Skowhegan Economic Development Corporation Business Loan Application

*** EMERGENCY PANDEMIC FUNDING ***

BORROWER				
Business Name:				
Address:				
Tax Identification Num	nber (TIN):	Phone	Number:	
Annual Income (Year Ending 2019):		Year	Established:	
Contact Person:		Number o	f Employees:	
Email:		Phone	Number:	
GUARANTOR (All busi	ness owners with 209	% or more ownership	interest)	
Name:				
Address:	_		_	
Social Security Numbe	r:	Phone	Number:	
Percent of Ownership				
LOAN REQUEST				
Loan Amount: (max	ximum \$7,500)			
Purpose/Use of Funds	: business only/no p	ersonal use		
Documents Required				
Business Financial Stat Debt Schedule	ements (most recent	quarter ending or yea	r ending)	
SIGNATURES				
By certifying this application application is true and corthe future.				=
Applicant hereby authorize representatives to make a counselors, consultants an to determine credit worth	ll inquiries with credit burd d partnering agencies, to	eaus and others as it deem	s necessary, includi	ing business
Applicant hereby authorize other partner agencies or o	_	ic Development Corporatio	n to share informa	tion with
Borrower	 Date	Guarantor	Date	

ADDITIONAL GUARANTO	RS (All business	owners with 20% or more	ownership interest)	
Name:				
Address:				
Social Security Number:		Phone Nu	mber:	
Percent of Ownership:				
Name:				
Address:				
Social Security Number:		Phone Nu	Phone Number:	
Percent of Ownership:				
SIGNATURES OF ADDITIONA	AL GUARANTORS			
	-	nformation in your application an knowledge, and that you will sub		
representatives to make all inq	uiries with credit b	omic Development Corporation of Jureaus and others as it deems no to verify the accuracy of the info	ecessary, including business	
Applicant hereby authorizes the other partner agencies or affilion	•	omic Development Corporation to	share information with	
Guarantor	 Date	Guarantor	Date	