Please describe the history of the business, competitive advantages, key customers and major competitors. Use additional sheets if necessary and/or available sales and marketing materials).

As part of this application, I/We understand that Mercantile Commercial Capital (MCC) and its authorized agents may make inquiries they deem necessary in evaluating the loan request for the Applicant and Guarantors listed below. The Applicant and Guarantors authorize MCC to undertake the following:

1. Verify at any time any information submitted to MCC by the Applicant, Guarantors, or their representatives or agents on their behalf.
2. Obtain further information concerning the credit standing of the Applicant and Guarantors.
3. Exchange such credit information with other interested parties as MCC deems necessary.

This authorization includes permission to obtain Business and Consumer Credit Reports on the Applicant and Guarantors at any time as deemed necessary by MCC.

APPLICANT NAME

GUARANTOR NAME

GUARANTOR NAME

BY: _____, as

BY: _____, as

BY: _____, as

Title: _____

Guarantor

Guarantor

PRINCIPAL INFORMATION FORMS

(Please list information on all company principals, owners and loan guarantors. Anyone who co-signs for the loan or owns more than 20 percent of stock in the operating company should be listed as a principal. Make additional copies of this blank form if necessary).

Principal 1

First Name	Full Middle Name	Last Name
Aliases or maiden names (If known by more than one name, please give dates)		
1	From: (Mo/Yr)	To: (Mo/Yr)
2	From: (Mo/Yr)	To: (Mo/Yr)
Title		
Ownership Percentage	Date of Birth	
Place of Birth	Social Security Number	
U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, provide resident alien number and a copy of front and back of resident alien card_____	Home Telephone Number	
Home Address	From: (Mo./Yr.)	To: (Mo./Yr.)
City	State	Zip Code
Prior Home Address (if fewer than 10 years at above)	From: (Mo./Yr.)	To: (Mo./Yr.)
City	State	Zip Code
Have you ever been an active member of the U.S. military? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, were you honorably discharged? <input type="checkbox"/> Yes <input type="checkbox"/> No	

DISCLOSURES

(It is important that the next three questions be answered completely. An arrest or conviction record will not necessarily disqualify you; however, an untruthful answer will cause your application to be denied. If you answer yes to any of the following three questions, furnish details on a separate sheet (please include dates, location, fines, sentences [whether misdemeanor or felony], dates of parole/probation, unpaid fines or penalties, name(s) under which charged, and any other pertinent information).

Are you presently under indictment, on parole or probation? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, indicate date parole or probation is to expire)
Have you <u>ever</u> been charged with and or arrested for any criminal offense other than a minor motor vehicle violation? Include offenses that have been dismissed, discharged, or not prosecuted. (All arrests must be disclosed and explained on an attached sheet) <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted, placed on pretrial diversion, or placed on any form of probation, including adjudication withheld pending probation, for any criminal offense other than a minor vehicle violation? <input type="checkbox"/> Yes <input type="checkbox"/> No

MANAGEMENT RESUME

Please fill in all spaces. If an item is not applicable, please indicate such. If you would like to submit a different version of your resume, please do so. You may include additional relevant information on a separate exhibit.

Personal information:

Name _____ SS# _____

Date of Birth _____ Place of Birth _____

Residence Telephone _____ Business Telephone _____

Residence Address _____

From _____ To Present Date

Previous Address _____

From _____ To _____

Spouse's Name _____ SS# _____

Are you employed by the U.S. Government? Yes No Agency/Position _____

Are you a U.S. citizen? Yes No If no, give Alien Registration Number _____

Education:

High School/College/Technical Name/Location	Dates Attended	Major	Degree/Certificate
---	----------------	-------	--------------------

_____	_____	_____	_____
-------	-------	-------	-------

_____	_____	_____	_____
-------	-------	-------	-------

_____	_____	_____	_____
-------	-------	-------	-------

Military Service Background:

Branch of Service _____ Dates of Service _____

Work Experience: List chronologically, starting with present employment.

Company Name/Location _____

From _____ To _____

Duties _____

Company Name/Location _____

From _____ To _____

Duties _____

Company Name/Location _____

From _____ To _____

Duties _____

Signature: _____ Date: _____

AUTHORIZATION TO RELEASE INFORMATION

I/We hereby authorize the release to Mercantile Commercial Capital, LLC (MCC) and/or assigns and the U.S. Small Business Administration (SBA) (collectively, "MCC") any and all information MCC and/or assigns may require at any time for any purpose related to our credit application and/or loan transaction with MCC and/or assigns.

I/We hereby authorize MCC to release any and all information and/or data (including but not limited to personal and/or business financial statements, personal and/or business income tax returns, payment and/or credit history) to any entity MCC deems necessary for any purpose related to our credit application/loan transaction with MCC and/or assigns.

I/We hereby acknowledge that all loan approvals will be in writing and subject to the terms and conditions set forth in the Loan Authorization issued by the U.S. Small Business Administration.

Authorized Signature, Title

Date

Authorized Signature, Title

Date

Authorized Signature, Title

Date

Authorized Signature, Title

Date



AGING SUMMARY OF ACCOUNTS RECEIVABLE (A/R) AND ACCOUNTS PAYABLE (A/P)

(A/R and A/P must match interim balance sheet)

If you have your own version of an aging summary, please submit in lieu of this version.

<u>Aging:</u>	<u>Accounts Receivable</u>	<u>Accounts Payable</u>
Under 30 Days	_____	_____
30 – 59 Days	_____	_____
60 – 89 Days	_____	_____
Over 90 Days	_____	_____

A/R Detail:

List any customer concentrations that are **greater than or equal to 10%** of total A/R:

<u>Name:</u>	<u>%</u>	<u>Any Issues (Collection, etc.)?:</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List any customers with A/R over 90 days and indicate whether account is collectable:

<u>Name:</u>	<u>Collectable (Y/N)</u>	<u>Extended Terms:</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

A/P Detail:

List any A/P over 90 days and indicate whether you have extended terms and list terms:

<u>Name:</u>	<u>Extended Terms (Y/N)</u>	<u>Terms:</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Applicant Signature: _____ Date: _____

BUSINESS SCHEDULE OF LIABILITIES

As of _____, 20_____.

Existing Debt Obligations. List separately all obligations of the company evidenced by note or capital lease, including drawn-upon lines of credit and vehicle loans or leases. This section requires more detail than that found on any CPA prepared financial statements. It is a critical part of the information we analyze.

Name of Creditor	Original Amount	Date	Present Balance	Rate of Interest	Monthly Pmt. (\$)	Other Pmt.	Maturity Date	Collateral
_____	\$		\$	%	\$	\$		
_____	\$		\$	%	\$	\$		
_____	\$		\$	%	\$	\$		
_____	\$		\$	%	\$	\$		
_____	\$		\$	%	\$	\$		
_____	\$		\$	%	\$	\$		
_____	\$		\$	%	\$	\$		
_____	\$		\$	%	\$	\$		
_____	\$		\$	%	\$	\$		
_____	\$		\$	%	\$	\$		

The information contained on this schedule is a supplement to your balance sheet and should balance to the liabilities presented on that form. Please date and match this form to the liabilities listed on your interim balance sheet.

Signature: _____

Title: _____

Date: _____



PERSONAL FINANCIAL STATEMENT

AS OF _____

Complete this form for: (1) each proprietor, or (2) each limited partner who owns 20% or more interest and each general partner, or (3) each stockholder owning 20% or more of voting stock, or (4) any person or entity providing a guaranty on the loan.

Name	Business Phone
Residence Address	Residence Phone
City, State, & Zip Code	
Business Name or Applicant/Borrower	

ASSETS	(Omit Cents)	LIABILITIES	(Omit Cents)
Cash on hand & in Banks.....	\$ _____	Account Payable.....	\$ _____
Savings Accounts.....	\$ _____	Notes Payable to Banks and Others.....	\$ _____
IRA or Other Retirement Account.....	\$ _____	(Describe in Section 2)	
Accounts & Notes Receivable.....	\$ _____	Installment Account (Auto).....	\$ _____
Life Insurance-Cash Surrender Value Only.....	\$ _____	Mo. Payments \$ _____	
(Complete Section 8)		Installment Account (Other).....	\$ _____
Stocks and Bonds.....	\$ _____	Mo. Payments \$ _____	
(Describe in Section 3)		Loan on Life Insurance.....	\$ _____
Real Estate.....	\$ _____	Mortgages on Real Estate.....	\$ _____
(Describe in Section 4)		(Describe in Section 4)	
Automobile-Present Value.....	\$ _____	Unpaid Taxes.....	\$ _____
Other Personal Property.....	\$ _____	(Describe in Section 6)	
(Describe in Section 5)		Other Liabilities.....	\$ _____
Other Assets.....	\$ _____	(Describe in Section 7)	
(Describe in Section 5)	\$ _____		
Total	\$ _____	Total	\$ _____
		Net Worth (Assets minus Liabilities).....	\$ _____

Section 1. Source of Income	Contingent Liabilities
Salary.....	\$ _____
Net Investment Income.....	\$ _____
Real Estate Income.....	\$ _____
Other Income (Describe below)*.....	\$ _____
	As Endorser or Co-Maker.....
	\$ _____
	Legal Claims & Judgments.....
	\$ _____
	Provision for Federal Income Tax.....
	\$ _____
	Other Special Debt.....
	\$ _____

Description of Other Income in Section 1.

*Alimony or Child support payments need not be disclosed in "Other Income" unless it is desired to have such payments counted towards total income.

Section 2. Notes Payable to Banks and Others. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed).

Name and Address of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	How secured or Endorsed Type of Collateral



Section 3. Stocks and Bonds. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed).

Number of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value

Section 4. Real Estate Owned. (List each parcel separately. Use attachment if necessary. Each attachment must be identified as a part of this statement and signed).

	Property A	Property B	Property C
Type of Property			
Address			
Date Purchased			
Original Cost			
Present Market Value			
Name & Address of Mortgage Holder			
Mortgage Account Number			
Mortgage Balance			
Amount of Payment per Month/Year			
Status of Mortgage			

Section 5. Other Personal Property and Other Assets. (Describe, and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment and if delinquent, describe delinquency).

Section 6. Unpaid Taxes. (Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches).

Section 7. Other Liabilities. (Describe in detail).

Section 8. Life Insurance Held. (Give face amount and cash surrender value of policies – name of insurance company and beneficiaries).

I authorize MCC and/or assigns to make inquires as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of either obtaining a loan or guaranteeing a loan.

Signature: _____ **Date:** _____ **Social Security Number** _____

Signature: _____ **Date:** _____ **Social Security Number:** _____

