

WILMINGTON DISASTER RESILIENCY REVOLVING LOAN APPLICATION

BUSINESS CONTACT INFORMATION

Applicant Name:			
Company Name & Employer ID:			
Phone:	Cell Phone:	E-mail:	
Company Street Address:			
City:	State:	ZIP Code:	
Company Mailing Address:			
Date Business Commenced:		Number of Employees:	
Industry/Product/Service:			
Sole Proprietorship:	Partnership:	Corporation:	Other:
Applicant Address:			
City:	State:	ZIP Code:	
Social Security Number:		DOB:	
How long at current address?			
Personal Telephone:		E-mail:	

REVOLVING LOAN AMOUNT & TERM

Amount Requested:	Term Requested:
Purpose of Loan:	

DECLARATIONS

Please provide additional information in the notation section for any "Yes" answers.

1. Is the applicant or any of the proposed guarantors' party to any lawsuit and/or outstanding judgment? Y N
2. Has the applicant or any of the proposed guarantors ever filed for personal bankruptcy or served as an officer for a company that declared bankruptcy?
Y N
3. Is the applicant or any of the proposed guarantors' party to taxes or credit obligations that are past due? Y N
4. Is the applicant or any of the proposed guarantors presently under indictment or probation, or parole, or been convicted of any criminal offense other than minor traffic violations? Y N

AUTHORIZATIONS

I/We for ourselves, and as an authorized signer of the applicant, certify that everything stated in this application and on any attachment is correct. You may keep this application whether or not it is approved. By signing below, I/we authorize The Town of Wilmington and its affiliates, to obtain and use credit reports, process this application, process any requested changes to my/our accounts, review performance of my/our accounts and to collect any credit extended to me/us. It is understood that a photocopy of this form will also serve as authorization. I/We understand that I/we must update this credit information at your request and/or if my/our financial condition changes. I/We acknowledge that the credit being applied for will be used for

business purposes. In addition, I/We acknowledge that the information provided in this application will be shared with other members of the Town's staff and possibly the Wilmington Select Board.

Applicant Signature: _____ Date: _____

Please include the Personal Financial Statement (with business assets & liabilities), 2 years of business tax returns, and W-9 form.

Town of Wilmington
2 East Main Street
P.O. Box 217
Wilmington, VT 05363
Or email: ghavreluk@wilmingtonvt.us

INTERNAL USE ONLY

Loan Amount Approved by Select Board	
Interest Rate Approved by Select Board	
Authorizing Signature & Date	
Authorizing Department	