

Growth Capital Preliminary Information

Date: _____

Exact Legal Name of Business: _____

Business Address: _____

Telephone Number: _____ Fax Number: _____

Contact Person Regarding this Application: _____

Project Address: _____

Business Description: _____

Borrower (owner of the asset(s) if different from the operating business):

Company Officers/Owners and Percentage of Ownership:

1. _____ % 2. _____ %

3. _____ % 4. _____ %

Description and Cost Breakdown of Proposed Project Costs:

Land \$ _____

Building Purchase _____ Current # Employees: _____

Building Improvements _____ # New Jobs to be Created: _____

New Construction _____

Equipment Purchases _____

Contingency _____

Allowable Professional Fees/Soft Costs _____

Total Project Cost: \$ _____

Participating Bank: _____ Phone #: _____

Bank Loan Officer: _____ Fax #: _____

I would like to have a preliminary review of an SBA 504 or Ohio Regional 166 loan through Growth Capital.

Name and Title _____

Please return by fax memo to Growth Capital attention Gerry, David, Juan or Pat at (216) 621-4616 or mail to Tower City Center, 50 Public Square, Suite 200, Cleveland, Ohio 44113-2291.