

Women's Resource Center Small Business Loan Application



Please deliver this application, supporting documents and a \$25 application fee to:
 Women's Resource Center, 679 E. Second Ave., Unit 6, Durango, CO 81301
 For information: (970) 247-1242

Date: _____

Your Name: _____

Business Name: _____

Type of Business: Sole Proprietorship _____ Corporation _____ Limited Liability Company (LLC) _____

Mailing Address: _____

Physical Address: _____

SSN: _____ **Phone:** _____

E-mail: _____ **Web Site:** _____

WRC member? Yes _____ No _____ (does not affect loan decision)

What type of business do you have or plan to start? Retail ___ Service ___ Manufacturing ___ Other ___

How long have you been in business? _____

Amount of WRC Loan Request: \$ _____

Repayment schedule preferred: 12 months _____ 18 months _____ 24 months _____ Other _____

Intended Use of Loan Funds (please be specific)

	Amount	Describe
Purchase of real estate _____	\$ _____	
New construction or building fixed assets _____	\$ _____	
Building expansion/repair _____	\$ _____	
Acquisition of existing business _____	\$ _____	
Purchase of machinery/equipment _____	\$ _____	
Purchase of furniture/fixtures _____	\$ _____	
Purchase of inventory _____	\$ _____	
Working capital or operating expense _____	\$ _____	
Other (explain) _____ _____	\$ _____	

Describe your business and why you think it will succeed:

Do you have a written business plan? Yes____ (please attach) **No**____

Is your customer base local, regional or national? (please circle)

In addition to yourself, how many additional employees do you have?

Full Time _____

Part Time _____

Would any additional jobs be created because of this loan? If yes, how many? _____

Please list your major expenses and sources of income for the coming year.

Expense

Income

Identify collateral available for this loan: _____

Please list three references from La Plata County that are previous employers, business associates, or businesses with which you have credit.

Name _____

Phone Number _____

Relationship _____

Name _____

Phone Number _____

Relationship _____

Name _____

Phone Number _____

Relationship _____

I certify that the information included in this application is true and complete to the best of my knowledge. By my signature, I grant permission to the Women's Resource Center to obtain information from my bank, creditors, credit bureau, reporting agency or other necessary sources to research and evaluate this application.

Signature

Date

Name _____

_____ Title

Please attach:

- Application fee for \$25 made payable to the Women's Resource Center (fee will be returned if application is denied)
- A personal financial statement and a copy of previous tax return
- A copy of your business plan
- Articles of Incorporation, bylaws, trade name affidavit or franchise agreement (if applicable)