MEMBER F.D.I.C.



# P.O. Box 60131

New Orleans, Louisiana 70160-0131 [www.libertybank.net](http://www.libertybank.net/)



**Small Business Loan Application**

|  |  |  |  |
| --- | --- | --- | --- |
| **Credit Request Profile** | | | |
| Amount of Loan Request: | Loan Purpose/Use of Proceeds:  Business Vehicle Purchases  Working Capital  Refinancing Debt  Inventory Purchases  Equipment Financing  Accounts Receivable  Improvements/Expansion  Miscellaneous/Other | | |
| |  | | --- | | **Financial Profile** | | | | |
| Describe the nature of your business  Retail  Wholesale  Manufacturing  Service | Describe the nature of your business:  Annual Revenue of business:       Number of Employees:  Do you currently have a business checking account with Liberty?  Yes  No  Contact to Open  Business Checking Account Number: If yes, what is the current balance in your Business Checking Account(S): | | |
| **Business Profile** | | |  |
| Legal Name (under which tax returns are filed: | | Business Phone: (     ) | Federal Tax ID: |
| Company (or DBA) Name: | | Business Address: Street City State Zip    Number of years at business address: | |
| Number of years in business: | | Mailing Address: Street City State Zip | |

Ownership Structure:

Sole Proprietorship

Limited Partnership  Limited Liability Company  C Corporation  General Partnership

Non-Profit  Other        S Corporation

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Questions  Does the business owe any taxes from prior years?  If Yes, how much? $ | | Yes | No | Is the business a party to any claim or lawsuit? | Yes | No |
| Are personal and business taxes current?  Yes  No  If Yes, how much? $ | | | | Are there any delinquent FICA or sales taxes?  Has the business ever declared bankruptcy? |  |  |
| Have any principals ever declared bankruptcy? |  |  |
| **Owner/Guarantor Profile** | | | | | | |

Please list the following information on each owner of the company (Attach separate schedule if necessary)

Name:       Title:       SSN/TIN:       Date of Birth:       %Ownership:

Current Home Address

Street City, State Zip

Number of years at current home address:

Previous Home Address (Street, City, State and Zip):

Number of years at previous home address:

Phone number: (     )

Email address:

Name:       Title:       SSN/TIN:       Date of Birth:       %Ownership:

Current Home Address

Street City, State Zip

Number of years at current home address:

Previous Home Address (Street, City, State and Zip):

Number of years at previous home address:

Phone number: (     )

Email address:

**Agreement** Signer(s) certifies that he/she is authorized to execute this Application on behalf of the business named above, and that all information provided, including federal income tax returns, is complete, true, and correct. Signer(s) authorizes Bank to obtain personal, consumer, and/or business credit reports, including inquiries to the Internal Revenue Service, in their names as individuals at any time. If the business is a corporation, partnership, or a limited liability company, all owners/principals/members must sign and include their title.

1. Signature Title Date
2. Signature Title Date
3. Signature Title Date

Revised 7/2021