

Arkansas Credit Reserve Loan Registration Form

Lender Information

Lender Name: _____
 Contact Person: _____
 Branch Location: _____
 Telephone Number: _____

Borrower Information

Borrower Name: _____
 Borrower Address: _____
 City, State, Zip: _____

Business Description: _____

Age of business or is business a start-up?

Is business more than 50% woman owned?

Yes No

Is business more than 50% minority owned?

Yes No

Business Legal Structure: _____

(example sole proprietor, llc, etc)

Current Employment

Full Time: _____ Part Time: _____

Annual Wages: \$ _____

New Employment

(created by this loan)

Full Time: _____ Part Time: _____

Annual Wages: \$ _____

Current Annual Sales: \$ _____

Loan Information

Lender's Loan Number: _____

Loan Amount: _____

Use of Proceeds: _____

Date of Promissory Note: _____

Fee Assessed to Borrower: \$ _____

Loan Note Interest Rate: % _____

Loan Term: _____

Is this loan an increase to an existing loan and if so, which loan?

Yes No

List previous enrolled loans by borrower

Authorization

Loan Officer Signature

Date

Printed Name

Title