

GENERAL INFORMATION			
Business Name:		Primary Contact:	
Address:	City:	State:	Zip:
Current Employer:		Position:	
Length of Employment			
Describe Your Business/Start-Up:			
How long have you been in business?		Number of Current or Anticipated Employees: F/T* P/T	
Do you have a business plan in place? <input type="checkbox"/> Yes <input type="checkbox"/> No		Funding Needed (max \$25,000):	
Have you already attempted conventional funding with another lender?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> To be determined	If yes, what was the outcome?	
How do you feel this loan, if approved, would possibly impact your business?			
For Start-Ups, how much of a market do you feel there is in your county for your proposed business?			
What terms would you need for repayment of the amount you have requested?			
SIGNATURES			
By signing below, I certify that I/we can sign on behalf of the business submitting the application. All information provided, and documents submitted in connection with this application are true, complete, and do not contain any misleading statements. I/we agree to notify CIC of any material changes to the information provided between the time of this application's submission and the loan's closure.			
Name			
Signature			
Date			
Name			
Signature			
Date			

Please return application and supporting documents to sustainability@localfirstaz.com