

EASTERN SHAWNEE TRIBE OF OKLAHOMA

SMALL BUSINESS LOAN APPLICATION COVER PAGE

Complete and submit this form electronically to the Grants Director via email at tlowery@estoo.net or the Grants Coordinator at mlowery@estoo.net

NOTE: A COPY OF A FULLY COMPLETED "SMALL BUSINESS LOAN COVER PAGE" AND "CREDIT APPLICATION FORM" WILL BE PRESENTED TO THE SMALL BUSINESS LOAN REVIEW COMMITTEE FOR DISCUSSION AS WELL AS APPROVAL OR DENIAL OF THE LOAN REQUEST. PLEASE KEEP A COPY OF THE LOAN COVER PAGE FORM FOR YOUR RECORDS.

NAME

BUSINESS NAME

DATE

ADDRESS:

DELIVERY ADDRESS LINE 1: _____

DELIVERY ADDRESS LINE 2: _____

CITY, STATE, ZIP: _____

TRIBAL AFFILIATION: (INCLUDING OWNER, SPOUSE, AND/OR BOARD MEMBERS)

TRIBAL ROLL NUMBER: (IF KNOWN) _____

CDIB CARD: _____ YES _____ NO

IF "NO", PLEASE EXPLAIN: _____

TYPE OF FUNDS NEEDED: _____ SMALL BUSINESS STARTUP _____ SMALL BUSINESS EXPANSION

LOAN REQUEST: _____ \$1 – 10,000 _____ \$10,001 – 20,000 _____ \$20,001 – 25,000

PURPOSE OF LOAN: (EXPLAIN THE NEED FOR THE LOAN AND HOW THE FUNDS WILL USED FOR THE SMALL BUSINESS)

TIMELINE INFORMATION:

➤ **DURATION OF LOAN** _____ 24 MONTHS _____ 36 MONTHS _____ 48 MONTHS _____ 60 MONTHS

EMPLOYMENT:

➤ **NUMBER OF JOBS RETAINED:** _____

➤ **NUMBER OF JOBS CREATED:** _____