SBA 504 LOAN PROGRAM REFINANCE TIMELINE



BASIC INFORMATION					
Company Name:					
Holding Company Name:					
Primary Business Contact:					
Phone:	Email:				
Participating Bank:	Banker Name:				
	Banker Email:				
OBIC	INAL FINANCING (If rolling in more than one loan, please complete for <u>each</u> loan)				
	Lender:				
	Original Loan Amount:				
Assets Financed:					
Date of Original Purchase:	Lender.				
	Lender: Original Loan Amount:				
Date of Original Purchase:	Lender:				
	Original Loan Amount:				
Assets Financed:					

SUBSEQUENT FINANCING

Date of Refinance:	Lender:
Total Loan Amount:	
Loans Being Refinanced:	
Collateral Taken:	
-	

SUBSEQUENT FINANCING - CONTINUED

Total Loan Amount:	Lender:
Date of Refinance: Total Loan Amount: Loans Being Refinanced:	Lender:
Collateral Taken:	
CUDD	ENT FINANCING (If rolling in more than one loan, please complete for <u>each</u> loan)
Date of Most	Lender:
Loans Being Refinanced:	
Collateral Taken:	
Date of Most Current Refinance:	Lender:

Date of Most Current Refinance:	Lender:	
Total Loan Amount:		
Loans Being Refinanced:		
Collateral Taken:		

Total Loan Amount:

Collateral Taken:

Loans Being Refinanced:

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

By signing below, you authorize Growth Corp to verify your statements with any source. You agree to provide any additional information that we may require to process this application.

Signature:

Date: _____