

# DIAMOND



## BUSINESS LOANS

**APPLICATION PACKAGE**

# **DOCUMENT CHECKLIST**

**(PLEASE RETURN ALL ITEMS WITH APPLICATION PACKAGE, FAILURE TO DO WILL INCREASE UNDERWRITING TIMES)**

**✓ COMPLETE APPLICATION PACKAGE  
(PAGES 3-10)**

**✓ 6 MONTHS MOST RECENT  
BUSINESS BANK STATEMENTS  
(UNLESS START-UP)**

**✓ COPY OF PHOTO I.D.**

**✓ 2 YEAR BUSINESS TAX RETURNS  
(IF APPLYING FOR TERM LOAN)**

**✓ COPY OF CREDIT REPORT WITHIN  
LAST 30 DAYS (Order from  
[www.creditchecktotal.com](http://www.creditchecktotal.com) or [www.experian.com](http://www.experian.com))**

# BUSINESS FUNDING APPLICATION

## I. APPLICANT

009

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Primary Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ (If different from above)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Years at Address: \_\_\_\_\_ (primary address)

Home Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Pet Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ [mm/dd/yyyy] S.S #: \_\_\_\_-\_\_\_\_-\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_ Birth City: \_\_\_\_\_

Spouse Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (If applicable)

Are you or a family member an active/retired US Military? ☐ yes ☐ no

Drivers License #: \_\_\_\_\_ State Issued: \_\_\_\_\_

Date Issued: \_\_\_\_/\_\_\_\_/\_\_\_\_ Expiration: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Reference Contact:

<u>Reference Name</u>	<u>Relationship</u>	<u>Company</u>	<u>Contact Number</u>

### FOR OFFICIAL USE ONLY

ASR/AE CODE |                      | <QUAL>                      <Non-QUAL>                      ;

## II. SECOND APPLICANT

009

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Primary Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ (If different from above)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Years at Address: \_\_\_\_\_ (primary address)

Home Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Pet Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ [mm/dd/yyyy] S.S #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Mother's Maiden Name: \_ Birth City: \_\_\_\_\_

Spouse Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (If applicable)

Are you or a family member an active/retired US Military? ☐ yes ☐ no

Drivers License #: \_\_\_\_\_ State Issued: \_\_\_\_\_

Date Issued: \_\_\_\_/\_\_\_\_/\_\_\_\_ Expiration: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Reference Contact:

<u>Reference Name</u>	<u>Relationship</u>	<u>Company</u>	<u>Contact Number</u>

### FOR OFFICIAL USE ONLY

ASR/AE CODE | | <QUAL> <Non-QUAL> ;

### III. BANK INFORMATION

009

#### First Applicant:

Personal Bank: \_\_\_\_\_

Average Savings Balance: \$ \_\_\_\_\_

Average Checking Balance: \$ \_\_\_\_\_

Business Bank: \_\_\_\_\_

Average Checking Balance: \$ \_\_\_\_\_

Mortgage Bank: \_\_\_\_\_

Years Open: \_\_\_\_\_

Monthly Housing Payment:

\$ \_\_\_\_\_ ☐ Mortgage ☐ Rent

Investment Accounts: ☐ Stocks ☐ Bonds ☐ IRA  
☐ 401K ☐ Investment Properties / \$ \_\_\_\_\_

Have you ever filed for credit repair? ☐ yes ☐ no

Have you ever filed for bankruptcy? ☐ yes ☐ no

*If yes, when and which banks were involved:*

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#### Second Applicant:

Personal Bank: \_\_\_\_\_

Average Savings Balance: \$ \_\_\_\_\_

Average Checking Balance: \$ \_\_\_\_\_

Business Bank: \_\_\_\_\_

Average Checking Balance: \$ \_\_\_\_\_

Mortgage Bank: \_\_\_\_\_

Years Open: \_\_\_\_\_

Monthly Housing Payment:

\$ \_\_\_\_\_ ☐ Mortgage ☐ Rent

Investment Accounts: ☐ Stocks ☐ Bonds ☐ IRA  
☐ 401K ☐ Investment Properties / \$ \_\_\_\_\_

Have you ever filed for credit repair? ☐ yes ☐ no

Have you ever filed for bankruptcy? ☐ yes ☐ no

*If yes, when and which banks were involved:*

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#### Soft Credit Pull:

[Credit Check Total Login \(www.creditchecktotal.com\)](http://www.creditchecktotal.com) - \$1 will begin your trial membership in CreditCheck® Total. If you do not cancel your membership within the 7-day trial period\*, you will be billed \$29.95 for each month that you continue your membership. You may cancel your trial membership anytime within the trial period without charge. NOTE: Orange Financial will require that you keep an active CreditCheck® Total through the duration of our process. *A soft credit pull will not reduce your credit score.*

User Name: \_\_\_\_\_ (first applicant)

Password: \_\_\_\_\_ (case sensitive)

User Name: \_\_\_\_\_ (second applicant)

Password: \_\_\_\_\_ (case sensitive)

**IV. BUSINESS INFORMATION**
**009**

Legal Entity Name: \_\_\_\_\_ D.B.A. \_\_\_\_\_

Type of Industry: \_\_\_\_\_

Entity form: ☐ LLC ☐ Corp. ☐ S-Corp. ☐ Sole Prop.

Professional Title: ☐ President ☐ VP ☐ Treasurer ☐ COO ☐ CEO ☐ CFO ☐ GM

Projected Income / Sales: ☐ 100K-150K ☐ 151K-200K ☐ 201K-500K ☐ 501K-1M ☐ 1M+ Annual

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ (If different from above)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

EIN #: \_\_\_\_\_

Years in Profession: \_\_\_\_\_ Number of Employees: \_\_\_\_\_

**Open Business Credit Cards:**

<u>Bank</u>	<u>Balance</u>	<u>Limit</u>	<u>Year Open</u>

**Amount of Funding Needed: \$** \_\_\_\_\_

*Please briefly explain how you plan on using your funding for your business:*


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I hereby certify that the information contained herein is complete and accurate. By submitting my credit report and signing this form I am giving consent for Diamond Business Loans and its partner to utilize my personal information for the purpose of credit consulting with the understanding that it is to be used to determine the amount and conditions of the credit to be extended.

**Signature:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**EQUIPMENT LEASING INFORMATION**  
( ONLY FILL OUT IF THIS IS AN APPLICATION TO PURCHASE EQUIPMENT)

**Business Information**

Legal name of Business\_\_\_\_\_

Address:\_\_\_\_\_

Telephone:\_\_\_\_\_ Mobile\_\_\_\_\_ Fax\_\_\_\_\_

Email:\_\_\_\_\_

Type of Business\_\_\_\_\_ No of employees\_\_\_\_\_ Date established\_\_\_\_\_

Tax ID NO. \_\_\_\_\_ Status: Corporation\_\_\_\_ Partnership\_\_\_\_ Individual\_\_\_\_\_

**Ownership Information**

Name\_\_\_\_\_ Date of Birth\_\_\_\_\_ SSN.\_\_\_\_\_

Home address\_\_\_\_\_

Home phone\_\_\_\_\_ Own/Rent\_\_\_\_\_ Time at current address\_\_\_\_\_

**Equipment**

Type of Equipment\_\_\_\_\_ Cost\_\_\_\_\_

Use of Equipment \_\_\_\_\_

Vendor/Sellor\_\_\_\_\_ Telephone\_\_\_\_\_

Address\_\_\_\_\_

**Bank References**

Name\_\_\_\_\_ Account No. \_\_\_\_\_

Address\_\_\_\_\_ Time with Bank\_\_\_\_\_

Applicant authorizes Kent Funding to carry on a complete credit investigation of applicant and the principals, which Kent deems reasonably necessary to process this application.

\_\_\_\_\_  
Owner/Officer

\_\_\_\_\_  
Date

# Financial Statement

Name			
Street Address	City	State	Zip

Social Security Number \_\_\_\_\_

Date Of Birth \_\_\_\_\_

## Average income-last 6 months

Gross Income 20\_\_\_\_ Net Income 20\_\_\_\_

Gross Income 20\_\_\_\_ Net Income 20\_\_\_\_

ASSETS	Market Value
Checking: Name of Fin. Institution	
Savings: Name of Fin. Institution	
Stocks and Bonds	
Equipment Owned	
Other Assets	
Total Assets	\$

Property Address	Purchase Date	Owner(s) Name(s)	Net Annual Rental Income	Market Value	Amount Owing	Whom Payable



<b>Liabilities</b> (list creditor name)	<b>Balance Owning</b>	<b>Monthly Payment</b>
List Credit cards		
Credit Cards / Lines of Credit	\$	\$
Monthly Rent/ Mortgage Payment		
Monthly Auto Obligations		
Monthly Lease Obligations		
Other Obligations (please summarize)		
Total Liabilities / Payments	\$	\$
Net Worth (Assets + Liabilities)	\$	\$
Total (Liabilities + Net Worth)	\$	\$

Your Signature:

By Signing below, you certify that the statements above and on any Attachments are true and complete as of the date give below.

\_\_\_/\_\_\_/\_\_\_ X\_\_\_\_\_

\_\_\_/\_\_\_/\_\_\_ X\_\_\_\_\_

# Collateral List

PLEASE LIST ALL EQUIPMENT YOU OWN FREE AND CLEAR

	Year	Equipment Description Make	Model #	Value
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				