

Borrower's Name : _____

Contact Number: _____



FINANCE SERVICES LTD.

BUSINESS LOAN APPLICATION

17 Phoenix Avenue, Kingston 8 - Phone (876) 906-0012 - Business Dept. (876) 376-0062 -
Fax (876) 906-3473

Email: brandonsmith@ispfinanceservices.com

BUSINESS INFORMATION

Name of Business _____

Business Address _____

Contact Info: Phone#s _____ / _____ Email _____

Business Registration# _____ (if applicable)

List of Principal Owner(s) of the business:

First Name	Last Name	Telephone Number
_____	_____	_____ / _____
_____	_____	_____ / _____
_____	_____	_____ / _____

Number of Employees Presently working for the Business

Full Time _____ Part Time _____

Contracted _____ On Probation _____

BUSINESS BANKING INFORMATION

Financial Institution #1

Bank _____ Branch _____ Account Number _____

Financial Institution #2

Bank _____ Branch _____ Account Number _____

Financial Institution #3

Bank _____ Branch _____ Account Number _____

Does the business have any loans or outstanding debts, and with whom?

\$ _____, _____

\$ _____, _____

\$ _____, _____

\$ _____, _____

Please provide a one year bank statement for each account attached to the business.
Please provide a one year statement for all credit cards and lines of credit attached to the business.

BUSINESS FINANCIAL INFORMATION

MONTHLY INCOME		MONTHLY PAYMENTS	
Gross Monthly Income	\$	Light	\$
Other	\$	Water	\$
	\$	Rent	\$
	\$	Taxes	\$
	\$	Operation Costs	\$
	\$	Credit Cards	\$
	\$	Loans	\$
	\$	Miscellaneous	\$
	\$		\$

BUSINESS ASSETS

Real Estate	Mortgage Holder	Physical Address	Valuation	Volume	Folio Number
			\$		
			\$		
Vechile	Tite Owner	Year/Make/Model	Valuation	Reg #	
			\$		
			\$		

Notes:

BUSSINESS LIABILITIES

Bank	Bank	Branch	Monthly Payment	Collateral Held by Bank	Balance Owing
Loans			\$		
			\$		
			\$		
Other Liabilities	Company		Monthly Payment	Collateral Held by Bank	Balance Owing
			\$		
			\$		
			\$		

BORROWER'S INFORMATION

Last Name	Fist Name	Middle Name
_____	_____	_____
Date of Birth: MM ___ DD ___ YY ___ TRN#: _____ Other ID _____		
Contact Number: _____		
Email: _____		
Home Address: _____		
Pervious Address (if less than 5 years at current) _____		
Next of Kin Last Name	Fist Name	Middle Name
_____	_____	_____
Next of Kin Home Address: _____		
Next of Kin Contact Number: _____		
LandLord Last Name	Fist Name	Middle Name
_____	_____	_____
LandLord Home Address: _____		
LandLord Contact Number: _____		

BORROWER'S BANKING INFORMATION

Financial Institution #1

Bank _____ Branch _____ Account Number _____

Financial Institution #2

Bank _____ Branch _____ Account Number _____

Financial Institution #3

Bank _____ Branch _____ Account Number _____

Does the business have any loans or outstanding debuts, and with whom?

\$ _____, _____

\$ _____, _____

\$ _____, _____

\$ _____, _____

Please provide a one year bank statement for each account in your name.

Please provide a one year statement for all credit cards and lines of credit in your name.

BORROWER'S FINANCIAL INFORMATION

MONTHLY INCOME		MONTHLY PAYMENTS	
Net Monthly Income	\$	Light	\$
Spouses Net Income	\$	Water	\$
	\$	Rent	\$
	\$	Taxes	\$
	\$	Operation Costs	\$
	\$	Credit Cards	\$
	\$	Loans	\$
	\$	Miscellaneous	\$
	\$	Dependents	\$
	\$	Groceries	\$
	\$		\$
	\$		\$
	\$		\$

APPLICATION MUST BE SIGNED BEFORE IT CAN BE PROCESSED

The above information is submitted for the purpose of establishing and/or maintaining credit with ISP Finance Services Limited and is to the best of my knowledge a current, complete, and correct statement of my financial position as at the date of this document. I hereby authorize ISP Finance Services Limited to disclose the foregoing information to its Directors, employees, and any other person as the case may be involved in the processing of this loan request.

_____ Owners Signature	_____ Owner's Name (Print)	_____ Date
_____ Owners Signature	_____ Owner's Name (Print)	_____ Date
_____ Owners Signature	_____ Owner's Name (Print)	_____ Date
_____ Owners Signature	_____ Owner's Name (Print)	_____ Date