

RIVERSIDE CENTER FOR INNOVATION 700 RIVER AVENUE, SUITE 531, PGH, PA 15212
LOAN APPLICATION

GENERAL INFORMATION

Name:		
Date of birth:	SSN:	Phone:
Current address:		
City:	State:	ZIP Code:
County:	Email:	Date:

BUSINESS TYPE INFORMATION

Trade Name of Business:		
Legal Name of Business:		Date Established:
Business Address:		
City:	State:	ZIP Code:
County:	EIN:	NAICS Code:

BUSINESS TYPE INFORMATION

Legal Structure:
Industry Type:

LOAN REQUEST

Purpose of Loan:

Amount \$	Total Project Cost \$
-----------	-----------------------

BUSINESS HISTORY

Brief History of the Business:

Current Revenues:	Revenues Last Year:	Revenues 2 Years:
Current Expenses:	Expenses Last Year:	Expenses 2 Years:
Current Net Income/Loss:	Net Income/Loss Last Year	Net Income/Loss 2 Yrs

REFERENCES

Name	Address	Phone

RIVERSIDE CENTER FOR INNOVATION 700 RIVER AVENUE, SUITE 531, PGH, PA 15212
LOAN APPLICATION

SIGNATURES

I authorize the verification of the information provided on this form to review my/our creditworthiness including obtaining a credit report. I have received a copy of this application.

Signature of applicant:	Date:
Signature of spouse	Date:
Signature of co-owner	Date:
Signature of co-owner	Date:
Signature of co-owner	Date: