



Small Business Loan Inquiry Form

Inquiry Date:	Form Prepared By:
Referral Source Type (e.g. newspaper, event, bank):	Referral Source Individual's Name (if applicable):
Referral Source Organization Name (if applicable):	

BORROWER INFORMATION

Name:		Contact Phone:	
Business Legal Name:		DBA (Doing Business As):	
Business Street Address:			
City:	State:	Zip:	Neighborhood:
Email Address:			

BUSINESS CHARACTERISTICS

Industry:	<input type="checkbox"/> Food/Restaurant	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Retail	<input type="checkbox"/> Services	<input type="checkbox"/> Arts	<input type="checkbox"/> Other	
Entity Type:	<input type="checkbox"/> C-Corp	<input type="checkbox"/> S-Corp	<input type="checkbox"/> LLC	<input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Nonprofit	<input type="checkbox"/> Other
Brief Description of Business:							
Year Business Established (e.g. 2005):	Years in Operation:	<input type="checkbox"/> Minority-owned	<input type="checkbox"/> Woman-owned				
Previous Year's Gross Revenue: \$	Number of Full Time Employees:						

LOAN REQUEST

Loan Amount Requested: \$	Existing Loan from Bank? <input type="checkbox"/> Yes <input type="checkbox"/> No	Asked bank for loan? <input type="checkbox"/> Yes <input type="checkbox"/> No
Use of Funds:	Comments (Optional):	

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Eligible Inquiry? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Deemed Eligible/Ineligible:	Reason Deemed Ineligible:
Comments		<input type="checkbox"/> Client Decided Not to Pursue Loan <input type="checkbox"/> Existing Borrower that is Delinquent <input type="checkbox"/> Geographic Location <input type="checkbox"/> In Operation < 12 months <input type="checkbox"/> Ineligible Sector <input type="checkbox"/> Ineligible Use of Funds <input type="checkbox"/> No Charitable Purpose or Program Fit <input type="checkbox"/> Revenues < \$200,000