



**Coastal  
Enterprises  
Inc.**

**INSTRUCTIONS**

Please complete this application and provide the information requested on the business plan checklist. Financing needs are reviewed by CEI staff and/or Board of Directors' Investment Committee. Initial response to a request is made within 10 days; closing may take up to 90 days.

All materials submitted to CEI in connection with your loan application shall become the property of CEI, unless otherwise requested and shall be retained or destroyed in accordance with CEI's file retention policy.

**APPLICATION FOR FINANCING**

**I. INFORMATION ABOUT YOU**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ County: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

If less than three years, please provide prior address(s): \_\_\_\_\_

Please check if you: Own \_\_\_ Lease \_\_\_ Rent \_\_\_ Soc. Sec. #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

E-mail: \_\_\_\_\_ How did you hear about CEI? \_\_\_\_\_

**II. INFORMATION ABOUT YOUR BUSINESS**

Name of Business: \_\_\_\_\_ County: \_\_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Website: \_\_\_\_\_ E-mail: \_\_\_\_\_

Manager: \_\_\_\_\_ Telephone: \_\_\_\_\_ FAX: \_\_\_\_\_

Secondary Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_

Type of Entity (check one): Sole Proprietorship \_\_\_ Partnership \_\_\_ S Corp \_\_\_ C Corp \_\_\_ Nonprofit \_\_\_

Date Established: \_\_\_\_\_ IRS Employer I.D. #: \_\_\_\_\_

**III. BUSINESS OWNERSHIP** *List the names of all owners (having 20% or greater interest), officers, and/or partners. Provide the percent of ownership and annual compensation. (Attach additional pages if necessary.)*

Name and Title: \_\_\_\_\_ % of Ownership: \_\_\_\_\_

Address: \_\_\_\_\_ Annual Compensation: \_\_\_\_\_

Name and Title: \_\_\_\_\_ % of Ownership: \_\_\_\_\_

Address: \_\_\_\_\_ Annual Compensation: \_\_\_\_\_

Name and Title: \_\_\_\_\_ % of Ownership: \_\_\_\_\_

Address: \_\_\_\_\_ Annual Compensation: \_\_\_\_\_

**IV. EXISTING BUSINESS LOCATIONS**

Address: \_\_\_\_\_

Square Feet: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_ Replaced by new facility? \_\_\_\_\_

Address: \_\_\_\_\_

Square Feet: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_ Replaced by new facility? \_\_\_\_\_

**V. REFERENCES**

Bank name: \_\_\_\_\_ Acct. #: \_\_\_\_\_ Acct. Officer: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attorney: \_\_\_\_\_ Firm Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Accountant: \_\_\_\_\_ Firm Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Trade Reference: \_\_\_\_\_ Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

**VI. PROPOSED SOURCES AND USES OF FINANCING (Please be specific)**

Sources

Uses

Bank \_\_\_\_\_

Land \_\_\_\_\_

CEI \_\_\_\_\_

Buildings \_\_\_\_\_

Equity \_\_\_\_\_

Equipment \_\_\_\_\_

Owner Cash Contribution \_\_\_\_\_

Working Capital \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

Total Project \$ \_\_\_\_\_

Total Project \$ \_\_\_\_\_

**VII. SUMMARY OF COLLATERAL**

*Please list for each asset.*

Present Market Value \_\_\_\_\_ Outstanding Debt or Leases \_\_\_\_\_

Land & Bldgs \_\_\_\_\_

Inventory \_\_\_\_\_

Accts. Receivable \_\_\_\_\_

Machinery/Equipment \_\_\_\_\_

Furniture & Fixtures \_\_\_\_\_

Other \_\_\_\_\_

**VIII. BUSINESS EMPLOYMENT AND BENEFITS**

Current Employment: # Full-Time \_\_\_\_\_ # Part-Time \_\_\_\_\_  
(Full-time= 35 or more hrs/week) (Part-time= less than 35 hrs/week)

Minimum Starting Wage: Full-Time \$ \_\_\_\_\_ Part-Time \$ \_\_\_\_\_

Projected Employment Increases Over Next 12 Months:  
# Full-Time \_\_\_\_\_ # Part-Time \_\_\_\_\_

F/T Worker Benefits: (check if applicable)

Paid Holidays \_\_\_\_\_ Paid Vacation \_\_\_\_\_ Paid Sick Days \_\_\_\_\_

S/T Disability \_\_\_\_\_ L/T Disability \_\_\_\_\_ Life Insurance \_\_\_\_\_

Health Insur. \_\_\_\_\_ Dental Insur. \_\_\_\_\_ Child Care \_\_\_\_\_

Education \_\_\_\_\_ Pension/ Profit-Sharing \_\_\_\_\_

Health Insurance for Employees: % of Employee Benefits \_\_\_\_\_% % of Dependent Benefits \_\_\_\_\_%



The Federal Equal Credit Opportunity Act Prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided that the applicant has the capacity to enter into a binding contract); and because all or parts of the applicant's income is derived from any public assistance program; or because the applicant has, in good faith, exercised any rights under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is the Federal Trade Commission. If a person believes that he or she was denied assistance in violation of this law, they should contact the Federal Trade Commission, Washington, DC 20580.

I/We understand that by signing this application I/we authorize CEI to make inquiries as needed to verify the accuracy of the information and to determine creditworthiness. I/We certify the information is true and accurate and is provided for the purpose of obtaining a loan. CEI will maintain the confidentiality of this information and it will not be released without authorization.

If Applicant is proprietor or general partner, sign here.

\_\_\_\_\_ Date

If Applicant is a corporation, sign here.

\_\_\_\_\_ Corporate Name

\_\_\_\_\_ Signature of President or duly authorized officer Date

<b>Personal Information of Business Owner</b>					
<i>(This information is not required but is requested for statistical purposes. It will not affect your ability to receive a loan from CEI.)</i>					
___ N/A ___ I do not wish to complete					
<b>Marital Status</b>		<b>Your Gender</b>		<b>Number in Household</b>	
Single	___	Female	___	Children	___
Married	___	Male	___	Adults	___
<b>Race/Ethnicity</b>			<b>Education</b>		
Black	___	American Indian	___	Some H.S.	___ 2-yr. college ___
Hispanic	___	Eskimo/Aleut	___	HS/GED	___ 4-yr. college ___
White	___	Multi-Group	___	Vocational	___ Some grad. ___
Puerto Rican	___	Asian/Pacific Is.	___	Some college	___ Grad. degree ___
<b>Veteran Status</b>					
Non-Veteran	___				
Vietnam Veteran	___				
Other Veteran	___				

**Coastal Enterprises, Inc.**  
**36 Water Street, POB 268**  
**Wiscasset, ME 04578**  
**207/882-7552; FAX: 207/882-7308**  
**www.ceimaine.org**

*CEI is an equal opportunity provider.*



**Section 3. Stock and Bonds** *Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.*

Number of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value

**Section 4. Real Estate Owned** *List each parcel separately. Use attachments, if necessary. Each attachment must be identified as a part of this statement and signed.*

	Property A	Property B	Property C
Type of property			
Owner			
Property address			
Date purchased			
Original cost			
Present market value			
Mortgage holder			
Address of mortgage holder			
Mortgage account number			
Mortgage balance			
Payment amt. per month/year			
Status of mortgage			

**Section 5. Other Personal Property and Other Assets** *Describe, and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment, and if delinquent, describe delinquency.*

**Section 6. Unpaid Taxes** *Describe in detail as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches.*

**Section 7. Other Liabilities** *Describe in detail.*

**Section 8. Life Insurance Held** *Give face amount and cash surrender value of policies, name of insurance company, and beneficiaries.*

*I authorize Lender to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I certify the statements contained herein and in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of either obtaining a loan or guaranteeing a loan. I understand that falsifying statements may result in forfeiture of benefits and possible prosecution by the U.S. Attorney General (Reference 18 U.S.C. 10001).*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number

## BUSINESS PLAN CHECKLIST

Please provide the following information. Please note in the space next to each item whether the information requested is either included in the business plan (BP), or not applicable (N/A).

- \_\_\_ 1. A history of your company and description of your business, including the products and/or services offered. List of key management, title, and years with business.
- \_\_\_ 2. A paragraph describing the amount of financing you seek, the specific uses of the money and its expected benefits.
- \_\_\_ 3. A marketing plan and a description of your market(s), including geographic and key customers.
- \_\_\_ 4. An analysis of present and future competition in the market.
- \_\_\_ 5. Financial information:
- a. Current Balance Sheet
  - b. Year-to-date Profit and Loss Statement
  - c. Tax returns for the past three years
  - d. Cash flow projections (one year) by month
  - e. Aging of accounts receivable and accounts payable
- \_\_\_ 6. Resumes of all management.
- \_\_\_ 7. If you are buying machinery or equipment with the money from this financing, include a list of the equipment and its cost.
- \_\_\_ 8. A personal financial statement (see enclosed form), and the previous three years' personal tax returns for each stockholder, partner, or officer with 20% or greater ownership.
- \_\_\_ 9. If you have any cosigners and/or guarantors for this financing application, please submit their names, addresses, personal financial statements, and the previous three years' personal tax returns.
- \_\_\_ 10. If your business is:
- ◆ a partnership, please provide a copy of your partnership agreement.
  - ◆ a limited marketing company, please provide a copy of the operating agreement.
  - ◆ a corporation, please provide a copy of the articles of incorporation.
- \_\_\_ 11. If your business has any subsidiaries or affiliates, please provide their names and the relationship to your company, along with a current balance sheet and income statement for each.
- \_\_\_ 12. Have you or any officers of your company ever been involved in bankruptcy or insolvency proceedings? (Check one) \_\_\_ Yes \_\_\_ No  
If yes, please attach a description of the situation.
- \_\_\_ 13. Are you or is your business involved in any pending lawsuits? (Check one) \_\_\_ Yes \_\_\_ No  
If yes, attach the details.
- \_\_\_ 14. Do you buy from, sell to, or use the services of any concern in which someone in your company has a financial interest of 20% or more? (Check one) \_\_\_ Yes \_\_\_ No  
If yes, attach the details.

- \_\_\_\_\_ 15. If you are buying a business, please include a purchase and sale agreement.
  - \_\_\_\_\_ 16. If you had professional assistance in preparing this application, list the names, addresses and telephone numbers of those who helped you.
  - \_\_\_\_\_ 17. Please provide a list of trade, bank and/or customer references. Include contact person and the account and telephone numbers.
  - \_\_\_\_\_ 18. Other items requested by loan officer.
- Construction or Renovation loans only:*
- \_\_\_\_\_ 19. If you are doing a construction or renovation project, please include project bids and quotes and construction plans and specifications. An independent appraisal may be required during the application process.

***Failure to include an item may result in a delay in processing your application.***