**Clear Form** 

## ADC Profit-based Financing Application



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African Development Center | 1931 South 5th Street | Minneapolis, MN 55454 | 612-333-4772 | Toll-free 1-877-232-4775

Pei	sonal Information					
Applicant/Owner (1):		Telephone Contact:				
Home Address:		Cell/Personal:				
Social Security Number:	Date of Birth (mm-dd-yy)	Home/Other:				
Email Address:						
Applicant/Owner (2):	Telephone Contact:					
Home Address:	Cell/Personal:					
Social Security Number:	Date of Birth (mm-dd-yy)	Home/Other:				
Email Address:						
В	usiness Information					
Name of Business:		Telephone Contact: Business: Other:				
Type of Business Ownership		Federal Tax ID Number (EIN):				
□ Sole Proprietor □ Partnership	Corporation					
Business Address:		Has Business Started? Yes No If yes, what year did it start?				
Please Select Preferred Mailing Address:	Business Address  Home Address					
1. Please describe your business. Do you have a business plan completed? □ Yes □ No						
2. What background and experience do you	have in this business?					
3. How many family members work in the bu	siness now?					
Are the family members paid or unpaid? Paid Unpaid						
How many non-family workers does the business employ now? What are their current salary or wage levels?						
	1					

<ol><li>How many employees does your business expect to add in the nex</li></ol>	xt six months as a result of this loan?			
What are the types of jobs to be created and the estimated salary o	r hourly wage for these jobs?			
	per			
\$	per			
\$	per			
\$				
5. At what bank do you have your business checking account?				
6. Is the business or any owner involved in any lawsuit, pending law	reuit or court order of any kind?			
□ Yes □ No	Suit, of court order of any kind?			
lf yes, please explain.				
<ol><li>Has any owner of the business been convicted of any offense with</li></ol>	nin the last seven vears other than a			
minor motor vehicle violation?				
If yes, please explain.				
8. Is any owner of the business currently on probation or parole?	□ Yes □ No			
lf yes, please explain.				
<ol><li>What bookkeeping system do you currently use? Who is your b</li></ol>	uninges accountant?			
3. What bookkeeping system do you currently use: who is your b	ousiness accountant?			
10. What type of business insurance do you currently have? For wh	at amount of coverage?			
11. Are there any areas in which your business could benefit from tra				
(such as marketing, bookkeeping and record keeping, financial management, and so on)?				

Financing Needs and Project Information					
12. What is	the purpose of your fina	ncing request?			
		•			
		-			
	e your total project costs			¢	
	Machinery and Equipment			\$ \$	
				\$ \$	
	nventorv			\$ \$	
				\$ \$	
				\$	
				\$	
				÷	
			Total Project Costs	\$	
			-		
Please attac	h price quotes and contr	actor bids to support your pr	oject costs.		
14. What are	e the total project financ	ng sources?			
	African Development Cente	-		¢	
	African Development Cente		<b>`</b>	ቅ	
	Cash Equity		)	\$ \$	
				Ψ \$	
				Ψ	
			Total Project Financing	\$	
The total for	project financing (14) shou	ld equal total project costs (13).	, ,		
15. What co	ollateral are you proposin	g to offer?			
	Description			Drier Liene	
	Description		Value	Prior Liens	
			\$	ድ 	
_			\$	»	
_			\$	\$	
			- \$ <u> </u> \$_	Total	
1					
I/We hereby	apply for a loan from the	African Development Center	Everything that I/we have		
		the best of my/our knowledg			
		eafter submitted whether or n			
		s and the business, to examine			
		bout its experience with the <b>k</b> poses no obligation on ADC t		nderstand	
		ooses no obligation on ADC t	o approve initincing.		
(Signature	- Applicant/Owner1)		Date		
、 、 、					
(Signature	- Applicant/Owner2)		Date		
		3			
Print Form	n Save Form				