



# BUSINESS LOAN PROGRAM

Our Business Loan program is designed to provide LA Latino Chamber of Commerce (LALCC) members with convenient access to several lenders interested in the applicant's profile. While LALCC does not make direct lending decisions, nor assumes responsibility for these decisions, we will work closely with our members and the lenders on a best effort basis to secure financing.

Mr  Mrs

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company Name: \_\_\_\_\_

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

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Business Form:  Sole Proprietor  Partnership  Corp  LLC  Other \_\_\_\_\_

Years in Business:  Pre Start Up  Start up (1-3 years)  Existing (4-5 years)  More than 6 years

Sales:  Under \$1,000,000  Between \$1,000,000 - \$10,000,000  Over \$10,000,000

### Borrowing Purpose:

- Construction Bonding
- Real Estate Financing/Refinancing
- Acquisition or Expansion
- International Trade Financing
- Other
- Working Capital
- Fixed Assets or Equipment
- Contracting Opportunity
- Investor Real Estate Financing

### Other Banking Needs:

- Merchant/ Payment Services
- Treasury Management
- Corporate Card
- Other \_\_\_\_\_

Were you profitable last year?  Yes  No

Existing number of jobs \_\_\_\_\_

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How much do you need to borrow? \$ \_\_\_\_\_

Do you currently have financing?  Yes  No

If yes, current balance: \$ \_\_\_\_\_

Do you need pre-loan assistance?

Do you have any judgments, liens or bankruptcies?

Do you have any existing lines of credit?

Have you been denied financing in the last 12 months?

Are you currently bidding on a contract?

Existing Finance Structure:

Do you have any federal or state taxes past due?

If yes, how much? Federal \_\_\_\_\_ State \_\_\_\_\_

Business Type: (e.g. Manufacturing, Construction, Retail, Service, etc.) \_\_\_\_\_

Years in Business:  Pre Start Up  Start up (1-3 years)  Existing (4-5 years)  More than 6 years

Do you have collateral?  Yes  No

If yes, what type of collateral? \_\_\_\_\_

If a start up - How much equity will you inject into your company? \_\_\_\_\_

Description of Company Services:

Describe your credit:

Poor  Good  Excellent

or FICO score (if known) \_\_\_\_\_

Yes  No

Yes  No

Yes  No

Yes  No

Yes  No

Factoring  Traditional  Working Capital

Yes  No

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## CONFIDENTIALITY STATEMENT AND WAIVER

The undersigned business owner or authorized agent (client) has requested assistance regarding access to capital to be facilitated by the Los Angeles Latino Chamber of Commerce. Member understands that the services provided by LALCC are recommendations only and are not intended as an express or implied warranty or guaranty that such services will result in loan acquisition or any other determinate result for member. Member hereby waives any and all right of action against LALCC regarding the results of any of the services performed or provided to member. In the event that any member, any employee, agent or associate of client, or any third party should bring legal action against LALCC, member agrees to indemnify and hold LALCC harmless against such action, including the payment of any cost and/or attorney's fees which may be incurred herein. Member understands that LALCC will hold proprietary information disclosed to LALCC in the course of the above referenced services confidential and will not disclose the same to a third party without the permission of member or a court order.

LALCC neither assumes nor will assume liability for performing any services within the estimated period. Member agrees to indemnify and hold LALCC harmless against any liability, including any claims for breach of contract. Member understands that the funding for the services provided by LALCC are from public sources. Member agrees to provide LALCC with any materials requested by LALCC for eligibility documentation purposes. Member further agrees to cooperate with LALCC in any follow-up efforts after services have been provided.

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

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

### Member Certification:

I certify that the above information is true and correct and complete to the best of my knowledge. I authorize the LALCC office to forward this form to the appropriate lenders to best serve my needs.

Member Signature: \_\_\_\_\_

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

## EMAIL COMPLETED APPLICATION

[businessloan@lalcc.org](mailto:businessloan@lalcc.org)