LOAN APPLICATION WORKBOOK

Introduction

The attached forms may be used for any of the small business loans offered by M5 Funding. By completing these documents and providing the information requested we may be able to determine the loan that is best suited to your needs.

Instructions

Many of the forms needed to consider your loan request are included. There are other documents that you must also provide. We have included a checklist that should lead you in the preparation of your application.

Application Checklist

The following checklist will help you identify the documents needed to process your loan request. All of these forms and documents are required. Some can be obtained with help from your accountant or attorney.

| s enclosed – The following forms are enclosed. Complete these forms and sign and date where ed. Make additional copies as needed. |
|--|
| Loan Request Form: This form will provide information necessary on your request. |
| Summary of Project Costs: Please identify the specific use of proceeds and the source of your Capital Injection |
| Statement of Personal History (SBA Form 912) Provide one for each owner of 20% or more. |
| Schedule of Business Debt: You should complete this form listing all business debt, including the debt to be paid off are assumed by the seller |
| Schedule of Collateral: Describe all collateral that may be offered |
| History of Business or Business Plan: A business Plan is preferred in a business purchase |
| transaction or where significant growth is anticipated. This form may be used to tell us all about your business. You may use another form that provides the same information. |
| Management Resume: Please tell us about yourself, owners and key employees. You may |
| use another form that provides the same information. |
| Personal Financial Statement Please provide one for each owner of 20% or more. |
| Projected Income Statement Required for new businesses or where substantial increases in revenues are expected |
| Environmental Borrowers Questionnaire: This form must be completed for any real estate |
| offered as collateral. Make copies for additional properties if needed. |
| Certification & Authorization: Read this form and sign before submitting this application. |
| Request for Copy or Transcript of Tax Form (Form 4506) - This form is absolutely essential. |
| It must be signed by the previous owner when this is a purchase transaction. Be advised that |
| the Bank is required to verify the tax returns. |
| Opening Balance Sheet Required for new business |

| Ac | ditional documentation – These forms must accompany the application documents |
|-------------|---|
| | Personal Tax Returns, including all schedules for last three years. |
| | Interim Financial Statement Balance sheet and Income Statement dated within 60 days of application |
| | Business Tax Returns, including all schedules for prior three years. |
| | Business Financial Statements, for fiscal year ending last three years. |
| | Accounts Receivable and Accounts Payable Aging. These should be as of the date of Interim Financial Statements. |
| | Company formation documents, such as Articles of Incorporation, Partnership Agreements or |
| | other documentation of legal identity. |
| | Purchase Agreement with all Addenda. |
| | 3 • • • • • • • • • • • • • • • • • • • |
| | |
| peci | al instructions |
| . If . | you are an existing SBA borrower, please provide a copy of the prior SBA Authorization, |
| | n Note, security agreement and/or Trust Deeds, and any business loan agreement. |
| loa | |
| loa | his loan is to acquire an existing business, please provide: Business Tax Returns on the seller's business for prior three years and CPA-prepared Financial |
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Please Remember: All forms MUST be signed and dated in ink, including any copies of originals.

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Loan Request Form I/We intend to apply for (check one of the following): □ Joint Credit □ Individual Credit Applicant Company Name DBA Date Established Address City _____ State ___ Zip ____ Tax ID # _____ Fax _____ Mobile _____ e-mail ____ Phone _____ Type of Entity (circle one): Corporation General Partnership Sole Proprietorship Limited Liability Company Partnership Trust Other: Number of Employees currently: ____ After This Loan: ____ Affiliates ____ Ownership of Applicant - List should total 100% Name Title Address | % Owned | SSN or Tax ID Co-signors and Guarantors Name Address SSN or Tax ID Affiliates: If the applicant company or any individual(s) listed in the ownership section above have any ownership interest in or control of any other company, please complete the following: Name of Company Name of Owner % of Ownership **Professional Assistance & References** Accountant Name ______ Contact _____ Phone Address Bank Name _____ Contact Account Number _____ Address _____ Type of Account Contact _____ Other Reference _____ Address _____ Phone _____

Summary of Project Costs

| Use of Proceeds | Amount |
|--|-------------------------|
| Construct a building | |
| Purchase land and building | |
| Make improvements, repairs or renovation | |
| Purchase machinery and/or equipment | |
| Purchase Inventory | |
| Provide Working capital or pay Accounts Payable | |
| Purchase all or part of existing business | |
| Payoff an existing SBA loan | |
| Pay off an existing bank loan (non-SBA associated) | |
| Pay other debt (non-SBA associated) | |
| e, contract the contract of th | |
| Closing costs or other expenses | |
| Closing costs or other expenses Total Estimated Project Amount | \$ |
| Closing costs or other expenses | , , |
| Closing costs or other expenses Total Estimated Project Amount se provide a complete itemization of your capital contribution | on and any other loan p |
| Closing costs or other expenses Total Estimated Project Amount se provide a complete itemization of your capital contribution Source of Funds | Amount |
| Closing costs or other expenses Total Estimated Project Amount se provide a complete itemization of your capital contribution Source of Funds Capital injection and/or down payment | Amount |
| Closing costs or other expenses Total Estimated Project Amount See provide a complete itemization of your capital contribution Source of Funds Capital injection and/or down payment Seller financing | Amount |
| Closing costs or other expenses Total Estimated Project Amount See provide a complete itemization of your capital contribution Source of Funds Capital injection and/or down payment Seller financing Other financing (Identify source Gift (Identify source | Amount |
| Closing costs or other expenses Total Estimated Project Amount See provide a complete itemization of your capital contribution Source of Funds Capital injection and/or down payment Seller financing Other financing (Identify source Gift (Identify source | Amount |
| Closing costs or other expenses Total Estimated Project Amount See provide a complete itemization of your capital contribution Source of Funds Capital injection and/or down payment Seller financing Other financing (Identify source Gift (Identify source Other (Identify Total Amount Contributed | Amount |
| Closing costs or other expenses Total Estimated Project Amount See provide a complete itemization of your capital contribution Source of Funds Capital injection and/or down payment Seller financing Other financing (Identify source Gift (Identify source Other (Identify | Amount |
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| | Scl | nedule of C | ollateral | | |
|--|---------------|--------------|---------------|-------------------|------------------------|
| plicant | | | | | |
| ease list any and all collatera | available to | be used as | Security fo | r this loan. | |
| eal Estate – Attach a copy of dress) and city where the de | | | a full descri | ption of the I | and, location (street |
| Address & Description | FMV | LTV | LOAN Value | Amount Of Lien | Lendable Equity |
| | | | | | |
| unds are used for the purc | hase of Rea | al Estate: U | Inder what r | name(s) do y | ou wish to take title' |
| · | | | | | |
| rsonal Property – List all ite | | | | cription and | identifying/serial |
| mber where possible. Use ac Manufacturer, Model | iditional she | et for more | LOAN | Amount | |
| & Serial Number | FMV | LTV | Value | Of Lien | Lendable Equity |
| | | | | | . , |
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| gnature(s) | | | | Date | |

(Date must match Interim Balance Sheet)

Please list all business debt, including installment loans, leases and lines of credit. You do not need to list accounts payable or accrued liabilities.

| Hadillias. | To Whom Payable (Name, Address & Account #) | Acct # | |
|------------|---|--------|--------|--------|--------|--------|--------|--------|---|
| | Original Amount | ↔ | ↔ | ↔ | ↔ | €9 | €9 | ↔ | |
| | Original Date | | | | | | | | |
| | Current Balance* | ↔ | € | ↔ | ↔ | \$ | \$ | ↔ | |
| | Rate of Interest | % | % | % | % | % | % | % | |
| | Maturity Date | | | | | | | | - |
| | Monthly Payment | ↔ | ↔ | ↔ | ↔ | ↔ | ↔ | ↔ | |
| | Collateral | | | | | | | | |
| | Current/ Past Due | | | | | | | | |

^{*} This balance should agree with the amount reported on your Interim Balance Sheet.

| Date Submitted | |
|----------------|--|
| | |
| | |
| Signature | |

PLEASE REMEMBER TO DATE AND SIGN ALL DOCUMENTS

Description & History of Business

(Please provide us with information about your business. You may provide brochures, news clippings or other materials that explain more about your company, products or services.) This business is principally engaged in: __ Other (describe) The business was started/ purchased in ______ by _____ The business currently has _____ employees. If this loan is approved, the business will hire _____ additional employees. The Products and/or Services offered by this business are The products and/or services are purchased and/or used by _____ We advertise our product and/or service by _____ Our Principal Customers include Our Primary Competitors are The Advantages of our products and/or services are ______ Our plans for growth or expansion in the future include Date Signature

PLEASE REMEMBER TO DATE AND SIGN ALL DOCUMENTS

Management Resume

A resume should be provided for each Owner, Executive Officer and key Employee. Please use full names. You may include additional relevant information on a separate exhibit.

| Name | | | SS# | | |
|---|---------------------------------|--|--|--|---|
| (First name, Mid Any other name(s) by w | | en name, Last na been known | me) | | |
| Residence Address | | | | | |
| City | | | State | | Zip |
| Residence Phone (| _) E | Business Phone (|) | Fax (|) |
| Previous Address(Omit | if over ten years | s ago) | Charles | | 7:- |
| Date of Birth(MM/DD | | | | | |
| | • | | (City & State o | r Foreign C | Country) |
| Name of spouse(First na | | al, Maiden name, | SS# Last name) | | |
| Education – Please id | | | | | |
| Name | Location | From To | Major | . Б | egree or Certificate |
| | | / | | | |
| Work Experience – Pl | ease list your wo | ork experience fo | r the previous 10 |) years. | |
| Employer | Location | From To | Prima | ary Respon | sibilities |
| | | 1 | | | |
| | | 1 | | | |
| IMPORTANT! Are you presently under Have you ever been chevehicle violation? Have you ever been concluding adjudication violation? | arged with and/onvicted, placed | parole or probati or arrested for an on pretrial diversi | on? y criminal offens on, or placed on | Y se other tha Y any form se other tha | es No an a minor motor es No of probation; |
| Signature | | | Date | | |

| PERSONAL FINANCIAL STATEMENT | | | | | | |
|--|---------------------|-------------------------------|--------------------|------------------------------|-------------------------|-----------------------------|
| | | | | As of | | , 20 |
| Complete this form for: (1) each proprietor, or (2) each limi 20% or more of voting stock, or (4) any person or entity pro | ted partner who | owns 20% or ty on the loan | more interest and | d each general partne | er, or (3) each stockh | older owning |
| Name | <u> </u> | | | Busi | iness Phone | |
| Residence Address | | | | Resi | idence Phone | |
| City, State, & Zip Code | | | | | | |
| Business Name of Applicant/Borrower | | | | | | |
| ASSETS | (0 | mit Cents) | | LIAE | BILITIES | (Omit Cents) |
| Cash on hands & in Banks\$ | | | Accounts Payab | le | \$ | |
| Savings Accounts\$ | | | Notes Payable to | Banks and Others | \$ | |
| IRA or Other Retirement Account\$ | | | (Describe in | Section 2) | | |
| Accounts & Notes Receivable\$ | | | Installment Acco | unt (Auto) | \$ | |
| Life Insurance-Cash Surrender Value Only\$ | | | Mo. Paymen | ts \$ | | |
| (Complete Section 8) | | | Installment Acco | unt (Other) | \$ | |
| Stocks and Bonds\$ | | | Mo. Paymen | ts \$ | | |
| (Describe in Section 3) | | | Loan on Life Insu | urance | | |
| Real Estate\$ | | | Mortgages on Re | eal Estate | \$ | |
| (Describe in Section 4) | | | (Describe in | Section 4) | | |
| Automobile-Present Value\$ | | | Unpaid Taxes | | \$ | |
| Other Personal Property\$ | | | (Describe in | Section 6) | | |
| (Describe in Section 5) | | | Other Liabilities. | | \$ | |
| Other Assets\$ | | | (Describe in | Section 7) | | |
| (Describe in Section 5) | - | | Total Liabilities | | \$ | |
| | | | Net Worth | | \$ | |
| Total \$ | | | Total | | \$ | |
| Section 1. Source of Income | | | Contingent Liabi | lities | | |
| Salary\$ | | | - | Co-Maker | \$ | |
| Net Investment Income\$ | | | Legal Claims & . | Judgments | \$ | |
| Real Estate Income\$ | | | | deral Income Tax | | |
| Other Income (Describe below)*\$ | | | | ebt | | |
| Description of Other Income in Section 1. | | | ' | | <u> </u> | |
| Description of Other Income in Section 1. | | | | | | |
| | | | | | | |
| *Alimony or child support payments need not be disclosed | in "Other Income | e" unless it is | desired to have s | such payments counte | ed toward total incom | ne. |
| Section 2. | (Use attachm | ents if neces | sary. Each attachi | ment must be identifie | ed as a part of this st | atement and signed.) |
| Name and Address of Note holder(s) | Original Balance | Current Balance | Payment Amount | Frequency (Monthly, etc.) | How Secured or E | indorsed Type of Collateral |
| | Balarioe | Dalanoe | , anount | (Worthing, Ctc.) | | |
| | | | | | | |
| | | | | | | |

SBA Form 413 (2-94) Use 5-91 Edition until stock is exhausted. Ref: SOP 50-10 and 50-30

| Section 3. | | | | | | |
|---|---|--|---|--|--|---|
| Number of Shares | Na | me of Securities | Cost | Market Value Quotation/Exchange | Date of Quotation/Exchange | Total Value |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Section 4. | | (List each parcel separately Each attachment must be i | | | signed.) | |
| | | Property A | | Property B | Prope | erty C |
| Type of Property | | | | | | |
| Address | | | | | | |
| Date Purchased | | | | | | |
| Original Cost | | | | | | |
| Present Market Valu | ue | | | | | |
| Name & Address of Mortgago | e Holder | | | | | |
| Mortgage Account N | Number | | | | | |
| Mortgage Balance | | | | | | |
| Amount of Payment | per Month/Year | | | | | |
| Status of Mortgage | | | | | | |
| Section 5. | | | | d as security, state name a uent, describe delinquency | | amount of lien, |
| | | | | | | |
| Section 6. Unpa | id Taxes. (Des | scribe in detail, as to type, to whor | m payable, when due | e, amount, and to what prop | perty, if any, a tax lien atta | ches.) |
| | | | | | | |
| Section 7. Other | r Liabilities. (Des | cribe in detail.) | | | | |
| | | | | | | |
| Section 8. Life II | nsurance Held. (| Give face amount and cash surrer | nder value of policies | s – name□ran□ompany□no | d□ene | |
| | | | | | | |
| certify the above a purpose of either or prosecution. Each event that the ban | and the statements obtaining a loan of n of the undersign lk, within 30 days | inquiries as necessary to veri s contained in the attachments r guaranteeing a loan. I unders ed authorizes the Lender to an of receiving a complete applica dicants, this notification will be | s are true and accu stand FALSE state aswer questions ab ation, declines to ta | rate as of the stated date ments may result in forfe out the Lender credit exp ake action on your loan, t | e(s). These statements iture of benefits and pos perience with the unders he bank will notify you a | are made for the ssible igned. In the |
| Signature: | | | Date: | Social S | Security Number: | |
| Signature: | | | Date: | Social S | Security Number: | |

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Opening Balance Sheet (For new business only)

For any new business, please complete the following starting Balance Sheet. Enter amounts as they will appear on the 1st day the business opens for operation, including the amount of financing requested.

| Assets | | Amoun | <u>t</u> | Liak | oilities | Amount |
|---------------------------|--------------------|--------------|-------------|---------------|---------------------|------------|
| Cash | - | | Cu | rrent portio | on – SBA Debt | |
| nventory | - | | Cu | rrent portio | on – Other Debt | |
| Other | - | | Ot | her | | |
| Current As | sets | | | Curre | nt Liabilities | |
| Machinery & Equipmer | nt _ | | Ne | t SBA Deb | t | |
| urniture & Fixtures | - | | Ne | t Other De | bt | |
| easehold Improveme | nts _ | | | Long T | erm Debt | |
| Goodwill | - | | | | | |
| Real Estate | - | | Ca | pital Contri | ibution | |
| Other | - | | Oth | ner Equity | | |
| Fixed Assets | | | | Total N | Net Worth | |
| T IXEU ASSEIS | - | | | Total i | NGL VVOITII | |
| Total Assets | - | | Tot | al Liabilitie | s & Net Worth | |
| chedule of Business D |)ebt | | | | | |
| | Original Amount | Original | Interest | Maturity | Monthly | Collateral |
| To Whom Payable | Amount | Date | Rate | Date | Payment | Collateral |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| ve certify that the abov | ve informat | ion is valid | d and corre | ect to the h | est of my/our kn | owledge |
| re certify that the above | ve imorria | ion is valid | a ana come | | CSt Of Hily/Our Kil | owicage. |
| | | | | | | |
| | | | | | | |

| | 1st Month | 2 nd Month | 3 rd Month | 4 th Month | 5 ^m Months | 6" month |
|------------------------------|-----------|-----------------------|-----------------------|-----------------------|-----------------------|----------|
| Estimated Sales & Revenues | | | | | | |
| Estimated Sales & Revenues | | | | | | |
| Less: Cost of Goods Sold | | | | | | |
| Estimated Gross Profit | | | | | | |
| | | | | | | |
| Estimated Operating Expenses | | | | | | |
| Compensation to Owners | | | | | | |
| Other Salaries & Wages | | | | | | |
| Accounting & Legal | | | | | | |
| Advertising | | | | | | |
| Automobile | | | | | | |
| Bad Debts | | | | | | |
| Insurance | | | | | | |
| Interest | | | | | | |
| Lease or Rent Payments | | | | | | |
| Other Expense | | | | | | |
| Outside Services | | | | | | |
| Postage & Delivery | | | | | | |
| Repairs & Maintenance | | | | | | |
| Supplies & Office Expense | | | | | | |
| Tax & Licenses | | | | | | |
| Telephone | | | | | | |
| Utilities | | | | | | |
| Total Operating Expense | | | | | | |
| | | | | | | |
| Estimated Profit | | | | | | |
| Less: Estimated Income Tax | | | | | | |
| Estimated Net Profit | | | | | | |

Date Submitted

application package

Signature

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| | 7 th Month | 8 th Month | 9 th Month | 10 th Month | 11 th Months | 12 th month | YTD |
|------------------------------|-----------------------|-----------------------|-----------------------|------------------------|-------------------------|------------------------|-----|
| Estimated Sales & Revenues | | | | | | | |
| Estimated Sales & Revenues | | | | | | | |
| Less: Cost of Goods Sold | | | | | | | |
| Estimated Gross Profit | | | | | | | |
| | | | | | | | |
| Estimated Operating Expenses | | | | | | | |
| Compensation to Owners | | | | | | | |
| Other Salaries & Wages | | | | | | | |
| Accounting & Legal | | | | | | | |
| Advertising | | | | | | | |
| Automobile | | | | | | | |
| Bad Debts | | | | | | | |
| Insurance | | | | | | | |
| Interest | | | | | | | |
| Lease or Rent Payments | | | | | | | |
| Other Expense | | | | | | | |
| Outside Services | | | | | | | |
| Postage & Delivery | | | | | | | |
| Repairs & Maintenance | | | | | | | |
| Supplies & Office Expense | | | | | | | |
| Tax & Licenses | | | | | | | |
| Telephone | | | | | | | |
| Utilities | | | | | | | |
| Total Operating Expense | | | | | | | |
| | | | | | | | |
| Estimated Profit | | | | | | | |
| Less: Estimated Income Tax | | | | | | | |
| Estimated Net Profit | | | | | | | |

Date Submitted Signature

Projected Income Statement

For any new business, please complete the following Projected Income Statement. Please provide reasonable assumptions to support the amounts entered.

| stimated Sales & Revenues | Year One | Year Two | Year Three | |
|--|--------------------------|-----------------------|------------|--|
| Estimated Sales & Revenues | \$ | \$ | \$ | |
| Less: Cost of Goods Sold | | | | |
| Estimated Gross Profit | \$ | \$ | \$ | |
| stimated Operating Expenses | | | | |
| Compensation to Owners | \$ | \$ | \$ | |
| Salaries & Wages | | | _ | |
| Payroll Taxes & Benefits | | | _ | |
| Accounting & Legal | | | _ | |
| Advertising | | | | |
| Automobile | | | _ | |
| Bad Debts | | | | |
| Insurance | | | _ | |
| Interest | | | _ | |
| Lease Payments | | | _ | |
| Other Expense | | | _ | |
| Outside Services | | | _ | |
| Postage & Delivery | | | | |
| Repairs & Maintenance | | | _ | |
| Supplies & Office Expense | | | | |
| Tax & Licenses | | | _ | |
| Telephone | | | _ | |
| Utilities | | | | |
| Total Estimated Operating Expense | \$ | \$ | \$ | |
| stimated Profit | \$ | \$ | \$ | |
| Less: Estimated Income Tax | | | | |
| Estimated Net Profit | \$ | \$ | \$ | |
| I/we certify that the above information is v | valid and correct to the | e heet of mylour know | vledae | |

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ENVIRONMENTAL QUESTIONNAIRE

Instructions: Use the following guide to determine the likelihood that Contamination may be present at Property offered to secure an SBA guaranteed loan.

Lender or official representative has made at least one site visit to the Property and has made a good faith effort to conduct an interview with the current owner or operator of the property to determine the following:

| Explain: | | |
|---|-----|------------------------|
| What have been the past and present uses of Adjoining Properties? Explain: | | |
| Are you aware of any environmentally sensitive issues? Explain: | Yes | _ No |
| Has there been any past or present Hazardous Substances at the Property or Adjoining Explain: | | es? _ No |
| Has there been any storage, generation, treatment, emission or disposal of Hazardous S Property or Adjoining Properties? Explain: | Yes | _ No |
| Do the businesses operating at the Property and Adjoining Properties possess permits to treat, emit or dispose of Hazardous Substances? Explain: | | ore, generate, _ No |
| Is there evidence of contamination at the Property or Adjoining Properties? Explain: | Yes | _ No |
| Are there potential sources of Contamination at the Property and Adjoining Properties? Explain: | Yes | _ No |

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| Does the borrower, seller or lender know of any past evident at the Property or Adjoining Properties? Explain: | Yes No |
|---|---|
| Does the borrower, seller or lender know of any past, threate proceedings concerning a Release or threatened Release at Explain: | t the Property or Adjoining Properties? Yes No |
| Explain: | ····· |
| Has there been any regulatory action by any Governmental or Adjoining Properties? Explain: | Yes No |
| Are there any previously performed environmental risk studion Property? If so, please attach a copy of each study? Explain: | Yes No |
| Are you aware of any lead paint, asbestos, or Polychlorinate Explain: | Yes No |
| Recommendation: | |
| Acknowledgement by the Borrower: I acknowledge that the proposed property for this SBA guara knowledge, to the pre-requisites outlined in Appendix 2 of the | |
| Borrower Signature | Dated |
| Lender Signature | Dated |

Form 4506

(Rev. September 2013)

Department of the Treasury Internal Revenue Service

Request for Copy of Tax Return

► Request may be rejected if the form is incomplete or illegible.

OMB No. 1545-0429

Tip. You may be able to get your tax return or return information from other sources. If you had your tax return completed by a paid preparer, they should be able to provide you a copy of the return. The IRS can provide a **Tax Return Transcript** for many returns free of charge. The transcript provides most of the line entries from the original tax return and usually contains the information that a third party (such as a mortgage company) requires. See **Form 4506-T, Request for Transcript of Tax Return**, or you can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS gov and click on "Order a Return or Account Transcript" or call 1-800-908-9946

| toois. F | lease | visit us at ino.gov ar | id click on O | rder a Return or | Account 1 | ranscript c | r call 1-6 | 00-906-9 | 940. | | | | |
|---------------------|--------------------|--|-------------------------------------|---------------------------------------|------------------------------|---------------------------------|--|------------------------|-------------------------|--------------------------|------------|--------------------------------|---------|
| 1a 1 | Vame : | shown on tax return. | If a joint retur | n, enter the nan | ne shown fi | rst. | 1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instruction | | | | | ons) | |
| 2 a l | f a joir | nt return, enter spous | e's name sho | wn on tax retur | n. | | 2b | | | | | r individual joint tax retu | ırn |
| 3 C | urrent | name, address (incl | uding apt., roo | om, or suite no.) | , city, state | , and ZIP co | ode (see i | instructio | ns) | | | | |
| 4 P | reviou | s address shown on | the last return | n filed if differen | t from line 3 | 3 (see instru | ctions) | | | | | | |
| 5 If | the ta | x return is to be mail | ed to a third p | oarty (such as a | mortgage o | company), e | enter the t | third party | /'s name, | address, | and telep | hone numbe | r. |
| have fil the IRS | lled in S has r | ne tax return is being these lines. Complet no control over what t you can specify this li | ing these step the third party | s helps to prote does with the i | ect your priv nformation. | acy. Once If you woul | the IRS di Id like to li | iscloses y | our tax re | eturn to the | e third pa | arty listed on l | line 5, |
| 6 | sched | return requested. dules, or amended r royed by law. Other of return, you must c | eturns. Copie returns may | es of Forms 10 be available fo | 40, 1040A, or a longer | and 1040E | Z are ge | enerally a | vailable f | or 7 years | from fili | ing before th | ev are |
| | Note | . If the copies must b | e certified for | court or admini | istrative pro | ceedings, c | heck here | e | | | | | |
| 7 | | or period requested years or periods, you | | _ | | eriod, using - - | the mm/c | dd/yyyy fo | ormat. If y | ou are red | questing I | more than | _ |
| 8 | Eoo | There is a \$50 fee fo | r each return | requested Full | navment | must be in | dudad w | ith your | roquest | or it will | | | |
| 0 | be re | ejected. Make your N and "Form 4506 re | check or mo | ney order paya | ble to "Un | ited States | | - | - | | | | |
| a | Cost | for each return | | | | | | | | | \$ | 50.00 | |
| b | | ber of returns reques | | | | | | | | | | | |
| С | Total | cost. Multiply line 8a | by line 8b . | | | | | | | | \$ | | |
| 9 | | cannot find the tax re | , | | | | to the thi | rd party l | isted on li | ne 5, ched | ck here . | | |
| | | not sign this form unl | | | | | | | | | | | |
| request executo | ted. If | taxpayer(s). I declar the request applies to eiver, administrator, t te. For tax returns be | o a joint returr trustee, or par | n, at least one s ty other than th | pouse mus e taxpayer, | t sign. If sig I certify tha | ned by a at I have t | corporate he author | e officer, prity to exe | oartner, gu cute Form | ıardian, t | ax matters pa | artner, |
| | | | | | | | 1 | | | Phone n 1a or 2a | | taxpayer on | line |
| Sign Here |) | Signature (see instruct | | | | | Date | | | | | | |
| | , , | Title (if line 1a above is | a corporation, | partnership, estat | e, or trust) | | | | | | | | |
| | 7 | Spouse's signature | | | | | Date | | | | | | |

Applicant Certification & Authorization

Name of Applicant:

| Applicant hereby authorizes M5 Funding and/or assignee to pull as owners, directors or officers of the borrowing entity or related authorizes the release to Lender of all credit history and informat processing and evaluation Applicant's credit transaction. Applica or her credit information and otherwise exchange information reg various business professionals involved in Applicant's portion of limited to, commercial real estate brokers, real estate agents, accany other entity Lender deems necessary for any reason related | entities. In addition, applicant ion required for the purpose of ant also permits Lender to release his parding Applicant's credit transaction to the transaction including, but not countants and attorneys as well as to |
|--|--|
| Applicant certifies that this credit transaction is an "arm's lenges Small Business Administration as follows: "An arm's length transaction is between parties with adverse must be in a position to distinguish his or her economic into and where they conflict, choose that interest that is to his or her economic into an and where they conflict, choose that interest that is to his or her economic into an and where they conflict, choose that interest that is to his or her economic into an analysis of the conflict interest that is to his or her economic into an analysis of the conflict interest that is to his or her economic into an analysis of the conflict interest that is to his or her economic into an analysis of the conflict interest that is to his or her economic into an analysis of the conflict interest that is to his or her economic into an analysis of the conflict interest that is to his or her economic into an analysis of the conflict interest that is to his or her economic into an analysis of the conflict interest that is to his or her economic into an analysis of the conflict interest that is to his or her economic into an analysis of the conflict interest that is to his or her economic into an analysis of the conflict interest that it is to his or her economic into an analysis of the conflict interest that it is to his or her economic into an analysis of the conflict interest that it is to his or her economic into an analysis of the conflict interest that it is to his or her economic into an analysis of the conflict interest that it is to his or her economic into an analysis of the conflict interest that it is to his or her economic into an analysis of the conflict interest that it is to his or her economic into an analysis of the conflict interest that it is to his or her economic into an analysis of the conflict interest inte | e economic interest. Each party erest from that the other party, |
| Applicant is aware that Lender is relying on the information probut not limited to tax statements, financial reports, business information described in exhibits or attachments to the Applicate for the evaluation and processing of Applicant's credit transaction. Applicant is found to have provided false information or failed transaction, such action will be considered an adverse chan cancellation of the loan commitment, as well as other, additional | s records, environmental information, ion and any other information provided n to determine eligibility for this loan. If to provide known information in this ge to the loan and will result in the |
| Applicant certifies under penalty of perjury under applicable state the Application and any information or documentation Applicant best of Applicant's knowledge and that the signature(s) place Applicant commonly uses in all of Applicant's business transaction | has provided is true and correct to the aced below are the signature(s) that |
| Signature | Date |