



APPLICATION FOR INVESTMENT

I. BACKGROUND INFORMATION

A. APPLICANT INFORMATION

Company Name _____

C-Corporation S-Corporation LLC Partnership

Company Address _____

City _____ State _____ Zip _____

Phone () _____ Fax () _____

NAICS Code _____ Year Established _____ Fed. ID No. _____

Web site _____

Referred by _____

B. Contact Name _____ Title _____

Email Address _____

C. Name of each shareholder/member	% owned	Social Security Number	Date of Birth
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D.	Organization	Contact Person	Phone
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Bank of Account			
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Accountant			
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Lawyer			
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E. Corporate Officers:		
	(President)	(Secretary)

	(Vice President)	(Treasurer)

IV. ATTACHMENTS

- _____ **Brief History and Description of Business.** Suggested minimum of 2 pages.
- _____ **Historical.** Balance sheet, profit & loss statement, company tax returns, and statement of cash flows for last three years. Include accountant's opinion letter and any schedules and notes to financial statements.
- _____ **Current.** If most recent year-end statement is over sixty days old, attach current balance sheet, profit & loss statements, and statement of cash flows.
- _____ **Consolidating Statements.** If the applicant has related companies, submit consolidating year-end balance sheets and income statements for the last three fiscal years and the current period.
- _____ **Future.** Profit & loss projections for next two (2) fiscal years.
- _____ **Personal Tax Returns,** for last three (3) years.
- _____ **Resume** for each 20%-or-more owner and any other key people. A paragraph or two is sufficient.
- _____ **Personal Financial Statement for each 20%-or-more owner.** (Enclosed)
- _____ **Application Fee.** Enclose a check payable to the "Regional Growth Capital" for \$500 if the amount requested is \$500,000 or less; or \$1,000 if the amount requested is over \$500,000.
- _____ **Completed Business Plan.** Required if business has been in existence for three years or less.
- _____ **Purchase Agreement.** Required for acquisition financing request.

V. EQUAL OPPORTUNITY LENDER

Regional Growth Capital is an equal opportunity lender. The company invest in all applicants deemed qualified by its investment committee, regardless of race, creed, nationality or gender.

VI. CONFIDENTIAL CREDIT AND PERSONAL BACKGROUND REPORT

Regional Growth Capital will, at its expense, obtain a credit report and personal background check on the applicant(s). Regional Growth Capital will comply with all provisions of the Fair Credit Reporting Act (15 USC 1681 et seq.). Regional Growth Capital will not disclose any part of any credit report or background check to anyone except members and staff.

VII. FEES AND INTEREST

The applicant is responsible for the following fees and costs:

1. Application Fee:
 - Applicants requesting up to \$500,000: \$ 500
 - Applicants requesting over \$500,000: \$ 1,000

The application fee is non-refundable and due at time application is submitted.
2. Origination Fee of 3% of the investment amount. Due at the time the applicant accepts the terms and conditions of the Funds investment;
3. Closing costs of \$300 at a minimum. Can be greater depending upon the complexity of the closing. Can be added to the amount invested;
4. Monthly Payments. Any investment by Regional Growth Capital pursuant to this application will be payable by the Applicant to Regional Growth Capital in monthly payments over sixty (60) months including interest at an agreed interest rate above a floating prime rate (with a possible floor on prime rate); and

5. Risk Premium. A fee is payable at the end of the term for compensation to Regional Growth Capital for: a) the relative risk taken; and b) Regional Growth Capital's contribution to the enhanced value of the applicant company. The Risk Premium is equal to an agreed percentage (e.g., 10% to 15%) multiplied by the *original investment* for each year, or part of any year, that there is an unpaid balance.

VIII. PERSONAL GUARANTIES.

Regional Growth Capital will require personal guaranties from each of the applicant's major shareholders.

BANK RELEASE/CERTIFICATION/AUTHORIZATION

I/We authorize Regional Growth Capital to exchange with the bank of account or the bank participating in this project any information relevant to this application or subsequent loan.

I/We authorize Regional Growth Capital, at their expense, to obtain a credit report and that Regional Growth Capital will comply with all provisions of the Fair Credit Reporting Act (15 USC 1681 et. seq) and that Regional Growth Capital will not disclose any part of any credit report to anyone except its staff and those involved in the application review, due diligence and investment committee process.

I/We hereby certify that the information contained on this application form as well as the material included as attachments to this document are correct to the best of my/our knowledge.

I/We hereby certify that I/we have read, understand, and agree to the terms and conditions of the Regional Growth Capital as set forth above.

Applicant Company

Signature

Print Name

Title

Please send completed application, attachments and application fee to:

**Richard Palank
Regional Growth Capital
121 South Meramec, Suite 900
Clayton, MO 63105**

Revised June 11, 2009

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:					
ASSETS			LIABILITIES		
(Omit Cents)			(Omit Cents)		
Cash on Hands & in Banks	\$	Accounts Payable	\$		
Savings Accounts	\$	Notes Payable to Banks & Others (Describe in Section 2)	\$		
IRA or Other Retirement Account	\$	Installment Account (Auto) Mo. Payments \$	\$		
Accounts & Notes Receivable	\$	Installment Account (other) Mo. Payments \$	\$		
Life Insurance-Cash Surrender Value Only (Complete Section 8)	\$	Loan on Life Insurance	\$		
Stocks and Bonds (Describe in Section 3)	\$	Mortgages on Real Estate (Describe in Section 4)	\$		
Real Estate (Describe in Section 4)	\$	Unpaid Taxes (Describe in Section 6)	\$		
Automobile – Present Value	\$	Other Liabilities (Describe in Section 7)	\$		
Other Personal Property (Describe in Section 5)	\$	Total Liabilities	\$		
Other Assets (Describe in Section 5)	\$	Net Worth	\$		
Total		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	\$		
Description of Other Income in Section 1.					
*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 & Others (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)					
Name & Address of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	How Secured or Endorsed Type of Collateral

Section 3. Stocks and Bonds. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

Number of Shares	Names of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value

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.)

	Property A	Property B	Property C
Type of Property			
Address			
Date Purchased			
Original Cost			
Present Market Value			
Name & Address of Mortgage Holder			
Mortgage Account Number			
Mortgage Balance			
Amt of Payment per Mo/Year			
Status of Mortgage			

Section 5. Other Personal Property & 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.)

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

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

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

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I authorize St. Louis County Economic Council 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.

Signature:	Date:	Social Security Number:
Signature:	Date:	Social Security Number:

