



Small Business Finance

Carmen Moya, Loan Officer
 Small Business Finance
 74040 Highway 111, Suite L230, Palm Desert, CA 92260

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Loan Application

Company Information **Web Site: www.cdcloans.com**

Company name _____

Address _____ City _____ State _____ Zip _____

Principal in charge _____ Work phone () _____ Work fax () _____

Secondary contact person _____ Work phone () _____ Work fax () _____
(IN-HOUSE CONTROLLER OR BOOKKEEPER)

email _____

Type of business _____ Date established _____

Type of entity (check one): Proprietorship Partnership LLC Corporation years business incorporated _____

Number of current employees _____ Estimated number of new employees within the next two years as a result of this loan _____

New Project Information

Street address of project _____

City _____ State _____ Zip _____ County _____

What is the square footage of the new building? _____ What is the square footage your company will occupy? * _____

*Please note we require your company to occupy 51% of an existing building or 60% of a new building.

Escrow closing date _____ Realtor's name _____ Phone _____

How will the property be vested (i.e. individually, husband and wife, partnership, LLC, corporation, trust)? _____

If there are any tenants that will remain in the building, please provide the following information: Also, please have your realtor provide copies of all existing leases.

Tenant name	Square footage	Lease expiration	Rent amount

Checklist Please provide the following documents and information

Business information

Business financial statements for the last three years
Projections (form attached)
Interim financial statement dated within the last 60 days
Business debt schedule (form attached)
Federal tax returns for the last three years
Other _____

Personal information (for each individual with 20% or greater ownership)

Personal tax returns for the last three years
Personal resumé (form attached)
Personal financial statement (form attached)

Legal entity documents (as applicable)

Sole Proprietorship —Fictitious Business Name Statement (filing and proof of publication with county recorder's stamp)
Corporation —Articles of Incorporation, Corporate Bylaws and Stock Certificates
Partnerships (General, Limited or Limited Liability) —Partnership Agreement (with all exhibits) and State Registration, if any
Limited Liability Company —Articles of Organization Form (LLC-1) and Operating Agreement
Trust —Trust Agreement with all exhibits

Real estate information

Real Estate Purchase Agreement and Escrow Instructions OR Escrow Closing Settlement Sheet and Grant Deed
Construction cost budget and/or equipment bids
Existing environmental studies

References

Bank name _____ Account Officer _____ Phone _____
 Accountant _____ Firm name _____ Phone _____
 Attorney _____ Firm name _____ Phone _____

Company Ownership

Name _____ Title _____ % of Ownership _____
 Name _____ Title _____ % of Ownership _____
 Name _____ Title _____ % of Ownership _____
 Name _____ Title _____ % of Ownership _____
 Name _____ Title _____ % of Ownership _____

If a corporation, please indicate who is President and Secretary

Affiliate Businesses List any other business owned by any principal with 20% or more ownership in operating company.

Business Name _____ Owner _____ % of Ownership _____
 Business Name _____ Owner _____ % of Ownership _____
 Business Name _____ Owner _____ % of Ownership _____
 Business Name _____ Owner _____ % of Ownership _____

Existing Business Locations

Business Address _____	Own	Lease	Replaced by new facility?	Yes	No
_____			Square Feet _____	Mortgage/Lease payment \$ _____	Lease expiration _____
Business Address _____	Own	Lease	Replaced by new facility?	Yes	No
_____			Square Feet _____	Mortgage/Lease payment \$ _____	Lease expiration _____
Business Address _____	Own	Lease	Replaced by new facility?	Yes	No
_____			Square Feet _____	Mortgage/Lease payment \$ _____	Lease expiration _____
Business Address _____	Own	Lease	Replaced by new facility?	Yes	No
_____			Square Feet _____	Mortgage/Lease payment \$ _____	Lease expiration _____

Total Project Costs

	Enter Dollar Amounts		Enter Dollar Amounts
Real estate (land and building)	\$ _____	Acquisition of existing business	\$ _____
New construction/expansion/repair	\$ _____	Payoff SBA loan	\$ _____
Acquisition and/or repair of machinery and equipment	\$ _____	Payoff bank loan (non SBA associated)	\$ _____
Inventory purchase	\$ _____	Other debt payment (non SBA associated).....	\$ _____
Working capital (including loan fees)	\$ _____	TOTAL PROJECT	\$ _____

Personal Resumé Form

To be completed by each principal involved in the loan. Please make copies as needed for each individual.

Name _____ SSN #: _____
FIRST MIDDLE LAST
Former name _____
FIRST MIDDLE LAST WHEN USED
Date of birth _____ Place of birth _____
Residence telephone (_____) _____ Business telephone (_____) _____
Residence address _____
STREET CITY STATE ZIP FROM TO
Previous address _____
STREET CITY STATE ZIP FROM TO
Are you employed by the U.S. Government? _____ Agency/position _____
Spouse Name _____ SSN # _____ Date of Birth _____ Place of Birth _____

Personal information

Are you a U.S. Citizen? (If no, please provide a copy of your Alien Registration or Visa Card) Yes No
Is your spouse a U.S. citizen? (If no, please provide a copy of their Alien Registration or Visa Card) Yes No
Are you presently under indictment, on parole or probation?
(If yes, furnish details in separate exhibit. List name(s) under which held, if applicable.) Yes No
Have you ever been charged with or arrested for any criminal offense other than a minor motor vehicle violation?
(If yes, furnish details in separate exhibit. List name(s) under which held, if applicable.) Yes No
Have you ever been convicted of any criminal offense other than a minor motor vehicle violation?
(If yes, furnish details in separate exhibit. List name(s) under which held, if applicable.) Yes No
Indicate gender (optional) Male Female

With which race you more closely identify? Choose only one (optional):

- African American
- Asian or Pacific Islander
- Other _____
- Native American (other than Eskimo or Aleut)
- White
- Eskimo or Aleut
- Hispanic

Education (college or technical training)

Name and Location	Dates Attended	Major	Degree or Certificate
1. _____	_____	_____	_____
2. _____	_____	_____	_____

Military service background

Branch _____ From _____ To _____
Honorable discharge? Yes No Vietnam veteran? Yes No

Work Experience

List chronologically, beginning with present employment. Attach separate exhibit if necessary.

Company name/location _____
From _____ To _____ Title _____
Duties _____
Company name/location _____
From _____ To _____ Title _____
Duties _____
Company name/location _____
From _____ To _____ Title _____
Duties _____

Credit Report Authorization

I declare that the information provided in this application is true and correct. I hereby authorize the release of any and all credit report and other information required in the processing of my loan application and as required in the servicing and/or during the term of my loan. I further authorize CDC Small Business Finance and its successor to release such information to any entity as required in the processing of my loan application.

I/We hereby certify that the enclosed information, including any attachments or exhibits provided herewithin or at a later date, is valid and correct to the best of my/our knowledge.

Signature of applicant _____ Date _____

Signature of spouse _____ Date _____

Operating Company Profile

Use separate attachments to answer questions if necessary.

Company name _____

Describe the type of business you are in and how/why you became involved _____

Type of products or services offered (include any catalogs or brochures) _____

Geographic market area served _____

What is your outlook concerning the business activity in which you are engaged? _____

How will this loan benefit your company? _____

Will this loan create new employment opportunities? Yes No If yes, state how: _____

Customer profile

What primary markets use your products? _____

List key customers _____

List major competitors _____

Major suppliers _____

Future plans (What is your growth strategy? Rapid growth, moderate, or maintain market position? What are the impediments that may impact your success?) _____

Major past accomplishments, how your business differs from the competition, and your competitive advantages: _____

Marketing analysis and strategy (Explain your promotional, pricing, and distribution strategies.) _____

Previous SBA or other federal government debt

Name of agency _____ Original amount of loan _____

Date of request _____ Approved or declined _____ Current balance _____ Status Current Past Due

Name of agency _____ Original amount of loan _____

Date of request _____ Approved or declined _____ Current balance _____ Status Current Past Due

Name of agency _____ Original amount of loan _____

Date of request _____ Approved or declined _____ Current balance _____ Status Current Past Due

Have you or any officer of your company ever been involved in bankruptcy or insolvency proceedings? If yes, please provide details. Yes No

Are you or your business involved in any pending lawsuits? If yes, please provide details. Yes No

Do you or your spouse or any member of your household, or anyone who owns, manages, or directs your business or their spouses or members of their households work for the Small Business Administration, Small Business Advisory Council, SCORE, ACE, any Federal Agency, or the participating lender? If yes, please provide the name and address of the person and the office where employed. Yes No

Do you buy from, sell to, or use the services of any concern in which someone in your company has a significant financial interest? If yes, please provide details. Yes No

Does your business presently engage in export trade? Yes No

Do you have plans to begin exporting as a result of this loan? Yes No

Would you like information on exporting? Yes No

Business Debt Schedule

Furnish the following information on all installment debts, contracts, notes, and mortgages payable. Do not include accounts payable or accrued liabilities. Date * _____

Creditor Name/address	Original amount	Original date	Present balance	Interest rate	Maturity date	Monthly payment	Security	Current or delinquent?
Total present balance**				Total monthly payment				

*Should be the same date as current financial statement **Total must agree with balance shown on current financial statement.



Personal Financial Statement

U.S. Small Business Administration

As of _____, 20__

Complete this form for: (1) each proprietor, (2) each limited partner who owns 20% or more interest and each general partner, (3) each member of a Limited Liability Partnership, or (4) each stockholder owning 20% or more of voting stock and each corporate officer and director, or (5) each member of a limited liability company owning 20% or more interest, or (6) any other 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	OMIT CENTS	Liabilities	OMIT CENTS
Cash on hand & in banks	\$ _____	Accounts payable	\$ _____
Savings accounts	\$ _____	Notes payable to banks and others.....	\$ _____
IRA or other retirement account.....	\$ _____	(Describe in Section 2)	
Accounts & notes receivable.....	\$ _____	Installment account (Auto)	\$ _____
Life insurance cash surrender value only.....	\$ _____	Monthly payments \$ _____	
(Complete Section 8)		Installment account (Other)	\$ _____
Stocks and bonds.....	\$ _____	Monthly payments \$ _____	
(Describe in Section 3)		Loan on life insurance	\$ _____
Real estate.....	\$ _____	Mortgages on real estate.....	\$ _____
(Describe in Section 4)		(Describe in Section 4)	
Automobile present value	\$ _____	Unpaid taxes	\$ _____
Other personal property	\$ _____	(Describe in Section 6)	
(Describe in Section 5)		Other Liabilities	\$ _____
Other assets	\$ _____	(Describe in Section 7)	
(Describe in Section 5)		Total liabilities	\$ _____
Total.....	\$ _____	Net worth	\$ _____
		Total.....	\$ _____

Section 1. Source of Income	Contingent Liabilities
Salary.....	\$ _____
Net investment income.....	\$ _____
Real estate income.....	\$ _____
Other income (Describe below)*	\$ _____
	As endorser or co-maker
	\$ _____
	Legal claims & judgments
	\$ _____
	Provision for federal income tax.....
	\$ _____
	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 Banks and Others		Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.				
Name and address of noteholders	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	Name 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			
Owner			
Property address			
Date purchased			
Original cost			
Present market value			
Mortgage holder			
Address of mortgage holder			
Mortgage account number			
Mortgage balance			
Amount of payment per month			
Status of mortgage			
Rental income			

Section 5: Other Personal Property and 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.

Section 6: Unpaid Taxes Describe any tax liens include to whom payable, when due, amount, and to what property.

Section 7: Other Liabilities Describe in detail.

Section 8: Life Insurance Held Give face amount and cash surrender value of policies name of insurance company and beneficiaries.

I authorize SBA and/or CDC Small Business Finance to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I certify the above and 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 by the U.S. Attorney General (Reference 18 U.S.C. 10001).

Signature _____ Date _____ Social Security Number _____

Signature _____ Date _____ Social Security Number _____

PLEASE NOTE: The estimated average burden hours for the completion of this form is 1.5 hours per response. If you have questions or comments concerning this estimate or any other aspect of this information, please contact Chief Administrative Branch, U.S. Small Business Administration, Washington, D.C. 20416, and Clearance Office, Paper Reduction Project (3245-0188), Office of Management and Budget, Washington, D.C. 20503.



This document confirms that applicant(s) owes no fees to CDC until a loan guaranty is approved by SBA

Web Site: www.cdcloans.com

1. INTEREST RATE ON DEBENTURE AND NOTE

The interest rate on the Debenture and on the Note between you and CDC Small Business Finance ("CDC") will not be set until the time of the Debenture sale. CDC will issue a Debenture not to exceed 40% of the project cost. This Debenture will be sold to investors at the completion of the project and after satisfaction of all conditions required by the CDC and United States Small Business Administration ("SBA"). Market conditions at the time of sale will determine the fixed interest rate for the Debenture and Note between you and CDC.

2. EFFECTIVE INTEREST RATE/MONTHLY PAYMENT

The effective interest rate to you and your monthly payment includes the Note rate plus the CDC servicing fee, the SBA subsidy fee and the Central Servicing Agent ("CSA") servicing fee.

3. THE FOLLOWING FEES ARE NOT CHARGED UNTIL SBA LOAN APPROVAL IS SECURED. THESE FEES ARE PART OF THE SBA LOAN PROCEEDS.

SBA GUARANTEE FEE:

A reserve deposit of 1/2 of 1% of the Net Debenture Proceeds is deducted by the CSA, and deposited into a reserve account. The reserve deposit is non-refundable and no interest accrues to the borrower.

FUNDING FEE:

The funding fee covers certain costs associated with marketing and selling 504 Debentures. The funding fee is 1/4 of 1% of the Net Debenture Proceeds.

CDC LOAN PROCESSING FEES:

a. Loan Processing Fee: CDC will charge a one-time processing fee equal to 1.5% of the net proceeds of the Debenture.

b. Closing Fee: A \$350 fee for documentation and related costs will be charged.

UNDERWRITING FEE:

The Underwriters provide financial advisory services in connection with the 504 Debentures, and build and maintain a secondary market. The Underwriters' fee is 1/2 of 1% of the face amount of the Debenture.

4. CENTRAL SERVICING AGENT, CDC SERVICING AND SBA FEES

The SBA has appointed a Central Servicing Agent ("CSA") to collect monthly payments from borrowers and transfer them to investors. For this service, CSA receives an annual servicing fee of 1/10 of 1% per annum on the unpaid balance of the loan, recalculated at five (5) year intervals. Please note that you are required to authorize the CSA to make automatic withdrawals of the monthly loan payments from your checking account.

CDC will provide reporting and portfolio management services for the term of the Note. For these services, CDC will receive a servicing fee equal to 5/8 of 1% per annum on the unpaid balance of the loan. During the term of the Note, SBA will receive a subsidy fee equal to .410 percent per annum on the unpaid balance of the loan. These fees will be recalculated on every five (5) year anniversary of the Note, based on the then existing principal balance due.

5. TITLE POLICY/FINANCING STATEMENT REPORT

You are solely responsible for all costs associated with the Policy of Title Insurance that insures CDC's and SBA's lien on the subject property. Such insurance is separate from title insurance for third party lenders.

If personal property is taken as security, you are responsible for all costs for perfecting CDC's and SBA's security interest in the property plus all UCC-1 Financing Statement and related reports.

6. WITHDRAWING LOAN APPLICATION AFTER SBA APPROVAL

In the event you withdraw your loan application after SBA issues the SBA Authorization and Debenture Guaranty, SBA Form 1248 ("Debenture Authorization"), or if the Debenture Authorization is withdrawn, cancelled or terminated for any reason, you agree to pay CDC a sum equal to 2/3 of the total CDC Loan Processing Fee on the loan package, less any deposit paid to CDC. This amount shall be due on the date of withdrawal, cancellation and/or termination. It is understood that all Debenture Authorizations contain conditions which must be satisfied prior to funding of the Debenture.

7. LEGAL FEES

Legal Counsel for CDC will charge a fee, which fees normally do not exceed \$1100, except in unusual circumstances, in which event the fees must be approved by CDC. These Legal Fees are anticipated to be paid through the Debenture. If they are not paid through the Debenture, you will pay them directly to Legal Counsel upon signing of loan documents. You are solely responsible for paying any attorneys' fees in relation to the Debenture and loan, whether or not the Debenture is funded. The Debenture Authorization may reflect Legal Fees under the category of Closing Costs.

8. INDEMNIFICATION/ATTORNEYS' FEES

a. You will indemnify and hold CDC and its officers, directors, employees and agents harmless from any and all liability for any loss, damage, or injury (including, without limitation, attorney's fees incurred with attorneys of CDC's choice) arising out of or resulting from:

i. Your failure to receive the subject loan; and/or

ii. Any loss, damage, or liability to you, your business and/or your principals, related parties/entities, guarantors, agents, successors and others, except for any loss caused by the sole intentional misconduct or sole gross negligence of CDC.

b. You hereby, on behalf of yourself and your principals, related parties/entities, guarantors, agents, successors and/or insurers, waive all claims, losses and injuries against CDC, SBA and/or their agents, representatives and/or successors which are related or arise from the SBA504 Loan and Debenture program. This waiver includes, but is not limited to general, special, indirect, incidental or consequential, exemplary, punitive and/or economic loss damages. Your obligations hereunder shall survive termination and, if funded, the SBA 504 Loan.

c. In the event CDC is required to institute proceedings to collect from Applicant(s) the processing fee to which CDC is entitled pursuant to this Disclosure, CDC shall be entitled to reasonable attorneys' fees incurred in such proceedings, including, in the event a judgment is entered, attorneys' fees incurred in enforcing said judgment, as costs, pursuant to Code of Civil Procedure 695.040.

9. NO REPRESENTATIONS

The funding of the 504 Debenture and disbursement of the proceeds to you is subject to United States Small Business Administration approval of your Application and is also subject to your satisfactory compliance with the terms set forth in the Debenture Authorization and all other applicable conditions. CDC and/or SBA may impose conditions not a part of the Authorization. By signing this Disclosure Statement you acknowledge that CDC has made no representations to you, that you have not relied upon any representations made by CDC regarding the SBA approval of your loan, and that you understand SBA approval may be revoked until the actual funding of your loan. The submission and/or approval of this loan is not a guarantee or commitment to make the loan and/or fund the Debenture by the SBA, CDC or any other party.

10. FEDERAL REGULATIONS

The charges and procedures related to your 504 Loan Application are governed by Federal regulations. The applicable Federal regulations are subject to change, and therefore, the information contained herein may be changed without notice to you. Additional charges and requirements may be imposed by CDC or the SBA. EACH LOAN APPLICANT IS PERSONALLY RESPONSIBLE FOR UNDERSTANDING THE REQUIREMENTS, COSTS AND RESTRICTIONS APPLICABLE TO THE SBA 504 PROGRAM. APPLICANTS ARE ENCOURAGED TO SEEK THE ADVICE OF LEGAL COUNSEL BEFORE AND DURING THE LOAN APPLICATION PROCESS.

In signing this Disclosure Statement, you acknowledge that you have read and understood, and agree to be bound by, each and every provision set forth herein. As used herein, "You" refers to each of the undersigned. The undersigned has/have authority to bind all other applicants, borrowers and guarantors of the Loan.

OPERATING COMPANY

Print Name of Business _____

By: _____ Date: _____

Print Name & Title: _____

BORROWERS/APPLICANTS

Sign and Print Name _____ Signature _____

Sign and Print Name _____ Signature _____

Sign and Print Name _____ Signature _____

CDC SMALL BUSINESS FINANCE CORP.

By: _____ Date: _____
(CDC Representative)



Small Business Finance

Loan Packaging Fee Agreement

Carmen Moya, Loan Officer
Small Business Finance
74040 Highway 111, Suite L230, Palm Desert, CA 92260

Local: 760-536-3855 • Toll Free: 800-611-5170 ext. 8651
Cell: 760-578-7600
Fax: 760-836-3850 • E-mail: cmoya@cdcloans.com

Web Site: www.cdcloans.com

Please read this Agreement carefully. In signing this Agreement, you acknowledge that you have read, understood, and agree to be bound by, each and every provision set forth herein.

This Agreement is made and entered into between CDC Small Business Finance ("CDC") and the undersigned ("Applicant").

Applicant is seeking financial assistance under Section 7(a) of the Small Business Act, and CDC is able and willing to provide the loan packaging services necessary to apply for such financial assistance. Therefore, Applicant and CDC agree as follows:

1. Preparation of Loan Package

CDC will assist Applicant in preparing the Loan Package required by the U.S. Small Business Administration ("SBA") prior to the SBA considering Applicant's application for an SBA guaranty.

2. Loan Packaging Fee

In consideration for CDC's services, applicant will pay CDC a Loan Packaging Fee of \$950, including a Non-Refundable Deposit of \$250.

The non-refundable deposit will be paid to CDC at the time Applicant gives CDC those documents identified in the checklist provided to Applicant by CDC. This deposit is deemed earned upon receipt of the fee. Applicant will pay the remaining balance to CDC after CDC has completed preparation of its portion of the Loan Package, but prior to CDC submitting the Loan Package to the SBA for guaranty authorization.

3. No Representations or Warranties

Applicant understands and acknowledges that CDC cannot and does not make representations or warranties as to the likelihood of guaranty authorization by the SBA and/or applicant obtaining any loan. Applicant further understands and acknowledges that Applicant's obligation to pay the Loan Packaging Fee to CDC is not contingent upon guaranty authorization by the SBA. Applicant acknowledges and agrees that CDC and CDC's employees, agents and representatives have made no representations, promises or warranties to Applicant and that Applicant has not relied on any representation, promise or warranty of CDC and/or CDC's employees, agents and/or representatives regarding approval and/or obtaining a loan. The CDC has no authority to bind the SBA or any lender. CDC makes no representation as to the length of time to prepare the loan package, submission to a lender and/or any other actions implied by this agreement.

4. Extraordinary Services

Extraordinary services are services beyond those normally required in preparing a Loan Package. If extraordinary services are performed, Applicant agrees to compensate CDC for such services at the rate of \$50 per hour. Applicant will be notified in the event extraordinary services are required. No extraordinary services will be performed without Applicant's approval.

5. Termination

CDC may terminate its loan packaging services and all other obligations under this Agreement upon written notice to Applicant. Applicant may terminate the loan packaging services of CDC upon written notice, but shall pay all sums required under this agreement as of termination.

6. Entire Agreement

This agreement sets forth the entire agreement between the parties hereto and fully supersedes all prior oral and/or written agreements, understandings, commitments, and practices between the parties pertaining to the subject matter hereof.

7. Construction of Agreement

This agreement shall be construed under the laws of the State of California. Should any litigation arise out of or in connection with this agreement, the Courts of the State of California shall have jurisdiction thereof.

8. Indemnification

Applicant will indemnify and hold CDC and its officers, directors, employees, agents, and attorneys harmless from any and all loss, damage or injury (including attorneys' fees incurred with attorneys of CDC's choice) resulting from:

- a. Failure by Applicant to receive guaranty authorization by the SBA; and/or
b. Any loss, damage or liability to Applicant or the business of Applicant.

9. Publicity Use

The undersigned hereby authorizes the CDC to use the business' and the undersigned name in CDC related promotional material.

Check here if you do not want your names used

CDC SMALL BUSINESS FINANCE

Dated _____

By _____
CDC Representative

APPLICANT(S)

Dated _____

Dated _____

Dated _____

PROJECTED INCOME/EXPENSES

MONTH / YEAR																			TOTAL	%
SALES																				
COST OF SALES																				
GROSS PROFIT																				
EXPENSES																				
ACTING, LEGAL, PROFESSIONAL																				
ADVERTISING EXPENSE																				
AUTO & TRUCK EXPENSE																				
BAD DEBT																				
ENTERTAINMENT, TRAVEL																				
EQUIPMENT RENTAL																				
INSURANCE																				
OFFICE EXPENSE																				
OFFICER, OWNER SALARIES																				
RENT, PROPERTY EXPENSE																				
REPAIRS, MAINTENANCE																				
SUPPLIES																				
TAXES, LICENSES																				
TELEPHONE, UTILITIES																				
WAGES																				
MISCELLANEOUS																				
TOTAL EXPENSES																				
NET OPERATING PROFIT																				
OTHER INCOME <EXPENSES>																				
PROFIT BEFORE TAXES																				

SIGNATURE _____ DATE _____