CAMBRIDGE CAPITAL MANAGEMENT CORP.

4181 East 96th Street Suite 200 Indianapolis, Indiana 46240 PH (317)-843-9704 FAX (317)-844-9815

Section 108 Loan Fund

Rusiness Information:



UNDERWRITING CHECKLIST

Please provide a completed <u>Application for Loan</u> form (Attached) with *all* of the following <u>Exhibits</u> (See Attached for Further Explanation):

Dusiness iii	iornation.
1.	History and description of the business and the qualifications and background of the principals involved in day-to-day management of the business and information regarding existing and new facilities and number of existing and future employees.
2.	Key cost documents such as copies of executed and valid real estate purchase agreements, contractor cost estimates, vendor quotes for machinery and equipment purchases with breakdown of use of proceeds and expected benefits of the new loan .
3.	Balance Sheet and Income Statement for the previous two (2) years- <u>SIGNED</u>
4.	Corporate Tax Returns for the previous two (2) years- SIGNED
5.	Year to Date- Balance Sheet and Income Statement dated within 120 days of application - SIGNED Including:
	a): Aging of accounts receivable and accounts payable . Totals should be consistent with A/R and A/P on the current Balance Sheet.
	b): Debt Schedule . Totals should be consistent with Notes Payable on the current Balance Sheet
6.	Projected, Annualized Income Statement for the first two years after the loan with a <u>description of assumptions</u> included.
7.	For a <u>new business</u> , a monthly cash flow analysis for the first 24 months of operations or for three months beyond the breakeven point (whichever is longer) together with a <u>description of assumptions</u> .
8.	Resolutions: (provided by borrower and any guarantors, as applicable) a) Resolution of Board of Directors, if a corporation, and a copy of the Articles/Certificate of Incorporation and By-Laws.
	b) Certificate as to Partners , if a partnership, and a copy of the Certificate of Partnership and Partnership Agreement.
	c) Borrowing Resolution for Limited Liability Company , if an LLC holds title to the real estate, and a copy of the Articles of Organization and Operating Agreement.

<u>Appraisal a</u>	and Environmental:
9.	Independent Appraisal on an "as completed basis." An appraisal must also be provided when purchasing used equipment.
10.	Environmental Report / Questionnaire or additional analysis, if applicable.
Personal Ir	nformation: (needed for all individuals with 20% or more ownership)
11.	Personal Financial Statement current within 90 days. If any assets are jointly owned, spouse must sign SIGNED
12.	Personal Tax Return (1040) for the previous two (2) year <u>SIGNED</u>
Other Docu	uments:
13.	A schedule of any previous government financing by any principals or affiliates. Indicate name of agency; the original amount; date of request; outstanding balance; whether or not it is current, delinquent or paid in full; and collateral securing the loans.
14.	Provide names of affiliated (through ownership or management control) or subsidiary businesses; the last two fiscal year-end financial statements and/or federal income tax returns for the last two years.
15.	If a franchise, include a copy of the Franchise Agreement <u>and</u> the Franchisor's Disclosure Statement (Offering Circular).

APPLICATION FOR LOAN (Page 1 of 2)

BUSINESS INFORMATION:

Operating Company:	
Business Address:	
Mailing Address:	
Name of Principal in Charge:	
Business Telephone No Cell Phone No E-mail Address:	Fax No Home Phone No
Type of Business:	Date Established:
Type of Entity (Check One): Corporation Sole Proprietorsh	Partnership
Employer/Tax ID No	NAICS Code:
Ownership of Operating Company (Percentage	of ownership should equal 100%):
#1 Name:	%
#4 Name: #5 Name: #6 Name:	%

APPLICATION FOR LOAN (Page 2 of 2)

Name of Borrower:	
Business Address:	
Mailing Address:	
Name of Principal in Charge:	
Business Telephone No Cell Phone No E-mail Address:	Home Phone No
Type of Business:	Date Established:
Type of Entity (Check One): Corporation Sole Proprietorship	Partnership
Employer/Tax ID No	NAICS Code:
Ownership of Operating Company (Percentage of own	nership should equal 100%):
#1 Name: #2 Name: #3 Name: #4 Name: #5 Name: #6 Name:	% SS# % SS# % SS#_ % SS#
OTHER:	
Amount of Financing Requested:	
What is the source of the equity injection?	

History and Description of Business

In addition to answering the following questions, please provide any additional information to complete a history and description of the business. Also, an analysis of the management ability of the owners and key employees would be very helpful. Such as a brief description of the qualifications and background of the principals involved in the day-to-day management of the business.

1.	When was your company established and by whom?
2.	When did you gain control of the business?
3.	What products or services do you offer? (enclose brochures or marketing literature)
4.	What is your geographic market area?
5.	What is the size (square feet) of your existing facility? If applicable, when does your lease expire?
6.	What is the size (square feet) of the new project facility?
7.	What is the current number of employees?
8.	How many new employees do you anticipate hiring as a result of this project within the next two years?

Key Cost Documents and Use of Proceeds

Please prov	ride <u>copies</u>	of all key	/ cost docum	ents for	this proje	ect*:
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- Real Estate Purchase Agreement
- Contractor Cost Estimates (including soft costs)
- Vendor Quotes for Machinery and Equipment Purchases

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Land Purchase Building Purchase

Pre-Development Costs

Construction/Remodeling

	Machinery and Equipment Purchase Professional Fees Other (contingencies) Interim Financing Costs Closing Costs	TOTAL	\$ \$ \$ \$ \$ \$	
	Expected	Benefits fron	n the Loan	
1.	What is the size (square feet) of your ne	ew (or enlarge	ed) facility and size (ac	reage) of land?
2.	Are there any tenants that will occupy to	he new (or en	larged) facility? Yes:	No:
	If yes, complete the information below:			
	Tenant		Square Footage	Lease Expiration
		-		
3.	How will the new (or remodeled) facility	help your bu	siness?	
4.	If you are moving to a new location, ho	w will this affe	ct your business?	

BALANCE SHEET AND INCOME STATEMENT

FOR PREVIOUS TWO YEARS

Include here the Balance Sheet and Income Statement (profit and loss) for at least the previous two (2) year-ends

*Please have an officer sign all financials for verification purposes.

If this is a new business, provide a proforma balance sheet with a description of assumptions attached.

CORPORATE TAX RETURNS

FOR PREVIOUS TWO YEARS

If the operating company & real estate holding company is an existing business, provide copies of the previous (2) two years tax returns

Please provide signed copies of tax returns for verification purposes.

CURRENT BALANCE SHEET AND INCOME STATEMENT

A current, Year	to Date, Balan	ce Sheet and	Income Statement	t, for the Opera	ating Company	&
Real Estate Hol	Iding Company	(if applicable)	- statement shou	ld not be more	than 120 days	old.

A current aging of accounts receivable and accounts payable should be included.

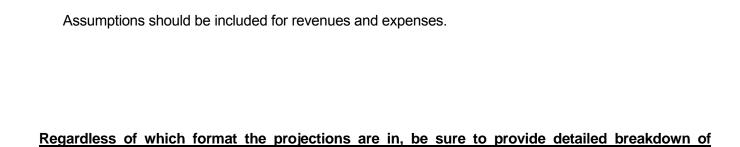
It is recommended that the most current statement available be used for this exhibit.

Please have an officer sign all financials for verification purposes.

DETAILED LIST OF OBLIGATIONS

- A list which contains:
 - 1. Original date and amount
 - 2. Present balance owed
 - 3. Interest rate
 - 4. Monthly payment
 - 5. Maturity and security for each loan or debt that your business currently has
 - 6. Indicate whether the loan is current or delinquent
- The total amount must reconcile to the current statement.

PROJECTED INCOME STATEMENT FOR FIRST TWO YEARS



officers' salaries, depreciation, interest, and rent, if any.

MONTHLY CASH FLOW ANALYSIS FOR FIRST 24 MONTHS

(FOR NEW BUSINESS)

This is to be a monthly cash flow for the first 24 months of operation or for three months beyond the breakeven point (whichever is longer) together with a <u>description of assumptions</u> attached.

RESOLUTION OF BOARD OF DIRECTORS

and/or

CERTIFICATE AS TO PARTNERS

and/or

BORROWING RESOLUTION FOR LIMITED LIABILITY COMPANY

If borrower is a **corporation**:

- Resolution of Board of Directors, authorizing the business concern to borrow. This document must contain two officer's original signatures, one of which must be the secretary.
- Articles of Incorporation and By-laws
- Provide federal identification number

If borrower is a **partnership**:

- Certificate As To Partners,
- Partnership Agreement
- Provide federal identification number(s)

If borrower is a **limited liability company**:

- Borrowing Resolution for LLC
- Articles of Organization
- Operating Agreement

APPRAISAL

The appraisal is to be completed by an independent appraiser approved by the Lender.

If there is construction or improvements to be completed on the project property, the appraisal must be valued on an "as-completed" basis.

Appraised value must be concluded using at least 2 approaches.

The appraisal must be submitted at the time of application.

The following entity must be named as an intended user of the report and the report must be addressed to the Lender as follows:

Consolidated City of Indianapolis and Marion County Department of Metropolitan Development 200 E. Washington Street, Suite 2042 Indianapolis, IN 46204

ENVIRONMENTAL ANALYSIS

Please refer to the Environmental Flow Chart and list of Environmentally Sensitive Industries on the following pages to determine the level of investigation needed, Please contact Cambridge to coordinate the of ordering of any environmental report.

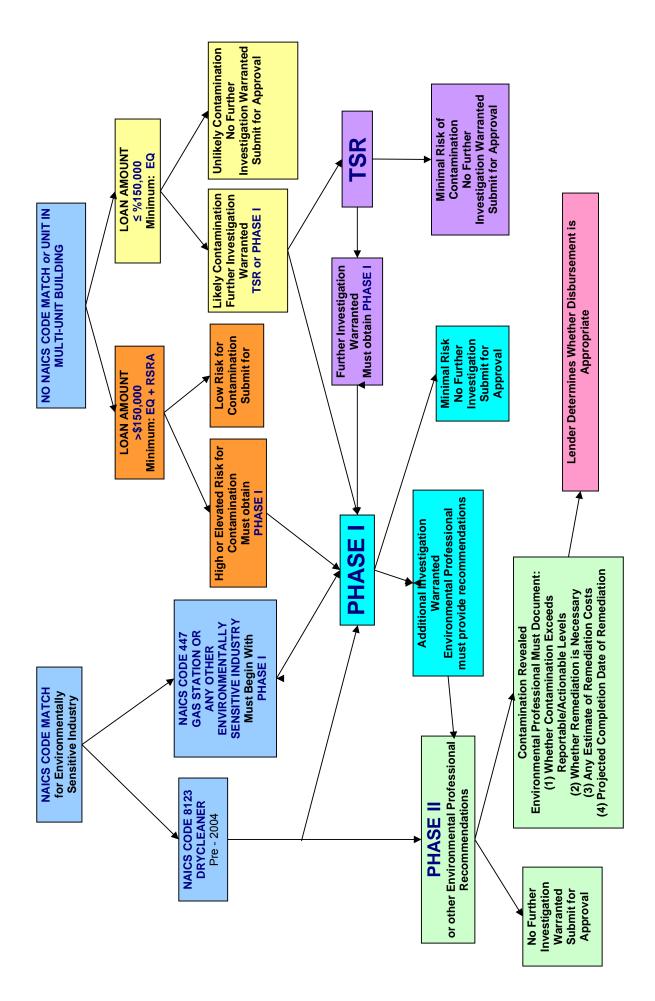
The environmental analysis will need to be submitted as soon as possible during the application process.

The analysis must be submitted and approved by the Lender prior to the Closing.

The Environmental Report must be addressed to OR a reliance letter must be issued to the Lender as follows:

Consolidated City of Indianapolis and Marion County Department of Metropolitan Development 200 E. Washington Street, Suite 2042 Indianapolis, IN 46204

FLOW CHART FOR ENVIRONMENTAL INVESTIGATIONS



NAICS CODES OF ENVIRONMENTALLY SENSITIVE INDUSTRIES

A 3, 4, 5 or 6 digit NAICS Code includes all industries beginning with those 3, 4, 5 or 6 digits

211	Oil & Gas Extraction	441	Motor Vehicle and Parts Dealers
212	Mining (except Oil & Gas)		(if service bays present)
213	Support Activities for Mining	447	Gas Stations
237	Heavy & Civil Engineering Construction	45431	Fuel Dealers
311	Food Manufacturing (if underground fuel tanks present)	481	Air Transportation
312	Beverage & Tobacco Product Manufacturing	482	Rail Transportation
313	Textile Mills	486	Pipeline Transportation
314	Textile Product Mills	53212	Truck, Utility Trailer and RV Rental &
316	Leather & Allied Product Manufacturing		Leasing (if repairs, maintenance or vehicle
321	Wood Product Manufacturing (if finishing occurs on site)		washing are performed onsite)
322	Paper Manufacturing	53241	Construction, Transportation, Mining &
323	Printing & Related Support Activities		y Machinery & Equipment Rental
324	Petroleum & Coal Products Manufacturing		Manufacturing & Leasing (if repairs, main-
325	Chemical Manufacturing		tenance or vehicle washing are performed onsite)
326	Plastics & Rubber Products Manufacturing	53249	Other Commercial & Industrial Machinery
327	Nonmetallic Mineral Products Manufacturing		& Equipment Rental & Leasing (if repairs,
331	Primary Metal Manufacturing		maintenance or vehicle washing are performed onsite)
332	Fabricated Metal Product Manufacturing	54138	Testing Laboratories
333	Machinery Manufacturing (not required if assembly only)		Exterminating & Pest Control
334	Computer & Electronic Product Manufacturing	562	Waste Management & Remediation Services
	(not required if assembly only)	6221	General Medical & Surgical Hospitals (if
335	Electrical Equipment, Appliance & Component		fuel tanks are present)
	Manufacturing (not required if assembly only)	71391	Golf Courses & Country Clubs
336	Transportation Equipment Manufacturing		Skiing Facilities
337	Furniture & Related Manufacturing		Marinas
	(if finishing occurs on site)	7212	RV Parks & Recreational Camps (if fuel tanks
339	Miscellaneous Manufacturing (only required if		are present or if vehicle repairs or maintenance
	hazardous materials are involved)		is performed onsite)
42311	Automobile & Other Motor Vehicle Merchant	8111	Automotive Repair & Maintenance
	Wholesalers (if service bays present)	8112	Electronic & Precision Equipment Repair
42314	Motor Vehicle Parts (Used) Merchant Wholesalers		& Maintenance (not required if assembly only)
4235	Metal & Mineral Merchant Wholesaler	8113	Commercial & Industrial Machinery &
42393	Recyclable Material Merchant Wholesaler		Equipment Repair & Maintenance
4246	Chemical & Allied Products Merchant Wholesalers	8122	Death Care Services
4247	Petroleum & Petroleum Products Merchant	8123	Laundry & Dry Cleaning Services (if dry
	Wholesalers		cleaning operations on-site)
		812921	Photofinishing Laboratories (except one hour)

A Phase I should always be obtained if the business sells, supplies or dispenses fuel, gas, heating oil or liquefied petroleum (LP) gas, even if the NAICS Code for the business is not identified on this list of Environmentally Sensitive Industries

PERSONAL FINANCIAL STATEMENT

The following version of the <u>Personal Financial Statement must be used</u>. The PFS must be <u>less than 90 days old</u> at the time of application submission and have the borrower's <u>original signature</u>.

Again, it is recommended that the most current information be used so that the statement does not become outdated during staff and loan committee reviews prior to submission.

This form must be completed for each principal who owns 20% or more of the company.

If the principals are married, spouses signatures must be obtained as well.

,	PERSONAL FINANCIAL STATEMENT
,	
Applicant	
1. Name:	
2. Social Security No.:	Date of Birth:
3. Street Address:	
4. City:	State: Zip Code:
5. Phone:	Fax:
7. Employer:	Position/Title:
8. Length of Employment:	Marital Status (optional): Married Unmarried Separated
Co-Applicant	
1. Name:	
2. Social Security No.:	Date of Birth:
3. Street Address:	
4. City:	State: Zip Code:
5. Phone:	Fax:
6. Email Address:	
7. Employer:	Position/Title:
8. Length of Employment:	Marital Status (optional): O Married O Unmarried O Separated

ASSETS		LIABILITIES		
Cash on Hand and In Banks (Schedule A)		Notes due to Banks and Others (Schedule F)		
Cash Value of Life Insurance (Schedule. B)		Loans on Life Ins. Policies (Schedule. B)		
Securities - Marketable (Schedule C)		Credit Cards and Bills Payable (Schedule. G)		
Securities - Non Marketable (Schedule C)		Mortgage on Homestead (Schedule D)		
IRA and Tax Deferred Accounts		Other Mortgages Payable (Schedule.D)		
Homestead/Residence (Schedule D)		Personal Property (Schedule E)		
Other Real Estate (Schedule D)		Taxes		
Personal Property (Schedule E)		Other Debts - Itemize		
Mortgages and Contracts Held by You (Schedule H)				
Other Assets - Itemize				
(See Attached Itemization)		(See Attached Itemization)		
		Total Liabilities		
Total Assets		Net Worth (Total Assets Minus Total Liabilites)		
ANNUAL INCOME		ESTIMATE OF ANNUAL EXPENSES		
Salary Bonuses & Commissions		Income Taxes		
Dividends and Interest		Other Taxes		
Rental and Lease Income (Net)		Insurance Premiums		
Other Income		Mortgage Premiums		
		Rent Payable		
		Other Expenses		
Total				
Provide the following information only if applicati Joint Credit	on is for			
Joint Applicant's Salary, Bonuses & Commissions				
Other Income of Joint Applicant				
Alimony, child support, or separate maintenance income need not be wish to have it considered as a basis for repaying this obligation.	e revealed if you do not			
Total		Total		
GENERAL INFORMATION		CONTINGENT LIABILITES (including any guaranties fo	r Fidelity Bank loans)	
Are you a Defendant in any lawsuits or Legal Actions?	Yes No	As Endorser, Co-maker or Guarantor? Yes No	Amount	
Income Tax Return filed through what date?		On Leases or Contracts? Yes No		
Have you ever been declared Bankrupt in the last 10 years?	Yes No	Legal Claims?		
Are you involved in any other Venture?	Yes No	Federal - State Income Taxes? Yes No		
		Other		

					SCH	IEDU:	LES					
	Sched	ule A - C	Cash in Ba	nks and	Notes due	to Bar	nks (1	_ist all Re	al Estate Lo	oans in Sched	ule D)	
	Name of	Bank/Fins	ncial Inctit	tution			Tva	ne of Accou	int		Balances	
Name of Bank/Financial Institution							Type of Account				Datances	
See At	tached Itemizati	ion							TOTAL			
				D T 10 1		T	1 (1	D 1: :	41 4			
		2	Schedule 1	B - Life I	Insurance (List on	ily the			own)		
Company			Insured		Beneficiary			Face Value/Death Benefit		Cash Value		Policy Loan From
	Company		Insured Ben		DCIICI	inciary Be		DÇ	icit	Cash value		Insurance Company
See Att	tached Itemizati	on							TOTALS			
									!			
	Schedule (C - Secui	rities Owi	ned (Incl	ude stateme					on Fidelity B		
Face Value- Bonds/No. of Shares Stock Description					Amount Pledged to Secured Loan			Market Value (Marketable)		Market Value (Not Readily Marketable)		
Shares Stock	Shares Stock Description		0		Owner Secur		ecurea	d Loan (Mar		Ketable) Keauli		Marketable)
See Att:	<u> </u> ached Itemizatio	n						TOTALS				
	doriod itomizatio	••										
		1		Sc	hedule D - 1	Real E	Estate	Owned				
Decree Description None		C C 114	Date	Dl D	Mad 4 37.		.1 .			ct Payable Balance Due		
Property Description Homestead		Name o	f Creditor	Acquired	Purchase P	Price Market V		aiue	Payment	Maturity	Balance Due	
11011												
See Atta	ached Itemizatio	<u>l</u> n				TOT	AL				TOTAL	
				Se	chedule E -	Perso	nal P		D .		1	
Description						F	Loans on Property Balance Due To Wh		om Payable Value Tod		ue Todav	
Automobile(s)	:	Descrip	, 11011						10 11110	1 11 11010	v ai	ac roday
. ,												
See Attac	ched Itemization					<u> </u>				TOTAL		

	~								
- '	Schedule F - Re	volving and Instal	lment No	tes due to	Banks a	nd Others			
Revolving = R Installment = I	Payable To	When Due Collateral Repay		ment Terms	Balance Due				
	•								
						TOTAL	_		
See Attached Itemi	zation					IOIAL			
	Sc	hedule G - Credit	Cards an	d Bills Pay	vable				
				•	,				
	Payable To			Repayment Terms			Balance Due		
See Attached Itemi:	zation					TOTAL			
ooo /aoou r.co									
	Sched	ule H - Mortgages	and Con	tracts Held	d by You	ı	•		
						_		Balance	
Deb	tor	Description of Property				Payment	Maturity	Due	
See Attached Itemiza	ation						TOTAL		
This information and the i the Applicant(s) or for the be relied on by Creditor in condition of the Applicant information contained her changes which would affe Applicant(s). Applicant(s actions of Creditor can be	purpose of Applicant(s) g its decision to grant such (s) on the date given below in and to determine the cit the accuracy of this Stat) are aware that any know	guaranteeing credit for ot credit. This Statement i w. You are authorized to reditworthiness of the un tement. Creditor is furth ing or willful false stater	thers. Appli s true and comake all indersigned. her authorized ments regard	cant(s) ackno orrect in every equiries you d Applicant(s) ed to answer a ling the value	wledge that y detail and leem necess will promp my question of the abov	t representations r accurately repressary to verify the a tly notify Creditor as about Creditor' we property for pu	made in this sents the fina accuracy of t r of any subs s credit expe	Statement will ncial he sequent rience with	
In addition, each individual reporting agency prepare a		es the Creditor to check t	heir individ	ual credit acco	ount and en	nployment history	and have a	credit	
The undersigned declares	that he/she has read and u	nderstands the statement	s above.						
Date Signed									
A1:			т.:	A1i4					
Applicant Signature:	Joint Applicant Signature:								

PERSONAL TAX RETURNS

Please provide complete copies of Personal, Federal Tax Returns, including all exhibits, for the past two (2) years for anyone required to provide a Personal Financial Statement.

Please provide signed copies of tax returns for verification purposes.

PREVIOUS GOVERNMENT FINANCING

Applicant certifies below ANY government financing received by any principals or affiliated companies, including name of the agency, the original date and amount, the outstanding balance, status of the loan (current, delinquent or paid in full), and collateral securing the loan. In addition, Applicant confirms no loss to the U.S. Government on any previous loan, if applicable.

Type of Loan	Agency Name	Original Date	Amount	Current Balance	Status	Collateral/ \$ Guarantee	Govt. Loss
Applicant:							

Date:

If there have not been any prior government loans, please mark N/A and Sign.

By:

<u>AFFILIATES</u>

If <u>no</u> affiliates - state that there are none.

If yes - indicate names and ownership/officer details.

If any of the officers and/or owners of the applicant company are also officers and/or 20% or more owners of any other company, it is classified as an affiliate.

--Concerns are considered affiliates of each other when one concern controls or has the power to control the other.

This exhibit must include the last two (2) previous fiscal year-end financial statements and/or federal income tax returns for the last two years.

Please provide signed copies of tax returns for verification purposes.

Please have an officer sign all financials for verification purposes.

FRANCHISE AGREEMENT

<u>AND</u>

FTC DISCLOSURE STATEMENT

If the applicant will be operating under a Franchise, Membership Agreement, or Fuel (Jobber) Agreement, please submit a complete copy of the Agreement and the Franchisor's Disclosure Statement (Offering Circular).