

Los Angeles LDC, Inc. PRE-LOAN ASSESSMENT

Email to **Info@losangeldc.com** or Fax to 213-362-9119

Date:	Full Leg	al Name of C	company	/B	orrower:					
Type of Entity:	Corporation S Corporation		Partnership LLC			Sole Proprietorship Other:			Tax ID or SSN:	
Date Established:	S Corporation	Primary Contact Name			e:	0 1			ary (Contact Title:
Phone:		Fax:					Em	ail:		
Mailing Address:					Project	Addres	s:			
City, State, Zip					City, St	ate, Zip	1			
Nature of Business:						Currer Emplo				# of Employees next 2 years
1. CREDIT REG	QUEST INI		N		(E	_		SE OF		NDS t Requested)
Total Project Cost	\$,			Working				\$	•
Total Project Cost	Ψ			-	Real Estat				\$	
Equity Contribution	\$			F	Machiner		ıipm	ent	\$	
Amount of Loan					Construct			4	\$	
Requested	\$			-	Leasehold Other:	improv	veme	ents	\$	
(Provide Breakdown in # 2 Term of Repayment R	/	7 vears maxii	mum):	Other.			\$			
Term of Repayment 1	requesteu (y cars man								
									An	nount of Loan Request
					eferences					
Bank Name & Address			Acc	ou	nt Number			Bal	ance	
Bank Name & Address			Acc	ou	nt Number			Bal	ance	
Banking Contact Person	n Name and	Phone	Add	Address			Pho	Phone Number		
Checklist of Financial - Business Financial - Narrative on his	ial Stateme	nts - Prior thro	ee years	anc	l current in	terim (w	ithin	90 day	/s)	your loan application e of loan proceeds
Total Revenues:				To	otal Assets	:				
Net Profit:				To	tal Liabili	ities:				
HAVE YOU EVER FILE	D FOR BAN	KRUPTCY, Y	/es	Λ	lo If	yes, Date	of F	iling		_State Filed
ARE YOU CURRENTLY							-			If yes, please exp
a separate page.										

Credit Review Authorization and Applicant Signature

The following information is needed to complete a personal credit investigation. Please 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, (4) any person or entity providing a guaranty on the loan, or (5) directors and board members of non profit corporations.

Legal Name	
Social Security No	
Birthdate	
Home Address	
City, State, Zip	
Occupation/Title	
reporting agencies and creditor with regard to the Company's creditors to give the LDC any information the LDC permission to give credit reporting agencies.	ain information of consumer and/or business credit reports through credit ne status of any past or outstanding indebtedness. I authorize and direct the mation it requests to determine the Company's creditworthiness. I also give encies and other creditors information relating to any loans the LDC might that all information in this application and its attachments are true, accurate
Authorized Signature	Date

Please Make Copies as Necessary

SCHEDULE OF REAL ESTATE OWNED

PROPERTY ADDRESS	PROPERTY TYPE	PURCHASE DATE	PURCHASE PRICE	MARKET VALUE	MORTGAGE HOLDER	MORTGAGE ORIGINAL AMOUNT	MATURITY DATE	MONTHLY PAYMENT	CURRENT BALANCE
TOTAL PRESENT BALANCE		\$	\$		\$		\$	\$	

BUSINESS DEBT SCHEDULE

This schedule should include loans for contracts, notes payable and lines of credit, not accounts payable or accrued liabilities.

CREDITOR Name/Address	ORIGINATION DATE	ORIGINAL AMOUNT	TERM or MATURITY	PRESENT BALANCE	INTEREST RATE	MONTHLY PAYMENT	COLLATERAL OR SECURITY	LOAN PURPOSE*
Acct. No.								
Acct. No.								
Acct. No.								
Acct. No.								
TOTAL PRESENT I	BALANCE	\$		\$		\$		

Line of credit, equipment purchase	, etc.			-
Borrower/Company Name:		Authorized Signature: _	I	Date:



MANAGEMENT RESUME

Please fill in all spaces, use full first, middle and maiden names - no initials. If an item is not applicable, please indicate so.

Name:				SS#			
First	Middle		Last				
Date of Birth:	rth: Place of Bi						
Residence Address:						7.	
	Street		City	State		Zip	
Rent Own:	If owner p	lease cor	nplete the debt	schedule.			
(IF LESS THAN 5 YE	EARS ABOVE)						
Previous Address:	Street		City	Ctata		7in	
	Street		City	State		Zip	
Lived there from:				to			
	Month	and	Year		Month	and	Year
Spouse's							
Name:			SS	S#			
First	Middle	Last		,,,			
Have you ever been co a minor motor vehicle exhibit.							
EDUCATION							
College or Technical 7 Name and Location	Γraining		Dates Atter From/To	nded			Major Degree or Certificate
MILITARY SERV	TCE BACKG	ROUNI)				
Branch:	From:	To:	Honorable	Discharge?			
Rank at Discharge:	Maior As	signmen	t/accomplishm	ent:			

WORK EXPERIENCE (list chronologically, beginning with present employment)

Company Name/Location:		From:	To:	
Title:	Duties:			
Company Name/Location:		From:	To:	
Title:	Duties:	From:	To:	
Company Name/Location:		From:	To:	
Title:	Duties:	From:	То:	