

APPLICANT

Montana West Economic Development

44 2nd Avenue West, Kalispell, MT 59901 (406) 257-7711

Application Date: If you intend to apply for joint credit, please initial below

Applicant

Joint Applicant

Is your business a Sole Prop. Corporation LLC LLP Partnership Business Individual(s) Trust

Legal Business Name Year Established:

Mailing Address:

Physical Address:

City/State/Zip: Cell No.:

DUNS Number: Email:

Tax ID or SSN#: Phone No.: Fax No.:

Joint Applicants SSN# or Tax ID:

Are you current on all Payroll, Income and Property Taxes? Yes No

Is your business registered with the Secretary of State? Yes No

Is your business qualified to do business in Montana? Yes No

Is the business or any members a defendant in a suit or legal action? Yes No

Has the business or any members gone through bankruptcy or has a judgment against them? Yes No

Are the owners/shareholders/partners U.S citizens? Yes No

Number of Employees (including subsidiaries and affiliates): At Time of Application If loan is Approved Subsidiaries or Affiliates

OFFICERS / PARTNERS / MEMBERS

Table with 4 columns: Name, % of Ownership, Title, Social Security #

LOAN REQUEST

Amount \$ Term:

Purpose of Loan:

Source of Repayment:

Business Debts

To Whom Debt is Owed	Monthly Payments	Balance (*)	Collateral Description

ACKNOWLEDGEMENT AND AGREEMENT

Pursuant to the National Privacy Law that took effect July 1, 2001, I authorize Montana West Economic Development to obtain verification of any information needed to complete my loan request. This information includes but is not limited to my bank account, other assets, employment earning record and the need to order a consumer credit report. I further authorize anyone to accept a photocopy or facsimile of this document as his or her authorization to release such information, including detailed payoff information, to Montana West Economic Development.

Everything that I/we have stated in this application is correct to the best of my/our knowledge. I/We understand that you will retain this application whether or not my/our request is approved.

Applicant Signature

Date

Applicant Signature

Date

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The following information is requested by MWED in order to provide evidence of compliance to our loan program funders. You are not required to furnish this information, but are encouraged to do so. The law requires that a lender may neither discriminate on the basis of this information, nor on whether you choose to furnish it. However, if you choose not to furnish it, this lender is required to note race and sex on the basis of visual observation or surname. If you do not wish to furnish the information, please check the box below. (Lender must review the material to assure that the disclosures satisfy all requirements to which the lender is subject under applicable loan fund requirements for the particular type of loan applied for.)

Borrower	Co-Borrower	Co-Borrower
<input type="checkbox"/> I do not want to furnish this information <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black, not of Hispanic origin <input type="checkbox"/> Other (specify) <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> White, not of Hispanic Origin Sex <input type="checkbox"/> Female <input type="checkbox"/> Male Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Signature _____ Print Name _____ Date	<input type="checkbox"/> I do not want to furnish this information <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black, not of Hispanic origin <input type="checkbox"/> Other (specify) <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> White, not of Hispanic Origin Sex <input type="checkbox"/> Female <input type="checkbox"/> Male Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Signature _____ Print Name _____ Date	<input type="checkbox"/> I do not want to furnish this information <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black, not of Hispanic origin <input type="checkbox"/> Other (specify) <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> White, not of Hispanic Origin Sex <input type="checkbox"/> Female <input type="checkbox"/> Male Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Signature _____ Print Name _____ Date
Please complete additional pages if there are more co borrowers.		

To be completed by interviewer.

This application was taken by: <input type="checkbox"/> face-to-face <input type="checkbox"/> by mail <input type="checkbox"/> by telephone	Interviewer's name (print) _____ Interviewer's Signature	Montana West Economic Development 44 2 nd Avenue West Kalispell, MT 59901
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Economic Development**
44 2nd Avenue West, Kalispell, MT 59901
(406) 257-7711

**CREDIT REPORT VERIFICATION AND AUTHORIZATION
TO RELEASE INFORMATION**

To Whom It May Concern:

I/We have applied for a business loan with Montana West Economic Development. You are hereby authorized to release any information or consumer report required by Montana West Economic Development to complete the processing of the loan request. Necessary credit information may include savings deposits, checking accounts, consumer credit balances, business credit balances, payments and history, including mortgage payment records and balances, and lease payments.

I/We authorize the credit reporting agency chosen by Montana West Economic Development to verify my/our past and present employment earnings records, bank accounts, stock holdings and any other asset balances that are needed to process my/our loan application.

A photographic or carbon copy of this signed authorization may be used as a duplicate original.

Thank you.

Signature

Date

Printed Name

Social Security #

Date of Birth

Street Address _____

Signature

Date

Printed Name

Social Security #

Date of Birth

Street Address _____
