

Please attach the following information, if applicable:

- Business Operating Agreement, Copy of Articles of Incorporation, Partnership Agreement, etc.
 - Interim Financial Statement for the Applicant business, dated within 60 days of Application
 - Federal Tax Returns for the last two years, both Applicant business and personal
 - [SBA Form 1919](#) and resume for each owner of the Applicant business
 - [IRS form 4506T for the Applicant business](#)
- See www.arcapital.com for all forms and instructions

Arkansas Capital Corporation

SBA Small Loan Application

For Loan Requests of \$150,000 or Less

LOAN REQUEST <i>(Please check all that apply)</i>									
<input type="checkbox"/> Line of Credit	Purpose							Refinance	
	Amount			Collateral & Value:				<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Term Loan	Purpose							Refinance	
	Amount		Term		Collateral & Value			<input type="checkbox"/> Yes <input type="checkbox"/> No	
BUSINESS INFORMATION									
Business Legal Name:				Key Contact /Position:				Business Phone:	
Street Address:			City:		State:	Zip:	County	Business Fax	
Mailing Address			City		State	Zip	DUNS Number		
E-mail		Federal Tax Identification #		Type of Business <input type="checkbox"/> Retail <input type="checkbox"/> Wholesale <input type="checkbox"/> Manufacture <input type="checkbox"/> Service			Date Business Established		
Business Type <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Other (specify)								Present Management Since	
Description of Business					Number of Employees		Gross Annual Business Revenue		
Insurance Company and Agent			Address			City	State	Zip	Phone
FINANCIAL INFORMATION									
Primary Bank				How Long?			Average Business Checking Account Balance?		
1. Does your business owe any taxes from prior years? <input type="checkbox"/> Yes <input type="checkbox"/> No How much? \$ _____				2. Is the business an endorser, guarantor or co-maker for obligations not listed on its financial statements? <input type="checkbox"/> Yes <input type="checkbox"/> No How much? \$ _____					
3. Is the business a party to any claim or lawsuit? <input type="checkbox"/> Yes <input type="checkbox"/> No				4. Has the business or any of the officers ever been involved in bankruptcy or insolvency proceedings? <input type="checkbox"/> Yes <input type="checkbox"/> No When? _____					
5. Are there any delinquent FICA, withholdings or sales taxes? <input type="checkbox"/> Yes <input type="checkbox"/> No				6. Has the business or any officers ever defaulted on any government guaranteed loans? <input type="checkbox"/> Yes <input type="checkbox"/> No					
7. Is the business for sale or under agreement that would change the ownership of the business? <input type="checkbox"/> Yes <input type="checkbox"/> No				8. Does the business, its owners or majority stockholders have a controlling interest in other businesses? <input type="checkbox"/> Yes <input type="checkbox"/> No (Please List)					
Current Business Debt Information									
Creditor		Type of Debt/Purpose		Original Amount	Current Balance	Monthly Payment	<input type="checkbox"/> Int. Only <input type="checkbox"/> Mo. P & I <input type="checkbox"/> Other	Maturity Date	To Be Refinanced with Requested Funds <input type="checkbox"/> Yes <input type="checkbox"/> No
Creditor		Type of Debt/Purpose		Original Amount	Current Balance	Monthly Payment	<input type="checkbox"/> Int. Only <input type="checkbox"/> Mo. P & I <input type="checkbox"/> Other	Maturity Date	To Be Refinanced with Requested Funds <input type="checkbox"/> Yes <input type="checkbox"/> No
Creditor		Type of Debt/Purpose		Original Amount	Current Balance	Monthly Payment	<input type="checkbox"/> Int. Only <input type="checkbox"/> Mo. P & I <input type="checkbox"/> Other	Maturity Date	To Be Refinanced with Requested Funds <input type="checkbox"/> Yes <input type="checkbox"/> No
PERSONAL INFORMATION (must state 100% of ownership)									
Name			Home Phone		% of Ownership		Social Security #		
Home Street Address				City		State	Zip	Date of Birth	
Annual Gross Salary			Other Income & Source				Monthly Housing Payment		
Name			Home Phone		% of Ownership		Social Security #		
Home Street Address				City		State	Zip	Date of Birth	
Annual Gross Salary			Other Income & Source				Monthly Housing Payment		
Name			Home Phone		% of Ownership		Social Security #		
Home Street Address				City		State	Zip	Date of Birth	
Annual Gross Salary			Other Income & Source				Monthly Housing Payment		

PRINCIPAL'S PERSONAL FINANCIAL STATEMENT *(Duplicate for additional Principals)*

ASSETS		LIABILITIES <i>(Company Name and City Location)</i>			
	\$ VALUE			\$ Monthly Payment(s)	\$ Balance
Cash on-hand and in banks		Housing/ Mortgage Expense	House Pmt/Rent		
Checking			Rentals <i>(Itemize below)</i>		
Savings			Other		
Marketable Securities (NYSE, OTC, ASE)		Loans <i>(Itemize/example: XYZ Bank Auto Loan)</i>			
Cash Value of Life Insurance					
Other Investments (Describe)					
Real Estate (Homestead)					
Other Real Estate (Describe Below)					
Other Partnership Interest/Business Interests		Revolving Charge Accounts			
Automobiles (Number)		<i>(Itemize/Example: VISA)</i>			
Retirement Plans (401K/Thrift or Pension)					
IRA					
Other Assets (Describe)					
		Other Liabilities (Describe)			
TOTAL ASSETS:	\$	TOTAL LIABILITIES			\$
		NET WORTH <i>(Total Assets Minus Total Liabilities)</i>			\$

SCHEDULE OF REAL ESTATE OWNED *(If additional properties owned, attach separate schedule)*

Address of Property	Type of Property	Present Market Value	Mortgage Holder	Gross Rental Income	Monthly Payments	Current Mortgage Balance

Applicant(s) hereby certify that all of the statements above and any other documents provided to Arkansas Capital Corporation (ACC) to consider this extension of credit are true and complete as of the date given. Applicant(s) authorize ACC to verify all of the above information given, to obtain a credit report or any other verification of credit references, and to make such other investigations as ACC deems appropriate. Applicant(s) agree to notify ACC promptly of any adverse change in their financial condition. Applicant(s) also certify that all loan proceeds will be used exclusively for business related purposes. If the business is a corporation or partnership, all authorized owners/principals must sign below and include their corporate/partnership title.

Applicant(s) further authorize ACC to provide any, or all of the information provided to ACC in connection with this Application, to a third party credit processing service via the Internet, as part of ACC's evaluation of the Applicant's creditworthiness, and Applicant(s) hereby releases ACC from any liability for any damages sustained by Applicant(s) in connection with ACC's use of said third party credit processing service.

X _____
Signature Title Date

X _____
Signature Title Date

X _____
Signature Title Date

Arkansas Capital Corporation
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