## **ADC Profit-based Financing Application**



African Development Center | 5955 Edmond Street | Las Vegas, NV 89118 | 702-760-9672 | Toll-free 1-877-232-4775

|   | Applicant/Owner (1)               |  |  |
|---|-----------------------------------|--|--|
| Home Address  | Home:<br>Other:                   |  |  |
| Social Security Number  | Date of Birth<br>(mm-dd-yy)       |  |  |
| Applicant/Owner (2)   | Telephone Numbers Home: Other:    |  |  |
| Home Address  |                                   |  |  |
| Social Security Number  | Date of Birth<br>(mm-dd-yy)       |  |  |
|   | Business Information              |  |  |
| Name of Business  |                                   | Telephone Numbers Business: Other:                               |  |
| Type of Business Ownership ☐ Sole Proprietor ☐ Partnersh  | nip                               | Federal Tax ID Number:   |  |
| Business Address  |                                   | Has Business Started? ☐ Yes ☐ No If yes, what year did it start? |  |
|   |                                   |  |  |
|   |                                   |  |  |
| 2. What background and experien   | nce do you have in this business? |  |  |
| 2. What background and experien   |                                   |  |  |
|   |                                   |  |  |
| 2. What background and experien  3. How many family members wor  Are the family members paid or  Paid | k in the business now?<br>unpaid? |  |  |

| 4. How many employees does your business expect to add  | in the next Si          | x months as a result of this i | oan f |
|---|-------------------------|--------------------------------|-------|
| What are the types of jobs to be created and the estimated  | d salary or ho          | urly wage for these jobs?      |       |
|   | \$                      |                                |       |
|   | \$                      | per                            |       |
|   | \$                      |                                |       |
|   | \$                      | per                            |       |
|   |                         |                                |       |
| 5. At what bank do you have your business checking accou  | unt?                    |                                |       |
| 6. Is the business or any owner involved in any lawsuit, per ☐ Yes ☐ No If yes, please explain.                           | nding lawsuit,          | or court order of any kind?    |       |
| 7. Has any owner of the business been convicted of any off minor motor vehicle violation? ☐ Yes ☐ If yes, please explain. | fense within tl<br>⊒ No | he last seven years other tha  | n a   |
| 8. Is any owner of the business currently on probation or p<br>If yes, please explain.                                    | arole?                  | □ Yes □ No                     |       |
| 9. What bookkeeping system do you currently use? Who  | ' hugin                 |                                |       |
| 3. What bookkeeping system do you currently use: who  | is your busin           | ess accountant :               |       |
| 10. What type of business insurance do you currently have   | ? For what ar           | mount of coverage?             |       |
| 11. Are there any areas in which your business could benef<br>(such as marketing, bookkeeping and record keeping, fin     |                         |                                |       |
|   |                         |                                |       |

| Financing Needs and Project Information |  |  |                |  |
|---|--|--|----------------|--|
| 12. Wh                                  | at is the purpose of your financing reques         | it?  |                |  |
|   |  |  |                |  |
|   |  |  |                |  |
|   |  |  |                |  |
|   |  |  |                |  |
|   |  |  |                |  |
|   |  |  |                |  |
| 13. Wh                                  | at are your total project costs?                   |  | <u>.</u>       |  |
|   | Machinery and Equipment  Leasehold Improvements    |  | \$             |  |
|   | Furniture and Fixtures                             |  | \$             |  |
|   | Inventory  |  | \$             |  |
|   | Working Capital                                    |  | \$             |  |
|   | Other:   |  | \$             |  |
|   |  |  | *              |  |
|   |  | Total Project Costs  | \$             |  |
| Please                                  | attach price quotes and contractor bids to         | support your project costs.  |                |  |
|   |  |  |                |  |
| 14. Wha                                 | nat are the total project financing sources?       |  |                |  |
|   | African Development Center                         |  | \$             |  |
|   | Other (Name  | )  | \$             |  |
|   | Cash Equity Other:                                 |  | \$             |  |
|   | Otilei.  |  | Ψ              |  |
| <del>-</del> . , ,                      |  | Total Project Financing  | \$             |  |
| The tota                                | al for project financing (14) should equal total p | project costs (13).  |                |  |
| 15. Wh                                  | at collateral are you proposing to offer?          |  |                |  |
|   | Description  | Value  | Prior Liens    |  |
|   | Безсприон  | \$   | \$             |  |
|   |  |  | \$             |  |
|   |  | <br>\$   | \$             |  |
| I                                       | <del></del>  | Ψ  | Φ              |  |
|   |  | Total  |                |  |
| 1/Ma ha                                 | The angle for a loan from the African Day          | relopment Center. Everything that I/we have  |                |  |
| stated i                                | in this application is correct to the best of i    | my/our knowledge. I/We understand that AL  | DC will retain |  |
| this app                                | plication and all materials hereafter submit       | tted whether or not it is approved. I/We here  | eby authorize  |  |
|   |  | isiness, to examine my/our credit history and<br>erience with the business and me/us. I/We u |                |  |
|   | bmission of an application imposes no obl          |  | muoi osama     |  |
|   |  |  |                |  |
| (Signa                                  | ature - Applicant/Owner1)                          | <br>Date   | <del></del>    |  |
|   | P. P. S.       |  |                |  |
| /Signs                                  | ature - Applicant/Owner2)                          | <br>Date   | <del></del>    |  |
| (Olgi la                                | itule - Applicani/Ownerz)                          | Date   |                |  |