



Los Angeles LDC, Inc.
PRE-LOAN ASSESSMENT
 Email to Info@losangelesldc.com

Date:		Full Legal Name of Company/Borrower:			
Type of Entity:	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Proprietorship	Tax ID or SSN:	
	<input type="checkbox"/> S Corporation	<input type="checkbox"/> LLC	<input type="checkbox"/> Other:		
Date Established:		Primary Contact Name:		Primary Contact Title:	
Phone:		Fax:		Email:	
Mailing Address:			Project Address:		
City, State, Zip			City, State, Zip		
Nature of Business:			Current # of Employees:		# of Employees next 2 years

1. CREDIT REQUEST INFORMATION (Breakdown of Project)		2. USE OF FUNDS (Breakdown of Amount Requested)	
Total Project Cost	\$	Working Capital	\$
		Real Estate Acquisition	\$
Equity Contribution	\$	Machinery & Equipment	\$
		Construction	\$
Amount of Loan Requested (Provide Breakdown in # 2)	\$	Leasehold Improvements	\$
		Other:	\$
Term of Repayment Requested (7 years maximum):			\$
			Amount of Loan Requested

Banking References		
Bank Name & Address	Account Number	Balance
Bank Name & Address	Account Number	Balance
Banking Contact Person Name and Phone	Address	Phone Number

Checklist of Financial Materials (All of the following are necessary for a preliminary review of your loan application)	
<ul style="list-style-type: none"> - Business Financial Statements - Prior three years and current interim (within 90 days) - Narrative on history and description of business and Project description including the use of loan proceeds 	
Total Revenues:	Total Assets:
Net Profit:	Total Liabilities:

HAVE YOU EVER FILED FOR BANKRUPTCY, Yes ____ No ____ *If yes, Date of Filing* _____ *State Filed* _____

ARE YOU CURRENTLY DELINQUENT ON ANY FINANCIAL OBLIGATIONS? Yes ____ No ____ *If yes, please explain on a separate page.*

Credit Review Authorization and Applicant Signature

The following information is needed to complete a personal credit investigation. Please complete this form for: (1) each proprietor, or (2) each limited partner who owns 20% or more interest and each general partner, or (3) each stockholder owning 20% or more of voting stock, (4) any person or entity providing a guaranty on the loan, or (5) directors and board members of non profit corporations.

Legal Name _____

Social Security No. _____

Birthdate _____

Home Address _____

City, State, Zip _____

Occupation/Title _____

By signing below, I authorize the LDC to obtain information of consumer and/or business credit reports through credit reporting agencies and creditor with regard to the status of any past or outstanding indebtedness. I authorize and direct the Company's creditors to give the LDC any information it requests to determine the Company's creditworthiness. I also give the LDC permission to give credit reporting agencies and other creditors information relating to any loans the LDC might grant the Company. By signing below, I agree that all information in this application and its attachments are true, accurate, and complete to the best of my/our knowledge.

Authorized Signature _____

Date _____

Please Make Copies as Necessary

SCHEDULE OF REAL ESTATE OWNED

PROPERTY ADDRESS	PROPERTY TYPE	PURCHASE DATE	PURCHASE PRICE	MARKET VALUE	MORTGAGE HOLDER	MORTGAGE ORIGINAL AMOUNT	MATURITY DATE	MONTHLY PAYMENT	CURRENT BALANCE
TOTAL PRESENT BALANCE			\$	\$		\$		\$	\$

BUSINESS DEBT SCHEDULE

This schedule should include loans for contracts, notes payable and lines of credit, *not* accounts payable or accrued liabilities.

CREDITOR Name/Address	ORIGINATION DATE	ORIGINAL AMOUNT	TERM or MATURITY	PRESENT BALANCE	INTEREST RATE	MONTHLY PAYMENT	COLLATERAL OR SECURITY	LOAN PURPOSE*
Acct. No.								
Acct. No.								
Acct. No.								
Acct. No.								
TOTAL PRESENT BALANCE		\$		\$		\$		

Line of credit, equipment purchase, etc.

Borrower/Company Name: _____ Authorized Signature: _____ Date: _____

MANAGEMENT RESUME

Please fill in all spaces, use full first, middle and maiden names - no initials. If an item is not applicable, please indicate so.

Name: _____ SS# _____
 First Middle Last

Date of Birth: _____ Place of Birth: _____

Residence Address: _____
 Street City State Zip

Rent _____ Own: _____ If owner please complete the debt schedule.

(IF LESS THAN 5 YEARS ABOVE)

Previous Address: _____
 Street City State Zip

Lived there from: _____ to _____
 Month and Year Month and Year

Spouse's

Name: _____ SS# _____
 First Middle Last

Are you employed by the U.S. Government? _____ Agency/Position: _____

Have you ever been convicted, charged with or arrested for any criminal offense other than a minor motor vehicle violation? Yes [_____] No [_____] If yes, furnish details in a separate exhibit.

EDUCATION

College or Technical Training Name and Location	Dates Attended From/To	Major Degree or Certificate
_____	_____	_____
_____	_____	_____

MILITARY SERVICE BACKGROUND

Branch: _____ From: _____ To: _____ Honorable Discharge? _____

Rank at Discharge: _____ Major Assignment/accomplishment: _____

WORK EXPERIENCE (list chronologically, beginning with present employment)

Company Name/Location: _____ From: _____ To: _____

Title: _____ Duties: _____

Company Name/Location: _____ From: _____ To: _____

Title: _____ Duties: _____ From: _____ To: _____

Company Name/Location: _____ From: _____ To: _____

Title: _____ Duties: _____ From: _____ To: _____