



Borrower Information Form
 (Section I: Business Applicant Information)
 The Nation's Leader In Commercial Equipment Financing &
 Business Loans.

Loan Closing Support: OMB Control No.: 3245-0348
 VP of Mergers & Acquisitions - Rodrigo A. Montenegro
 Phone: 786.234.5433 / 855.303.8637
 Email: sales@bfcfinance.us
 Operation Schedule : Monday - Friday @ 8:30 AM - 7:00 PM

Applicant First & Last Name	Business Legal Name	LLC	Corp.	Start-Up	Sole Prop.
Primary Business Address	Business Tax ID	Applicant Business Phone			
		() -			
Applicant Home Address	SSN	Email Address			

Amount of Loan Request: \$	# of existing employees employed by business? (including owners):
	# of jobs to be created as a result of the loan? (including owners):
Type of Equipment (Year, Make, Model, Hours):	
Equipment Vendor Contact:	

EXAMPLE FOR TABLE BELOW

Trade-Lines: Bank of America Auto Loan/
 Amount: \$45,000
 Balance: \$5,000

Status : Paying As Agreed, Paid Off or Collections & Charge-Off W/Explanation

Trade-Lines	Amount	Balance	Status

Unless stated otherwise, if any of the questions below are answered "Yes," please provide details on a separate sheet.

#	Questionnaire	Yes	No
1.	Are there co-applicants? (If "Yes," please complete a separate Section I: Applicant Business Information for each.)	<input type="checkbox"/>	<input type="checkbox"/>
2.	Has an application for the requested applicant ever been submitted to BFC or a Certified Development Company, in connection with any BFC program? (If "Yes" provide details on a separate sheet.)	<input type="checkbox"/>	<input type="checkbox"/>
3.	Is the Small Business Applicant presently delinquent on any past or current trade-lines? (If "Yes" please attach explanation on a separate sheet.)	<input type="checkbox"/>	<input type="checkbox"/>
4.	Does the Small Business Applicant operate under a Franchise/License/Distributor/Membership/Dealer/Jobber or other type of Agreement? (If "Yes" provide copies of your agreement(s))	<input type="checkbox"/>	<input type="checkbox"/>
5.	Does the Small Business Applicant have any State or Federal Tax Liens? (If "Yes," please provide payment plans.)	<input type="checkbox"/>	<input type="checkbox"/>
6.	Has the Small Business Applicant and/or its Affiliates filed for Bankruptcy in the past 5 years? (If "Yes," was it dismissed or discharged?)	<input type="checkbox"/>	<input type="checkbox"/>
7.	Is the Small Business Applicant and/or its Affiliates past due on alimony or child support payments?	<input type="checkbox"/>	<input type="checkbox"/>
8.	Has the Small Business Applicant and/or its Affiliates ever obtained a direct or guaranteed loan from BFC or been a guarantor on such a loan?	<input type="checkbox"/>	<input type="checkbox"/>

By checking the following box, each undersigned individual(s) who is either a principal of the credit applicant listed above or a personal guarantor of its obligations, provides written instructions to Business Financial Consulting or its designee (and any assignee or potential assignee thereof) authorizing review of his or her personal credit profile from any of the credit bureaus. Such authorization shall extend to obtaining a credit profile in considering the application of the credit applicant and subsequently for the purpose of update, renewal or extension of such credit and for reviewing or collecting the resulting account. A photostatic or facsimile copy of this authorization shall be as valid as the original:

SIGNATURE _____

PRINT NAME

DATE _____