

CAPITAL ACCESS PROGRAM

EXHIBIT 3

LOAN FILING FORM

(1) LENDER: _____ (1a) ADDRESS: _____

(1b) LENDER'S EMPLOYER ID #: _____

(2a) LOAN #: _____ (2b) LOAN AMOUNT: _____

(2c) LOAN AMOUNT TO BE GUARANTEED: _____

(3) BORROWER: _____

(4) ADDRESS: _____ ZIP: _____

(5) DATE OF INC./ BUSINESS START: _____ (6) CENSUS TRACT: _____

(7) LOAN DATE: _____ (8) NAICS CODE: _____

(9) ANNUAL REVENUES (LAST FISCAL YEAR): _____

(10) LOAN DESCRIPTION (**PURPOSE, TERMS, MATURITY, RATE, COLLATERAL**)

(11) AMOUNT OF EXISTING LOANS TO BORROWER (LOAN # & AMOUNT) _____

(12) **FULL TIME EQUIVALENT JOBS**: # RETAINED because of loan _____ # CREATED because of loan _____

#FULLTIME EQUIVALENT EMPLOYEES at time of loan _____

(13) START-UP? YES _____ NO _____ MINORITY/FEMALE? YES _____ NO _____

(14) TOTAL PREMIUM PAID: BORROWER: _____ LENDER: _____

FILL OUT ITEMS 15-17 ONLY IF REFINANCING A PROGRAM LOAN

(15) PREVIOUSLY COVERED LOAN AMOUNT _____

(16) BALANCE PRIOR TO REFINANCING _____

(17) NEW TOTAL LOAN AMOUNT _____

(NOTE: IF LINE 17 IS GREATER THAN LINE 15, ADDITIONAL RESERVE IS REQUIRED)

IN FILING THIS LOAN FOR ENROLLMENT, THE LENDER MAKES THE REPRESENTATIONS AND WARRANTIES SPECIFIED IN SECTION 2.2 OF THE AGREEMENT.

AUTHORIZED SIGNATURE _____

NAME AND TITLE _____

DATE _____

ADFA USE ONLY

% BORROWER / LENDER PAYMENT _____

VERIFY PAYMENT RECEIVED _____

PREVIOUS ENROLLED LOANS _____

ADFA LOAN AMOUNT _____

ADFA TRANSFER AMOUNT _____

SIGNED _____

DATED _____

Forward this document upon completion to: Attention: Development Finance
ADFA
P.O. Box 8023
Little Rock, AR 72203-8023
(501) 682-5906