NATIVE AMERICAN DEVELOPMENT CORPORATION
CAPITAL LOAN FUND
LOAN APPLICATION CHECKLIST

All Businesses:

1. _____ Loan Application (Signed & Dated)
2. _____ Personal Financial Statement (Signed & Dated)
3. _____ Information Release Form (Signed & Dated)
4. _____ Written Business Plan
5. _____ Historical Financial Information (3 years or life of business)
6. _____ Personal Federal Tax Return (3 years)
7. _____ Business Federal Tax Return (3 years)
8. _____ Monthly projected cash flow (2 years)
9. _____ Current Business Balance Sheet
10. _____ Projected Business Balance Sheet (after one year of operation)
11. _____ Resumes of Key Personnel
12. _____ Aging of Accounts Payable and Accounts Receivable
13. _____ Credit Report (with money orders)
14. _____ Tribal Affiliation, Enrollment Number & Certificate of Indian Blood

If Applicable:

a). _____ Appraisal or Valuation of Land and / or Building
b). _____ Lease Agreements
c). _____ Buy / Sell Agreements
d). _____ Written Cost Estimates for Construction
e). _____ Commitment Letter from Bank / Other Lender
f). _____ Personal Financial Statement for Personal Guarantee (3 year tax returns)
g). _____ Information Release Form for Personal Guarantee
h). _____ Corporation Papers
I). _____ Relevant Business Licenses
J). _____ Bonding (over 500,000)
NATIVE AMERICAN DEVELOPMENT CORPORATION CAPITAL LOAN FUND
REQUEST FOR APPLICATION

Name of Firm ______________________________

Address _____________________________________________________________

City, State, Zip _______________________________________________________

Telephone_____________________________     Fax__________________

PRESENT & FUTURE OWNERS
(List Officers and Owners)

<table>
<thead>
<tr>
<th>Name</th>
<th>Social Security #</th>
<th>Address</th>
<th>% Owner</th>
</tr>
</thead>
</table>

Minority Owned: _____ YES _____ NO (Explain and document)

Type of Ownership:
Corporation _____     Tribal _____     Proprietor _____     Partnership _____

Business Phase:     Start-Up _____       Expansion _____       Retention _____

Years in Business: ________________                Date Organized: _______________

Type of Business: ___________________________________________

Will you be relocating? __________          Where? ____________________________________

Have you checked for a patent or copyrights for your product? __________

Requested loan amount: __________   Equity ($): Present __________  New __________

<table>
<thead>
<tr>
<th>Source of funds</th>
<th>Amounts</th>
<th>What funding will be used for</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>
Primary Bank: _________________________________________________________________

Have you or the firm been turned down for a Business Loan? ____________________________
    If YES, Why? ________________________________________________________________

Have you or the firm ever declared Bankruptcy? ______________________________________
    (If YES, please attach explanation)

Are there any judgments or pending lawsuits against the firm or any of the Principals _________
    (If YES, please attach explanation)

Are any current Business Loans Delinquent? __________     (If YES, please attach explanation)

Where will Business be located? ___________________________________________________

 Proposed Jobs

<table>
<thead>
<tr>
<th>Job Description</th>
<th>Retained</th>
<th>Created</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>F / T</td>
<td>P / T</td>
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<tr>
<td></td>
<td>F / T</td>
<td>P / T</td>
</tr>
</tbody>
</table>

Attach a general Business description (not to exceed 3 pages)

Are any of the principals related to or doing business with the Native American Development
Corporation Staff or Board Member(s)? ________________________________

Are there any other potential conflict of interest between the firm, It’s Principals and the Staff or
Board of the Native American Development Corporation? ________________________________

______________________________________________________________________________

I claim that all the application information provided in this or other forms is true to the best of my
knowledge. I also give the right to the Native American Development Corporation to independently
verify any information provided in my application to obtain Loan Funds.

______________________________________________________________________________

Authorized Signature  Title  Date
Name of Business or Project: ______________________________________________________
______________________________________________________________________________
Address: _____________________________________________
______________________________________________________________________________
Contact Person: ________________________________  Telephone: ______________________
Address of Contact Person: _______________________________________________________

PROJECT PRINCIPALS OR DEVELOPERS

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Ownership Percentage</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

TYPE OF PROJECT ACTIVITY

[ ] Business Start-up  [ ] Business Expansion  [ ] Business Retention  [ ] Other
If Other, please explain: __________________________________________________________
______________________________________________________________________________

PROPOSED PROJECT FINANCING

$_______________ Native American Development Corporation Fund Request

$_______________ Other Private Funds

$_______________ Other  Describe: __________________________________________________

$_______________ Total Project Cost

Explanation of Equity: ____________________________________________________________
______________________________________________________________________________
Brief Project Description: ______________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Each RLF applicant must submit the following required attachments:

A. A completed business plan (outline available upon request)
   1. Financial information required in the business plan
      a. Previous three years Federal Tax Returns (existing businesses).
      b. Signed year-end balance sheets and profit / loss statements for past three years and interim Financial Statements less than ninety days old (existing businesses).
      c. Financial projections for three years. These include balance sheets, profit / loss statements and Cash Flow statements (monthly or at least quarterly for first year).
      d. Discussion of assumptions used to develop projections.

B. Financing Plan
   1. Project Sources and Use of Funds (Form FP-1)
   2. Other Funds Terms and Conditions (Form FP-2)
   3. Description and documentation of principals equity investments
   4. Current Personal Financial Statements of principals controlling twenty (20) percent or more of the business.
   5. Resumes of key individuals
   6. Documentation from vendors of cost estimates for proposed use of RLF funds.

C. Completed Business Plan

D. Job Creation and retention documentation of contact with Montana Job Service in regards to employee hiring practices.

E. Corporate or Business Entity documentation (articles of incorporation, bylaws, partnership agreements, proof of good standing, registered agent, etc.)

F. Applicant must provide documentation of contact with Montana Job Service in regards to employee hiring practices.
G. Letters of commitment from other proposed financing sources, stating conditions for participation.

H. Documentation of need from RLF assistance.

I. Business retention projects must provide documentation, which satisfactorily proves business loss without RLF assistance.

J. Additional information may be requested if the RLF Project Review Committee determines it will aid in evaluating the loan application.

The purpose of the RLF is to support business activities for which credit is not otherwise available on terms and conditions, which would permit completion and/or successful operation or accomplishment of the project. The lender reserves the right to recall the loan if these requirements are not met.

The undersigned claims to be duly authorized to verify the presented application, and the undersigned states to the best of his/her knowledge and belief, data in this application is true and accurate.

_______________________________________
Signature of Authorized Individual

_______________________________________
Title

_______________________________________
Date
# JOB CREATION DOCUMENTATION

Job Creation Commitment:

___________________________ Commits to create the following number of jobs. All of these jobs will be in place no more than two years after the date of the grant award. Hours and salaries are as indicated.

<table>
<thead>
<tr>
<th>Position Title</th>
<th>Total Jobs Available</th>
<th>Long Term &amp; Underemployed</th>
<th>Hourly Salary</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Full-Time / Part-Time</td>
<td>Full-Time / Part-Time</td>
<td></td>
</tr>
</tbody>
</table>

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Total number of full time equivalent positions (32 hours per week): _______________________

Total number of full time equivalent positions (32 hours per week) available to LT & U:_______

1. For each part-time job indicate the number of hours per week for work: ____________

_______________________________________________________________________________________
_______________________________________________________________________________________

2. How were the number of jobs to be created determined? ________________________

_______________________________________________________________________

3. How were the number of jobs to be available to long term & under employed persons identified? ___________________________________________

_______________________________________________________________________

4. Do any of the jobs to be created require substantial training, work experience or education beyond high school? If YES, identify by job title and training, experience or education required.

_______________________________________________________________________

5. What methods will be used to insure that LT & U persons will receive first consideration for any jobs created? ________________________

_______________________________________________________________________

6. The applicant must provide evidence that Job Service of Montana has been contacted in order to coordinate the proposed job creation with the Job Training Partnership Act (JTPA).

_________________________________              ____________
Authorized Signature              Date
CURRENT EMPLOYEE / RETENTION DOCUMENTATION

<table>
<thead>
<tr>
<th>Position Title</th>
<th>Total Jobs Available</th>
<th>Long Term &amp; Underemployed</th>
<th>Hourly Salary</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Full-Time / Part-Time</td>
<td>Full-Time / Part-Time</td>
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</tbody>
</table>

Full-time equivalent positions are based on 32 hours per week.

1. For part-time equivalents, indicate the number of hours per week for each job title.

   ____________________________________________________________________________
   ____________________________________________________________________________
   ____________________________________________________________________________
   ____________________________________________________________________________

2. If you are claiming job retention of current employees and documentation presented indicated the business will close without Native American Development Corporation Capital Loan Fund Assistance, the questions contained in RLF FORM JD-3 must be answered.
STAFFING PLAN

Job Retentions:

Projects which propose job retention must answer the following questions, and attach a copy of each income survey for each job retained.

1. Why will the business reduce operations or discontinue business if Native American Development Corporation Capital Loan Fund Assistance is not provided?
   ___________________________________________________________
   ___________________________________________________________
   ___________________________________________________________

2. How many jobs will be affected? _________________________________
   ___________________________________________________________
   ___________________________________________________________

3. How many of those jobs would be normal program losses (persons retiring, quitting, fired, etc.) over the next two years? _________________________________
   ___________________________________________________________
   ___________________________________________________________

4. How many of the jobs listed in lines 3 and above would be filled by long term and under employed persons? _________________________________
   ___________________________________________________________
   ___________________________________________________________

5. How many of the total jobs to be lost are currently held by long term and under employed persons?
   ___________________________________________________________
   ___________________________________________________________
   ___________________________________________________________

6. What is the timetable for lay-offs? _________________________________
   ___________________________________________________________
   ___________________________________________________________
**ESTIMATED PRODUCTION AND FORECAST OF THREE YEAR EARNINGS**

(ATTACH NARRATIVE EXPLAINING BASIS FOR FIGURES SHOWING RECEIPTS, EXPENSES AND PROFITS)

<table>
<thead>
<tr>
<th>Year:</th>
<th>Gross Receipts:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Merchandise Cost:</td>
</tr>
<tr>
<td></td>
<td>Gross Profits:</td>
</tr>
</tbody>
</table>

**Expenses:**

- Officer’s Salaries (if Corporation):  
- Employee Wages:  
- Accounting & Legal Fees:  
- Advertising:  
- Rent:  
- Depreciation:  
- Supplies:  
- Electricity & Gas:  
- Telephone:  
- Interest:  
- Repairs:  
- Taxes:  
- Insurance:  
- Bad Debts:  
- Other:  
- Misc. (Postage, Etc.) *  
  *if sum is large, please itemize

<table>
<thead>
<tr>
<th>Total Expenses:</th>
</tr>
</thead>
</table>

| Net Profit: |
| Less Income Taxes: |

| Net Profit after Taxes: |
| Less Withdrawals: |

| Net profit remaining after tax / after withdrawals: |

I certify that the foregoing data fairly represents the financial situation to the best of my knowledge.

______________________________________________  
Signature  
______________________________________________  
Title  
______________________________________________  
Date
MANAGEMENT RESUME

Please fill in all spaces. If an item is not applicable, please indicate as such. You may include additional relevant information on a separate exhibit. SIGN / DATE where indicated.

PERSONAL INFORMATION

Name: __________________________________________  SS#: ________________________
Date of Birth: ___________________  Place of Birth: __________________________________
Residence Telephone: ______________________  Business Telephone: ___________________
Residence Address: _____________________________________________________________
From: _______________________ to Present Date

Previous Address: ______________________________________________________________
From: ______________________ To: ______________________

Spouse’s Name: ___________________________________  SS#: ________________________
Are you employed by the U.S. Government? [ ]Yes [ ]No, Agency/Position_______________
Are you a U.S. Citizen? [ ]Yes [ ]No, If no, give alien registration #:____________________

EDUCATION

College/Technical Training-Name/Location    Dates Attended        Major         Degree/Certificate
___________________________________    ______________    __________    _____________
___________________________________    ______________    __________    _____________
___________________________________    ______________    __________    _____________

MILITARY SERVICE BACKGROUND

Branch of Service:_________________________ Dates of Service:________________________

WORK EXPERIENCE

List chronologically beginning with present employment.

Company Name / Location:________________________________
From__________________  To__________________  Title_____________________________
Duties________________________________________________________________________

Company Name / Location:________________________________
From__________________  To__________________  Title_____________________________
Duties________________________________________________________________________

Company Name / Location:________________________________
From__________________  To__________________  Title_____________________________
Duties________________________________________________________________________

____________________________     ______________________________  
Signature                                                      Date


## FINANCING PLAN
### PROJECT SOURCE & USE

1. **Sources of Project Funds:**

   - **RLF**
   - **Other**

   **AMOUNT**

   - A. Loan Amount Requested
   - B.
   - C.
   - D.
   - E.

2. **Total Project Resources:**

3. **Use of Funds**

<table>
<thead>
<tr>
<th>Use of Funds</th>
<th>Total Cost</th>
<th>Source A</th>
<th>Source B</th>
<th>Source C</th>
<th>Source D</th>
<th>Source E</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Acquisition</td>
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<tr>
<td>B. Working Capital</td>
<td></td>
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<tr>
<td>1. Inventory</td>
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<tr>
<td>C. Construction /</td>
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<tr>
<td>Rehabilitation</td>
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<td>D. Equipment</td>
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<td>1.</td>
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<td>3.</td>
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<tr>
<td>4. Other</td>
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<tr>
<td>E. Site Improvement</td>
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<td></td>
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<tr>
<td>F. Professional Service</td>
<td></td>
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<tr>
<td>G. 1) Other</td>
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<tr>
<td>2) Other</td>
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<tr>
<td>J. Total</td>
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</tr>
</tbody>
</table>

**NOTE:** Attach a complete description of the identified use of Revolving Loan Fund funds to include cost estimates (i.e., list equipment to be used, purchased, description of building, specific construction or rehabilitation, inventory, etc.).
**FINANCING PLAN**
**SOURCES OF OTHER FUNDING**

<table>
<thead>
<tr>
<th>Source Name &amp; Address</th>
<th>Amount Requested</th>
<th>Interest Rate</th>
<th>Payment Length</th>
<th>Collateral Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>RLF</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
PERSONAL FINANCIAL STATEMENT  
As of ____________________, 20_____________

Complete this form for: (1) each proprietor, or (2) each limited partner who owns 20% or more interest and each general partner, or (3) each stockholder owning 20% or more of voting stock, or (4) any person or entity providing a guaranty on the loan.

Name:  
Business Phone (___)  

Residence Address:  
Residence Phone (___)  

City, State, & Zip Code:  

Business Name of Applicant / Borrower:  

<table>
<thead>
<tr>
<th>ASSETS</th>
<th>(Omit Cents)</th>
<th>LIABILITIES</th>
<th>(Omit Cents)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash on hand &amp; in Banks</td>
<td>___________________</td>
<td>Accounts Payable</td>
<td>___________________</td>
</tr>
<tr>
<td>Savings Accounts</td>
<td>___________________</td>
<td>Notes Payable to Banks and Others</td>
<td>___________________</td>
</tr>
<tr>
<td>IRA or Other Retirement Account</td>
<td>___________________</td>
<td>Installment Account (Auto)</td>
<td>___________________</td>
</tr>
<tr>
<td>Accounts &amp; Notes Receivable</td>
<td>___________________</td>
<td>Mo. Payments</td>
<td>___________________</td>
</tr>
<tr>
<td>Life Insurance-Cash Surrender Value Only</td>
<td>$___________________</td>
<td>Installment Account (Other)</td>
<td>___________________</td>
</tr>
<tr>
<td>Stocks and Bonds</td>
<td>___________________</td>
<td>Loan on Life Insurance</td>
<td>___________________</td>
</tr>
<tr>
<td>Real Estate</td>
<td>___________________</td>
<td>Mortgages on Real Estate</td>
<td>___________________</td>
</tr>
<tr>
<td>Automobile-Present Value</td>
<td>___________________</td>
<td>Unpaid Taxes</td>
<td>___________________</td>
</tr>
<tr>
<td>Other Personal Property</td>
<td>___________________</td>
<td>Other Liabilities</td>
<td>___________________</td>
</tr>
<tr>
<td>Other Assets</td>
<td>___________________</td>
<td>Total Liabilities</td>
<td>___________________</td>
</tr>
</tbody>
</table>

**Total…$___________________**  

Section 1.  Source of Income  
Contingent Liabilities  

| Salary                   | ___________________ | As Endorser or Co-Maker      | ___________________ |
| Net Investment Income    | ___________________ | Legal Claims & Judgments    | ___________________ |
| Real Estate Income       | ___________________ | Provision for Federal Income Tax | ___________________ |
| Other Income (Describe below)* | ___________________ | Other Special Debt          | ___________________ |

*Alimony or child support payments need not be disclosed in “Other Income” unless it is desired to have such payments counted toward total income.

Section 2.  Notes Payable to Bank and Others.  
(Use attachments if necessary.  Each attachment must be identified as a part of this statement and signed).

<table>
<thead>
<tr>
<th>Name and Address of Noteholder(s)</th>
<th>Original Balance</th>
<th>Current Balance</th>
<th>Payment Amount</th>
<th>Frequency (Monthly, etc.)</th>
<th>How Secured or Endorsed</th>
<th>Type of Collateral</th>
</tr>
</thead>
</table>
Section 3. Stocks and Bonds. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed).

<table>
<thead>
<tr>
<th>Number of Shares</th>
<th>Name of Securities</th>
<th>Cost</th>
<th>Market Value Quotation/Exchange</th>
<th>Date of Quotation/Exchange</th>
<th>Total Value</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

Section 4. Real Estate Owned. (List each parcel separately. Use attachments if necessary. Each attachment must be identified as a part of this statement and signed).

<table>
<thead>
<tr>
<th>Property A</th>
<th>Property B</th>
<th>Property C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of Property</td>
<td>Address</td>
<td>Date of Purchased</td>
</tr>
<tr>
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</tr>
</tbody>
</table>

Section 5. Other Personal Property and Other Assets. (Describe, and if any is pledged as security, state name and address of lien holder, Amount of lien, terms of payment, and if delinquent, describe delinquency).

Section 6. Unpaid Taxes. (Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attached)

Section 7. Other Liabilities. (Describe in detail).

Section 8. Life Insurance Held. (Give face amount and cash surrender value of policies – name of insurance company & beneficiaries).

I authorize Lender to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of either obtaining a loan or guaranteeing a loan. I understand FALSE statements may result in forfeiture of benefits and possible prosecution by the U.S. Attorney General (Reference 18 U.S.C. 1001).

Signature: Date: Social Security Number:

Signature: Date: Social Security Number:
INFORMATION RELEASE FORM

Please fill out completely for verification purposes:

Applicant Name / Other Information

<table>
<thead>
<tr>
<th>Last</th>
<th>First</th>
<th>M.I.</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>D.O.B.</th>
<th>SS No.</th>
<th>DL No.</th>
<th>State</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

Full Name as it appears on DL

Former Names / Maiden Name and Time Frames

Addresses

<table>
<thead>
<tr>
<th>Current Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Dates To</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Previous Address (Account for past 7 years)</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Dates To</th>
</tr>
</thead>
<tbody>
<tr>
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<table>
<thead>
<tr>
<th>Previous Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
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Signature:_______________________________________________ Date:_________________________

I hereby authorize The Native American Development Corporation (NADC) and any of it’s authorized agents to gather information about me regarding the following:

All records including criminal, civil, motor vehicle, professional certification, workers’ compensation (as allowed by law), credit, and/or education. I also release all information (salary data, etc.) from previous employers (including government agencies, military service, etc.) whether contained in written records or not or any other pertinent information relating to the successful function of my job.

I hereby release NADC (it’s client, as well as agents), former employers, and other references from any liability and understand that there is no invasion of personal privacy. All information will be obtained in connection with an application for a loan. Upon receipt of a photocopy of this authorization any such person may accept the photocopy with the same authority as the original authorization.

I have the right to request a copy of the report from NADC (upon proper identification). If approved for a loan, this authorization shall remain on file and shall serve as ongoing authorization for procurement of consumer reports at any time during the length of the loan with NADC. I also understand that all information is being obtained pursuant to the Fair Credit Reporting Act (FCRA).

Client Name:________________________________ Ordered By:_________________________

Native American Development Corporation – 2722 3rd Avenue North, Suite 250, Billings, MT 59101
Phone (406) 259-3804 Fax (406) 259-4569 Website: www.nadc-nabn.org
BUSINESS PLAN

We have identified below key items we need to know about your business. If you have a more in-depth business plan already completed, please submit it with “The Application Booklet.”

Type of business including products and services offered.

Complete history of business including start-up dates, analysis of industry to include customer base, trends, competition and the seasonality of the business, if applicable. Also discuss the future plans for growth or expansion, if applicable.
General location description including general area description, access and visibility.

General description of the actual business premise / primary collateral. This must include the total amount of square footage available and the amount occupied by you business.

How will this loan benefit your business?