



Industrial Properties Corporation

An Affiliate of the Williamsport/Lycoming Chamber of Commerce
 102 W. Fourth Street, Williamsport, PA 17701 * Phone: (570) 326-1971 * Fax: (570) 321-1209

Loan Application

Administration Use:
 COC Mbr Yes No

COMPANY INFORMATION

Company Name _____	FEIN _____ (or Social Security # if Proprietorship)
Address _____	Annual Gross Sales _____
Address _____	Principal Product/Service _____
City, State, Zip _____	Date Company Established _____
County _____ Twp/Municipality _____	Current # of Employees Full-time _____ Part-time _____
Contact Name _____	Website address http:// _____
Title _____	Primary SIC Code _____ Primary NAICS Code _____
Phone _____	Type of Business (check one)
Fax _____	Proprietorship <input type="checkbox"/> LLC <input type="checkbox"/> "C" Corp <input type="checkbox"/>
Cell _____	Partnership <input type="checkbox"/> "S" Corp <input type="checkbox"/> Other <input type="checkbox"/>
Email _____	

NEW PROJECT INFORMATION

Address of project _____	If yes to any questions, please provide details. Yes No 1. Have you or any officer of your company ever filed for bankruptcy? <input type="checkbox"/> <input type="checkbox"/> 2. Are you or your business involved in any pending lawsuits? <input type="checkbox"/> <input type="checkbox"/> Accountant Name: _____ Accountant Address: _____ Attorney Name: _____ Attorney Address: _____
City, State, Zip _____	
County _____	
Twp/Municipality _____	

Brief Description of project:

OPERATING COMPANY PROFILE

Please provide a detailed history of the business (Please only use space provided. You may use additional pages or attach company literature)

What are your major products and/or services? 1. _____ 2. _____ 3. _____ Is your business a franchise? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what is the name of the franchise? _____ What geographic markets do you serve for your products and/or services? 1. _____ 2. _____ 3. _____ How do you/will you market and promote your products and/or services?	List your major customers (those who make up 10% or more of your annual sales) <table border="1"> <thead> <tr> <th>Name</th> <th>City, State</th> <th>% of Sales</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table> List your major competitors <table border="1"> <thead> <tr> <th>Name</th> <th>City, State</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> </tbody> </table> List your major suppliers <table border="1"> <thead> <tr> <th>Name</th> <th>City, State</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> </tbody> </table>	Name	City, State	% of Sales	_____	_____	_____	_____	_____	_____	_____	_____	_____	Name	City, State	_____	_____	_____	_____	_____	_____	Name	City, State	_____	_____	_____	_____	_____	_____
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Please list the members of your management or operating team. Include all Officers of the company as well. Attach background information (education, work experience, job responsibilities, etc.)

Name	Title	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____

PROJECT BUDGET

Sources of Project Funding

Include all sources of funds and project costs. *(Include monies not financed with IPC funds.)*

Total

Sources	(1)	(2)	(3)	(4)	
Type of Financial Assistance					
ACQUISITION					
Land					
Buildings					
Subtotal					
GENERAL CONSTRUCTION					
New Construction					
Renovations					
Subtotal					
MACHINERY & EQUIPMENT					
New Equipment Purchase					
Used Equipment Purchase					
Upgrade Existing					
Installation/Building Modification					
Vehicles					
Subtotal					
OPERATING COSTS/ WORKING CAPITAL					
TOTAL					

BASIS OF COSTS *(Check appropriate item)*

- | | |
|---|---|
| <input type="checkbox"/> Appraisals | <input type="checkbox"/> Engineer Estimates |
| <input type="checkbox"/> Bids/Quotations | <input type="checkbox"/> Sales Agreements |
| <input type="checkbox"/> Contractor Estimates | <input type="checkbox"/> Budget Justification |

PROJECT NARRATIVE

Attach a comprehensive description of this project. The narrative must specifically address each cost item identified in the project budget. In general, the narrative must include:

- A. Specific Problems to be Addressed or Improvement to be Financed
- B. Project Description
- C. Project Schedule, Key Milestones and Dates, Anticipated number of jobs created
- D. Documentation to Support Budget Costs

If applicable, include:

- E. Certifications or Assurances
- F. Planning/Zoning Letter

OPERATING COMPANY OWNERSHIP

Name	Title	Social Security #	% Ownership (Must total 100%)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

AFFILIATED BUSINESS - List any other businesses owned by any owner with 20% or more ownership in operating company

Business Name	Name	Title	% Ownership
_____	_____	_____	_____
_____	_____	_____	_____

PLEASE ANSWER THE FOLLOWING QUESTIONS, AND PROVIDE THE APPROPRIATE INFORMATION APPLICABLE.

1) Do you have any co-signers and/or guarantors for this loan? If so, please submit their names, addresses and a personal balance sheets. (Signature required below.) If not applicable, check here. _____

2) 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 City of Williamsport, or Revolving Loan Committee members? If so, please provide the name and address of the person and the office where employed. If not applicable, check here. _____

CHECKLIST

Business Information (Documents will need to be mailed separately)

- Business financial Statements for the last three years
- Interim financial statement dated within the last 45 days
- Business debt schedule (form attached)
- Federal tax returns for the last three years, signed
- Organization Documents:
Articles of Incorporation and By-Laws (if corporation)
Partner Agreement, etc.
- Franchise Agreement
- Business Plan (if necessary)

Personal Information (for each owner of 20% or greater and guarantor)

- Personal tax returns for the last three years
- Personal resume (form attached)
- Personal financial statement (form attached)

Real Estate information

- Real Estate Purchase Agreement or settlement sheet
- Construction cost budget and/or equipment invoices
- Existing environmental studies

SIGNATURES (Please sign and mail)

I/We hereby certify that the enclosed information, including any attachments or exhibits provided here within or at a later date, is valid and correct to the best of my/our knowledge.

Signature of Applicant

Title

Company Name

Date

Signature of Co-Applicant

Title

Company Name

Date

I/WE AUTHORIZE the Industrial Properties Corporation (IPC) to make whatever credit inquiries it deems necessary in connection with this credit application or in the course of review or collection of any credit extended in reliance on the application. I/WE authorize and instruct any person or consumer reporting agency to compile and furnish to the Industrial Properties Corporation (IPC) any information, both business and personal, it may have or obtain in response to such credit inquiries and agree that same shall remain your property whether or not credit is extended. All information set forth in this application is declared to be a true representation of facts made for the purpose of obtaining the credit requested and any willful misrepresentation could result in criminal action.

Sign and Check as applicable to signature:

Signature: _____
 Applicant Co-Applicant Guarantor Principal Title/Capacity Date

Signature: _____
 Applicant Co-Applicant Guarantor Principal Title/Capacity Date

Signature: _____
 Applicant Co-Applicant Guarantor Principal Title/Capacity Date

BUSINESS DEBT SCHEDULE

Indebtedness: Furnish the following information on all installment debts, contracts, notes, and mortgages payable. Do not include accounts payable or accrued liabilities.

Company Name: _____

Creditor Name/Address	Original amount	Original date	Present balance	Interest rate
	Maturity date	Monthly payment	Security	Current or delinquent
	Original amount	Original date	Present balance	Interest rate
	Maturity date	Monthly payment	Security	Current or delinquent
	Original amount	Original date	Present balance	Interest rate
	Maturity date	Monthly payment	Security	Current or delinquent
	Original amount	Original date	Present balance	Interest rate
	Maturity date	Monthly payment	Security	Current or delinquent
	Original amount	Original date	Present balance	Interest rate
	Maturity date	Monthly payment	Security	Current or delinquent
	Original amount	Original date	Present balance	Interest rate
	Maturity date	Monthly payment	Security	Current or delinquent
Total present balance**	_____			
	Total monthly payment*	_____		
* Should be the same date as current financial statement				
** Total must agree with balance shown on current financial statement				