



Capital Resources

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www.CapitalResources.com

Application for Credit

Date of Application: _____

Name: _____ Occupation: _____ Years of Experience _____

Social Security Number: _____ Home Phone: _____

Birthdate: _____ E-mail Address: _____

Driver's License #: _____ State of Issuance: _____

Cell Phone: _____ Work Phone: _____

Home Address: _____

City, State, Zip, County: _____

EXACT NAME as will be issued by Allstate® on YOUR R3001 Contract _____

Address where YOUR agency will be located _____

If Borrower is an entity (Note, Lender reserves the right to require an individual borrower to form a business entity):

Entity Name (Exact Spelling/Punctuation): _____

Entity Type: _____ State of Organization: _____ Tax Identification Number: _____

Business Phone: _____ Business Fax: _____

Business Address: _____

City, State, Zip, County: _____

If applying for credit jointly (Note, Lender will require any individual with a 5% or more interest in the agency to offer an unlimited and unsecured personal guarantee):

Lender requires anyone with more than 5% interest to be a co-borrower.

Joint Applicant's Name: _____ Occupation: _____

Home Phone: _____ Work Phone: _____

Joint Applicant's Birthdate: _____ Joint Applicant's SSN: _____

E-mail Address: _____ Driver's License #: _____

Joint Applicant's Address: _____

Desired Loan Information:

Standard Minimum Down Payment Requirement= 15% of agency purchase price.

Loan Purpose: Allstate® Agency Acquisition or Refinance of Existing Allstate® Agency Debt

Proposed Loan Origination Date: _____ Requested Loan Amount: \$ _____

Proposed Down Payment \$ _____ Requested Loan Term: _____

Source of Down Payment (specify % of cash, seller note, etc.): _____

Proposed Collateral (agency business, real estate, etc.): _____

If Proposed Collateral is Allstate® Agency Already Owned by Applicant Then:

Annual Commission Revenue: _____ Purchase Price: _____

Years in Existence: _____ Years of Ownership: _____

Agency Street Address: _____

City, State, Zip, County: _____

Please include any agency location information here:

If Proposed Collateral is Allstate® Agency Being Acquired Then:

Annual Commission Revenue: _____ Purchase Price: _____

Years in Existence: _____ Agency Street Address: _____

City, State, Zip, County: _____

Where will agencies be located post-acquisition (check one):

Staying at seller's location Relocating Agency New Address _____

City, State, Zip, County: _____

Merging selling agency to my currently owned agency Merging my agency to sellers

Why is seller selling Agency (i.e. retirement, move)?

Please include any other information here: _____

Note: In addition to proposed collateral, lender will require a collateral assignment of life insurance policy equal to the proposed loan amount.

If you are the current owner, how many years have you owned this agency? _____

Estimated Value of Proposed Collateral: _____

Is the proposed collateral currently encumbered?: Yes No

Beneficial Owner

(for corporate/LLC Borrowers, NOT sole proprietors)

Name of Legal Entity: _____

Address of Legal Entity: _____

For Individuals with 25% or more equity in the entity

Individual 1:

Name: _____ Birthdate: _____ Social Security Number: _____

Address: _____

City, State, Zip, County: _____

Individual 2:

Name: _____ Birthdate: _____ Social Security Number: _____

Address: _____

City, State, Zip, County: _____

Individual 3:

Name: _____ Birthdate: _____ Social Security Number: _____

Address: _____

City, State, Zip, County: _____

Individual 4:

Name: _____ Birthdate: _____ Social Security Number: _____

Address: _____

City, State, Zip, County: _____

SIGNATURES: By signing below, I, _____, certify that all Beneficial Owners of _____ have provided all information required herein and that such information relating to Beneficial Owners is true and accurate. I acknowledge that acceptance of this Credit Application should not be considered as a commitment by Capital Resources to extend credit and that I shall be notified of the approval or denial of the credit applied for herein by Capital Resources. I certify that the answers to the questions on this application and the information provided in connection therewith (including business and financial information, and that information contained in any attachments hereto) are true and complete and that I (we) intend to apply for joint credit (if proper box is checked at top of page #1 of this application). Permission is granted to Capital Resources, and/or its affiliates, to investigate my personal history (including criminal history, Executive Order 13224 and the US PATRIOT Act), business history, employment history, credit history, education and backgrounds, and authorize any school, former employer, reference, or other individual or entity to respond to such inquiries. This permission extends to any entities of which I am a principal or member of. Permission is also granted to provide information about me to Capital Resources, its affiliated companies, financiers, suppliers and professional consultants. I agree to hold harmless any person or entity which provides information to you from any claims, liability, damages or other amounts incurred as a result of doing so. I represent and warrant that neither I, nor any owner, affiliate, partner, director, officer or manager of an entity of which I am a principal or member of, nor any affiliate, parent, child or spouse of any individual applicant and/or guarantor (collectively for this paragraph, "Applicant") supports terrorism, provides money or financial services to terrorists, or is engaged in terrorism, is on the current U.S. government list of organizations that support terrorism, nor has engaged in or been convicted of fraud, corruption, bribery, money laundering, narcotics trafficking or other crimes, and all are eligible under applicable U.S. immigration laws to be in the U.S. and perform contracts in the U.S. Applicant further warrants and represents that applicant is not identified by a government or legal authority as a person with whom Capital Resources would be prohibited from transacting business and that Applicant will notify Capital Resources in writing immediately of the occurrence of any event that renders the foregoing representations and warranties incorrect. I understand and agree that any misrepresentation by me on this application or in the information provided in connection therewith, will result in cancellation of the application and that Capital Resources shall not be held liable in any respect if false statements or omissions made by me in this application or in the information provided in connection therewith are made. If I am approved for the loan requested hereby, I hereby agree to comply with all policies and procedures set forth in the loan documents executed by me in conjunction therewith.

Date: _____ **Signature of Applicant:** _____

Date: _____ **Signature of Joint Applicant:** _____
(As applicable)

Individual or Joint Credit

I/We are applying for \$ _____ on _____ with Capital Resources, LLC
(*\$00.00*) (MM/DD/YY)

Please Check or Select Applicable Statement:

- I am applying for individual credit in my own name and I am relying on my own income and assets and not the income and assets of another person. As such, the attachments to this Credit Application reflect my income and assets only.
- I am applying for individual credit and I am relying on my own income or assets, as well as income or assets from another source.
- We are applying for joint credit.

Signature(s)

_____	Date _____
_____	Date _____
_____	Date _____

In order to ensure timely response to your application, attach the documents listed below and submit along with this fully completed and signed application via email, facsimile or mail to Capital Resources, LLC.

From the loan applicant:

1. Fully completed and signed credit application (the CR provided form).
2. Fully completed and signed personal financial statement (the CR provided form).
3. A current resume for applicant(s). Please include work history with cities and dates, insurance licenses held, insurance industry honors and community involvement.
4. A copy of the most recent 3 years personal federal income tax return of applicant (with all supporting schedules). State tax returns not needed.

If applicant owns an Allstate® agency now:

5. A copy of the most recent 3 years of agency federal income tax returns (with all supporting schedules). State tax returns not needed.
 - a. If the most recent December year-end tax return is not yet filed, a year end December profit and loss statement for the agency/agencies currently owned.
6. A current year to date profit and loss statement (income and expense) of agency/agencies currently owned.
7. The following ALLSTATE® reports:
 - a. A copy of the current Termination Payment Statement (TPP).
 - b. A copy of the most recent year-to-date and last three year-end Business Metrics Report or CSRPs.
 - c. A copy of the most recent year-to-date and last three year-end Commission Payment Notification (CPN).

From the agency SELLER:

8. A copy of the most recent three years agency federal income tax returns (with all supporting schedules). State tax returns not needed.
 - a. If the most recent December year-end tax return is not yet filed, a year end December profit and loss statement for the agency/agencies currently owned.
9. A current year-to-date profit and loss statement (income and expense) of agency/agencies currently owned.
10. The following ALLSTATE® reports:
 - a. A copy of the current Termination Payment Statement (TPP).
 - b. A copy of the most recent year-to-date and last three year-end Business Metrics Reports or CSRPs.
 - c. A copy of the most recent year-to-date and last three year-end Commission Payment Notification (CPN).