

860 South Street, Fitchburg, MA 01420 (Phone) 978.353.7607 (Fax) 978.353.4896

**BUSINESS NAME:** \_\_\_\_\_ **TAX ID#:** \_\_\_\_\_

**BUSINESS ADDRESS(ES):** \_\_\_\_\_ **TEL.:** \_\_\_\_\_

**EMAIL ADDRESS(ES):** \_\_\_\_\_ **CELL:** \_\_\_\_\_

**TYPE OF BUSINESS:** \_\_\_\_\_ **20** **ANNUAL SALES: \$** \_\_\_\_\_

**LOAN AMOUNT REQUESTED: \$** \_\_\_\_\_ **Employees/Total** \_\_\_\_\_ **Full Time** \_\_\_\_\_ **Part Time** \_\_\_\_\_

**PURPOSE OF LOAN:** \_\_\_\_\_

Date Established: \_\_\_\_\_ Fiscal Year End: \_\_\_\_\_ Additional Employees in the next year FT \_\_\_\_\_ PT \_\_\_\_\_

Corporation

SUB S

LLC

Accountant: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Partnership

Attorney: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Proprietorship

Insurance Agent: \_\_\_\_\_ Phone No.: \_\_\_\_\_

**MANAGEMENT**

(1) All Owners, Officers or Partners

(2) All Stockholders owning 20 percent or more of outstanding stock

Name	Address	% of Ownership	Title	Soc. Sec. No.

**REFERENCES**

(1) Name and address of three major creditors or trade references

(2) Manufacturers also list three major customers

1. \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

3. \_\_\_\_\_

**REAL ESTATE**

**1. Owned**

Location	Cost	Market Value	Mortgage or Liens	Payment Terms	Holder of Mortgages or Liens

Use this space to give details of any mortgage, lien, installments or interest in arrears, if any, taxes and assessments due and unpaid on such real property. If none, state NONE: \_\_\_\_\_

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**2. Leased**

Location	Annual Rental	Expiration Date	Renewal Clause	Name and Address of Lessor

**OBLIGATIONS** – List all loan applications, loans, lines of credit and installment indebtedness including, without limitation, indebtedness secured by security agreements, chattel mortgages, conditional sale contracts and retail installment contracts. If none, state NONE.

Name of Bank, Company or Individual	Original Date	Account Number	Original Amount	Balance Unpaid	Monthly Payments

**BANK ACCOUNTS** – Applicant and Principals. If none. Indicate if an account will be opened.

Name	Bank Name and Branch Office	Account #

**DISCLOSURES:**

- Are you or your business involved in any pending lawsuits? Yes \_\_\_\_ No \_\_\_\_ . If yes, provide details separately.
- Affiliates: Do you or the applicant business have any interest in any other business as owner, principal, partner or manager? Yes \_\_\_\_ No \_\_\_\_ . If yes, please provide details separately.
- Are you: (a) presently subject to an indictment, criminal information, arraignment, or other means by which formal criminal charges are brought in any jurisdiction? Yes \_\_\_\_ No \_\_\_\_ or  
 (b) have you been arrested in the past six months for any criminal offense? Yes \_\_\_\_ No \_\_\_\_ or  
 (c) for any criminal offense – other than a minor vehicle violation – have you ever: 1) been convicted; 2) plead guilty; 3) plead nolo contendere; 4) been placed on pretrial diversion; or 5) been placed on any form of parole or probation (including probation before judgment), Yes \_\_\_\_ No \_\_\_\_ .
- Are you current on all your debts, and payroll, federal, state and property taxes? Yes \_\_\_\_ No \_\_\_\_ . Explain \_\_\_\_\_
- Has your business or you personally ever declared bankruptcy? Yes \_\_\_\_ No \_\_\_\_ If yes, when and date of discharge \_\_\_\_\_ (Please explain details in a separate letter)
- Are you a U.S. Citizen? \_\_\_\_\_ Yes \_\_\_\_ No \_\_\_\_  
 If “No,” are you a Lawful Permanent resident alien? \_\_\_\_\_ Yes \_\_\_\_ No \_\_\_\_  
 Provide Alien Registration Number \_\_\_\_\_



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- Have you, the Applicant, its Affiliates, or any business owned or controlled by you or any Associate ever obtained a direct or guaranteed loan from SBA or any other Federal agency or been a guarantor on such a loan? (This includes student loans and disaster loans.) \_\_\_\_\_ Yes \_\_\_\_ No \_\_\_\_

If you answered "Yes" to Question 11, is any of the financing currently delinquent? \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_

If you answered "Yes" to Question 11, did any of this financing ever default and cause a loss to the Government? \_\_\_\_\_ Yes \_\_\_\_ No \_\_\_\_

- Business Ownership: Female 100% \_\_\_\_\_ Female 51-99% \_\_\_\_\_ Veteran 51%+ \_\_\_\_\_

**INFORMATION FOR STATISTICAL PURPOSES**

The following Gender and Ethnicity information is requested by the Federal Government in order to monitor our compliance with various civil rights laws. You are not required to furnish this information but are encouraged to do so. The law requires that we may not discriminate based upon this information, nor on whether you choose to furnish it. However, if you choose not to furnish it, under Federal regulations we are required to note the race and sex on the basis of visual observation or surname. This information will not be used in evaluating your application or to discriminate against you in any way.

\_\_ African American \_\_ Asian \_\_ White \_\_ Hispanic or Latino \_\_ Native Hawaiian \_\_ Native American  
\_\_ Male \_\_ Female

**IMPORTANT INFORMATION ABOUT YOUR RIGHTS**

If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact North Central Massachusetts Development Corporation by telephone 978-353-7607 or writing to Loan Administrator, North Central Massachusetts Development Corporation, 860 South St., Fitchburg, MA 01420 within 60 days from the date you are notified of the declination. We will send you a written statement of reasons for denial within 30 days after receiving a request for the statement. In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident. To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. Notice: The Federal Equal Credit Opportunity Act and comparable provisions of Massachusetts law prohibit creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, sexual orientation, ancestry, handicap, marital status, age (provided that the applicant has the capacity to enter into a binding contract), or because all or part of the applicant's income derives from any public assistance program. The Federal Equal Credit Opportunity Act also prohibits creditors from discriminating against credit applicants because the applicant has in good faith exercised any right under the Consumer Protection Act. The federal agency that administers compliance with this law concerning this creditor is the Federal Deposit Insurance Corporation. Its address is Regional Director, FDIC, 1350 Main Street, Suite 1100 Springfield, MA 01103. The state agency that administers compliance with the state law is the Massachusetts Commission Against Discrimination, One Ashburton Place, Boston, MA 02108.



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**Agreement and Signature(s)**

The undersigned has read and understands all of the foregoing statements, which was prepared by or at the request of the undersigned from information furnished by or on behalf of the undersigned. The undersigned certifies the foregoing statement as a true and correct statement upon which the North Central Massachusetts Development Corporation (NCMDC) may rely in extending credit on the undersigned. The undersigned agrees to notify the NCMDC in writing immediately of any change in the foregoing information. Until the NCMDC is notified, it may continue to rely upon the information contained herein as true and correct in all respects. The undersigned also agrees that all funds advanced under this extension of credit will be used for business purposes. The undersigned authorizes the NCMDC to obtain such other credit information as it deems necessary to reach a credit decision and to provide such information to others in accordance with applicable law.

<b>Company</b>	<b>Signature</b>	<b>Title</b>	<b>Date</b>
	<b>Signature</b>	<b>Title</b>	<b>Date</b>

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**IMPORTANT:**

**Return this completed application to NCMDC along with:**

- Personal Financial Statement
- Management Background
- Business Plan with Financial Projections
- Debarment Form
- Three Years of Personal Income Tax Returns
- Three Years of Business Tax Returns (If existing business)

**NCMDC is an Equal Opportunity Lender**

Visit us at  
[www.ChooseNorthCentral.com](http://www.ChooseNorthCentral.com)



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**AUTHORIZATION, RELEASE AND SHARING OF INFORMATION**

The undersigned applicant herein agrees and consents that, to induce North Central Massachusetts Development Corporation to explore, process and assist applicant in securing financing as requested, North Central Massachusetts Development Corporation may exchange, share, and in a prudent, legal and acceptable format, release to other financial institutions, other alternative lenders and financial service providers including accountants, attorneys, consultants, insurance agents, realtors, etc., any financial and/or other data submitted by applicant as deemed necessary. The information may be released or discussed by phone, electronic medium, fax, etc.

Furthermore, the undersigned acknowledges that he/she read and understands the above statement and voluntary consents to the release of information on an ongoing basis throughout the underwriting process, unless this authorization is revoked by the undersigned. Such revocation may be exercised by the undersigned at any time except after the information has already been released by North Central Massachusetts Development Corporation.

The undersigned herein releases North Central Massachusetts Development Corporation, its Board of Directors, any employee, independent contractor, consultant and staff; and holds harmless from all legal responsibility or liability that might arise from this disclosure.

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

\_\_\_\_\_  
Signature Title

\_\_\_\_\_  
Signature Title

\_\_\_\_\_  
Date

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Tel: 978.353.7607 Fax: 978.353.4896  
www.ChooseNorthCentral.com

\_\_\_\_\_  
North Central Massachusetts Development Corporation is an equal opportunity employer, provider and lender.



**Certification Regarding  
Debarment, Suspension, Ineligibility and Voluntary Exclusion  
Lower Tier Covered Transactions**

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 13 CFR Part 145. The regulations were published as Part VII of the May 26, 1988 *Federal Register* (pages 19160-19211). Copies of the regulations may be obtained by contacting the person to which this proposal is submitted.

**(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS ON REVERSE)**

- (1) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for disbarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- (2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

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

Date \_\_\_\_\_

By \_\_\_\_\_  
Name and Title of Authorized Representative

\_\_\_\_\_  
Signature of Authorized Representative

## INSTRUCTIONS FOR CERTIFICATION

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.

2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

3. The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

4. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations (13CFR Part 145).

5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.

6. The prospective lower tier participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transactions," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that is not deas it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the ineligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List.

8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.