



## SMALL BUSINESS LENDING QUESTIONNAIRE

Today's Date: \_\_\_\_\_

Name of Business Applicant: \_\_\_\_\_

Contact Person / Title: \_\_\_\_\_

Phone Number: Mobile \_\_\_\_\_ Office \_\_\_\_\_

Email Address: \_\_\_\_\_

- 1) Address of the subject business: \_\_\_\_\_  Own  Rent/Lease
- 2) Loan Purpose:  Working Capital  Equipment Purchase  Owner-Occupied Real Estate Purchase  
 Inventory Purchase  Other: \_\_\_\_\_ (*More than one option may apply*)
- 3) Type of business:  Wholesale  Manufacturing  Retail  Professional Services  Other  
Business Line: \_\_\_\_\_
- 4) Is the business involved in any of the following activities (*More than one option may apply*):  
 Exporting  Domestic Sale  Both Domestic & Foreign Sale  Importing
- 5) Loan amount request: \$ \_\_\_\_\_
- 6) Is the company requesting  short term transactional financing or  long term financing or  
 refinancing current debt?
- 7) Annual Sales (Est.): \$ \_\_\_\_\_ Net Profit (Est.): \$ \_\_\_\_\_ Company Equity: \$ \_\_\_\_\_

***One of our Account Officers will contact you within 24 hours upon receipt of this questionnaire. You can always visit [www.gbcib.com](http://www.gbcib.com) for more information***

---

**For Bank Use:**

Ref: \_\_\_\_\_ Dept/Branch: \_\_\_\_\_

Date sent to A/O: \_\_\_\_\_ A/O name: \_\_\_\_\_