



STALLIONGATES CAPITAL

TERM LOAN APPLICATION

Fixed-Rate Capital for Long-Term Growth

BUSINESS INFORMATION

Legal Business Name:

DBA (if different):

Business Address:

City, State, ZIP:

Phone:

EIN:

Years in Business:

Number of Employees:

Entity Type:

Industry:

LOAN REQUEST

Loan Amount Requested:

Desired Term:

1yr 2yr 3yr 5yr

Loan Purpose:

Expansion Equipment Working Capital Debt Consolidation Other

Detailed Use of Funds:

COLLATERAL INFORMATION

Collateral Available:

Real Estate Equipment Inventory A/R None

Collateral Description:

Estimated Value:



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Page 2 - Financials & Authorization

BUSINESS FINANCIALS

Annual Revenue:	<input type="text"/>	Net Profit:	<input type="text"/>
Total Business Debt:	<input type="text"/>	Monthly Debt Payments:	<input type="text"/>
Bank Balance (Avg):	<input type="text"/>	Outstanding A/R:	<input type="text"/>

OWNER / GUARANTOR INFORMATION

Full Legal Name:	<input type="text"/>		
SSN:	<input type="text"/>	Date of Birth:	<input type="text"/>
Home Address:	<input type="text"/>		
Email:	<input type="text"/>	Cell Phone:	<input type="text"/>
Credit Score (est.):	<input type="text"/>	Ownership %:	<input type="text"/>

REQUIRED DOCUMENTS CHECKLIST

- Last 3 months bank statements
- Last 2 years business tax returns
- Last 2 years personal tax returns
- Year-to-date P&L and balance sheet
- Debt schedule (all existing loans)
- Business plan (if startup or expansion)

AUTHORIZATION & SIGNATURE

I certify that all information provided is true and complete. I authorize Stalliongates Capital and its lending partners to verify all information and obtain credit reports for the purpose of evaluating this loan request.

Signature:	<input type="text"/>	Date:	<input type="text"/>
Print Name:	<input type="text"/>		