EASTERN SHAWNEE TRIBE OF OKLAHOMA

SMALL BUSINESS LOAN APPLICATION COVER PAGE

Complete and submit this Small Business Application Package electronically to RBEG@estoo.net

NOTE: A COPY OF A FULLY COMPLETED "SMALL BUSINESS LOAN APPLICATION PACKAGE" WILL BE PRESENTED TO THE SMALL BUSINESS LOAN REVIEW COMMITTEE FOR DISCUSSION AS WELL AS APPROVAL OR DENIAL OF THE LOAN REQUEST. PLEASE KEEP A COPY OF THE LOAN COVER PAGE FORM FOR YOUR RECORDS.

NAME	BUSINESS NAME	DATE
ADDRESS: DELIVERY ADDRESS LINE 1: DELIVERY ADDRESS LINE 2: CITY, STATE, ZIP:		
TRIBAL MEMBER(S) AFFILIA AND/OR BOARD MEMBERS OF T	ATED WITH THIS BUSINESS: (INCLU HE BUSINESS)	JDING OWNER, SPOUSE,
TRIBAL ROLL NUMBER: (IF K CDIB CARD: IF "NO", PLEASE EXPLAIN:_	NOWN) YESNO	
TYPE OF FUNDS NEEDED:	SMALL BUSINESS STARTUPSMA	ALL BUSINESS EXPANSION
LOAN REQUEST:\$1-10,0	900\$10,001–20,000\$20	0,001–25,000
PURPOSE OF LOAN: (EXPLAIN THE SMALL BUSINESS)	N THE NEED FOR THE LOAN AND HOW	THE FUNDS WILL USED FOR
TIMELINE INFORMATION: > DURATION OF LOAN:	24 MONTHS36 MONTHS	60 MONTHS
EMPLOYMENT: NUMBER OF JOBS RET. NUMBER OF JOBS CRE		

EASTERN SHAWNEE TRIBE OF OKLAHOMA

SMALL BUSINESS LOAN APPLICATION PACKAGE CHECKLIST

Please ensure that all documents are fully completed and included in the Small Business Loan Application

Package.	11
Fully completed Small Business Loan Application Packages will need to be submitted electro RBEG@estoo.net.	nically to
Cover Page	
Credit Application	
☐ Business Plan	

CREDIT APPLICATION										
IMPORTANT APPLICANT INFORMATION: Federal law requires financial institutions to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.										
	TY	PE OF CREDIT REQUESTED)			FOR CREDITOR USE				
IMPOF		propriate boxes below and com		able sections.		DATECLASS NO				
☐ SECURED	☐ INDIVIDUAL CREDI	T - relying solely on my income	or assets			ACCOUNT NO.				
	D INDIVIDUAL CREDI	T - relying on my income or ass	sets as well as i	ncome or ass	ets from	APPROVED BY				
	☐ JOINT CREDIT - We	e intend to apply for joint credit	t. (initials)	Otnei	sources	DECLINED DBY				
AMOUNT REQUE	ESTED FOR HOW LONG	PAYMENT DATE DESIRED	WANT TO RE	PAY	PROCEEDS	OF LOAN TO BE				
,			☐ MONTHLY			0. 23		01		
\$	month	_		•						
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NAME (Last, Firs	st, Middle)									
BIRTHDATE	TELEPHONE NO.	DRIVER'S LICENSE NO	O. S	SOCIAL SECUI	RITY NO.	NO. DEPEND	DENTS	AGES OF DEPE	ENDENTS	
ADDRESS (Stree	L et, City, State & Zip)					COUNTY			HOW LONG	
	,,						0	o you ∐ own		
PREVIOUS ADDI	RESS (Street City State	& Zip) (Complete if less than 3	vears at present	t addragg)		COUNTY	+	or ☐ rent?	HOW LONG	
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EMPLOYER (Con	mpany Name & Address)								HOW LONG	
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BUSINESS PHON	NE Ext.	POSITION OR TITLE				SALARY PER	MONIH			
		<u> </u>		GROSS: \$		NET:	\$			
PREVIOUS EMPL	LOYER (Company Name &	Address)	<u> </u>						HOW LONG	
<u></u> _										
NAME AND ADD	DRESS OF NEAREST RELA	TIVE NOT LIVING WITH YOU			RELATIONSH	IIP T	ELEPHO	NE NO. (Include	Area Code)	
Alimony, child su	upport, or separate mainte	enance income need not be reve	ealed if you do	not wish to h	ave it conside	ered as a basis for	repayin	g this obligation		
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SECTION D - ASSET & DEBT INFORMATION

If Section B has been completed, this Section should be completed giving information about both the Applicant and Joint Applicant or Other Person. Please mark Applicant-related information with an "A". If Section B was not completed, only give information about the Applicant in this Section.

ASSETS OWNED (Use separate sheet if necessary.)								
DESCRIPTION OF ASSETS	NAME IN WHICH THE ACCOUNT IS CA	RRIED	SUBJEC.	T TO DEBT?	VALUE			
CHECKING ACCOUNT NUMBER(S) (where)						\$		
SAVINGS ACCOUNT NUMBER(S) (where)								
CERTIFICATE OF DEPOSIT(S) (where)								
MARKETABLE SECURITIES (issuer, type, no. of shares)								
REAL ESTATE (location, date acquired)								
LIFE INSURANCE (issuer, face value)								
AUTOMOBILES (make, model, year)								
OTHER (list)								
TOTAL ASSETS						\$		
OUTSTANDING DEBTS (Including charge account	nts, installment contrac	cts, credit cards, rent, mortgages and oth	ner obliç	jations. Use s	separate sheet if	necessary.)		
CREDITOR	ACCOUNT NUMBER	NAME IN WHICH THE ACCOUNT IS CARRIED		RIGINAL MOUNT	PRESENT BALANCE	MONTHLY PAYMENTS		
LANDLORD OR MORTGAGE HOLDER	Rent Payment Mortgage		(OM	/IIT RENT)	(OMIT RENT)	\$		
AUTOMOBILES (describe)								
TOTAL DEBTS			\$		\$	\$		
·		the Applicant and Joint Applicant or Otl	her Pers	son (if applica	ıble):			
Are you obligated to make Alimony, Support or Maintenance Payments? No Yes If yes, to (Name & Address) Amt. per month \$								
If yes, to (Name & Address) Are you a co-maker, endorser, or guarantor on any		No ☐ Yes If yes for whom?		Ami. p	er montn \$			
Are there any unsatisfied judgments against you? No Yes If yes, to whom owed? Amount \$ Have you been declared bankrupt in the last 10 years? No Yes If yes, where? Year?						ear?		
		if credit is to be secured. Briefly describ						
PROPERTY DESCRIPTION								
NAMES & ADDRESSES OF ALL CO-OWNERS OF THE PROPERTY								
IF THE SECURITY IS REAL ESTATE, GIVE THE FULL NAME OF YOUR SPOUSE (if any).								

SIGNATURES- I certify that everything I have stated in this application and on any attachments is correct. Lender may keep this application whether or not it is approved. By signing below I authorize Lender to check my credit and employment history and to answer questions others may ask Lender about my credit record with Lender. I understand that I must update credit information at Lender's request if my financial condition changes.

Date