

Commerce RI Financial Services**Business Profile and Eligibility Form**

This form is intended as an initial review to determine eligibility for the financial programs offered through Commerce RI. Upon review of this information, a member of the Commerce RI Financial Services Team will contact you regarding your eligibility and the financing options available. If it is determined that the business is eligible for the programs offered through Commerce RI, a complete application package will be requested. Eligibility does not constitute an approval for credit and no representations are made whether or not an application for credit will be approved or denied.

Name of Company: _____

Company Address: _____ City: _____ Zip: _____

Owner's Name(s): _____ (% Owned _____) _____ (% Owned _____)

Telephone: _____ E-mail: _____

Website: _____

How long have you been in business? _____ Most recent annual sales/revenues? \$ _____

Briefly describe your business:

Do you have a written business plan? _____ (If "yes", please attach a copy of the business plan)

Do you plan to add employees? _____ If yes, how many in the next 12-24 months: _____

Are you and your business current on all required taxes (State & Federal Income Taxes, Sales Taxes, Etc.)? _____
If not current on taxes, please attach a written explanation of what is owed and plans to bring current.

Amount of loan request: _____

What will the loan proceeds be used for?

Is the business or any owner of the business involved in any outstanding, pending or threatened litigation or other legal action? _____ (If "Yes", please attach a description of the litigation or legal action on a separate sheet and include contact information for the attorney handling the matter)

Financial statements closed through _____

PLEASE ATTACH A COPY OF THE MOST RECENT YEAR TO DATE FINANCIAL STATEMENTS FOR THE BUSINESS

Bank or Credit Union used for the business accounts: _____

Existing Lending Relationships: _____

Personal Information					
Name (applicant)			Name (co-applicant)		
Home Address			Home Address		
Social Security Number	Date of Birth	Home Phone Number	Social Security Number	Date of Birth	Home Phone Number
Employer			Employer		
Position		No. Years			
Employer's Address			Employer's Address		
Partner, officer or owner in any other business venture? <input type="checkbox"/> No <input type="checkbox"/> Yes If so, explain:			Partner, officer or owner in any other business venture? <input type="checkbox"/> No <input type="checkbox"/> Yes If so, explain:		
Income taxes filed & paid through (Date)			Income taxes filed & paid through (Date)		

Representations and Warrantees

The information contained in this statement is provided to induce Rhode Island Commerce Corporation or its affiliates (Commerce RI) to extend or to continue the extension of credit to the undersigned or to others upon the guarantee of the undersigned. The undersigned acknowledge and understand that Commerce RI is relying on the information provided herein in deciding to grant or continue credit or to accept a guarantee thereof. Each of the undersigned represents, warrants and certifies that the information provided herein is true, correct and complete. Each of the undersigned agrees to notify Commerce RI immediately and in writing of any changes in name, address, or employment and any material adverse change (1) in any of the information contained in this statement or (2) the financial condition of any of the undersigned or (3) in the ability of any of the undersigned to perform its (or their) obligations to Commerce RI. In the absence of such notice or a new and full written statement, this should be considered a continuing statement and substantially correct. If the undersigned fail to notify Commerce RI as required above, or if any of the information contained herein should prove to be inaccurate or incomplete in any material respect, Commerce RI may declare the indebtedness of the undersigned or the indebtedness guaranteed by the undersigned, as the case may be, immediately due and payable. Commerce RI is authorized to make all inquiries it deems necessary to verify the accuracy of the information contained herein and to determine the credit-worthiness of the undersigned. The undersigned authorize any person or consumer reporting agency to give Commerce RI or its representative any information it may have on the undersigned. Each of the undersigned authorizes Commerce RI to answer questions about your credit experience with the undersigned. As long as any obligation or guarantee of the undersigned to Commerce RI is outstanding, the undersigned shall supply annually an updated financial statement. This Eligibility Form and any other financial or other information that the undersigned provides to Commerce RI shall be Commerce RI Property.

I/we authorize Commerce RI to make whatever credit inquiries it deems necessary in connection with this financial statement. I/we authorize and instruct any person or consumer reporting agency to furnish to Commerce RI any information that it may have or obtain in response to such credit inquiries.

I/we also hereby certify that no payment requirements on any outstanding personal or business debt are delinquent or in default except as follows; if "NONE" so state.

I/we fully understand that it is a federal crime punishable by fine or imprisonment or both to knowingly make any false statements concerning any of the above facts, pursuant to 18 U.S.C. Section 1014.

Applicant's Signature

Date Signed

Co-Applicant's Signature

Date Signed

Be Sure to attach your Business Plan (if any) and most recent year to date financial statements.