



TYCOON

BORROWER LOAN PRE QUALIFICATION (APPLICATION)



11500 OLYMPIC BLVD. SUITE 400 LOS ANGELES CA 90064
BUSINESS: (310) 405-9262 FAX: (310) 861-8949 EMAIL : LOAN@TYCOON-INC.COM

TYCOON

BUSINESS EVALUATION & FINANCING

(310)405-9262 Fax: (310) 861-8949
11500 Olympic Blvd. Suite 400 Los Angeles, CA 90064
Email: loan@tycoon-inc.com

EVALUATION OF BUSINESS & PRE- QUALIFICATION BORROWER(S)

Thank you for your consideration of **TYCOON COMPANY**. for your borrowing needs. In order for us to evaluate business and prequalify you for the purpose of obtaining new loan to purchase business or refinance your existing loan please complete following documents. All borrowers who will have 20% or more share in purchase of new business are required to fill it out attached forms. We will provide you the rest of loan application upon your approval to proceed with financing of your project.

- 1) Resume each borrower who will have min 20% Share,
- 2) Summary of Project cost and Source and amount of available fund,
- 3) Personal Family Expenses and Source of funds each borrower who will have min 20% Share
- 4) Personal Financial Statement each borrower who will have min 20% Share

Please provide the following information.

**1. Personal income tax returns for the last three years each borrower who will have min 20% share.
(Each Borrower with min 20% share)**

2. Business income tax returns for the last three years if borrower (s) organized as a corporation or partnership and most recent interim financial statement .(Not older than 60 days). (Each Borrower with min 20% share)

3. Business federal income tax returns for the last three years and most recent Profit & Loss Statement and Balance Sheet of the business you are planning to purchase.

We are looking forward to doing business with you and will assure you to provide excellent and satisfactory service.

Sincerely,

Alan Pak

Alan Pak, Ph.D.

LOAN DEPARTMENT

Direct: (310)628-8881
BRE 01131603

AUTHORIZATION TO RELEASE INFORMATION

The undersigned hereby authorizes _____ or any of its affiliates to make all inquiries it deems necessary to verify the accuracy of the information provided herein, and to determine my/our credit-worthiness. Further, the undersigned hereby certifies that the enclosed application information including all attachments, exhibits, schedules, etc., are valid, accurate and complete.

All owners including stockholders with 20% or more ownership interest, partners, directors and guarantors must sign this form (spouses should sign when applicable).

I/We authorize the release of this information whether the signature below is an original or a copy.

Company

Date

Social Security #

Signature

Name:

First Middle Last

Driver License #

Address:

Street City State Zip Code

MANAGEMENT RESUME

Please fill in all spaces. If an item is not applicable, please indicate as such. You may include additional relevant information on a separate exhibit. SIGN/DATE where indicated.

PERSONAL INFORMATION:

NAME _____ SS# _____

DATE OF BIRTH _____ PLACE OF BIRTH _____

RESIDENCE TELEPHONE _____ BUSINESS TELEPHONE _____

RESIDENCE ADDRESS _____

FROM _____ TO PRESENT DATE

PREVIOUS ADDRESS _____

FROM _____ TO _____

SPOUSE'S NAME _____ SS# _____

ARE YOU EMPLOYED BY THE U.S. GOVERNMENT? Yes No AGENCY/POSITION _____

ARE YOU A U.S. CITIZEN? Yes No IF NO, GIVE ALIEN REGISTRATION NUMBER _____

EDUCATION:

High School/College/Technical-Name/Location	Dates Attended	Major	Degree/Certificate
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

MILITARY SERVICE BACKGROUND:

Branch of Service _____ Dates of Service _____

WORK EXPERIENCE: List chronologically beginning with present employment.

Company Name/Location _____

From _____ To _____ Title _____

Duties _____

Company Name/Location _____

From _____ To _____ Title _____

Duties _____

Company Name/Location _____

From _____ To _____ Title _____

Duties _____

Signature Date

SUMMARY OF PROJECT COSTS AND EQUITY

Project Costs by Category

Dollar Amount

Real Estate Acquisition (land and building) _____

Real Estate Acquisition (land only) _____

Renovations / New Construction _____

Purchase / Repair of Equipment _____

Purchase Inventory _____

Working Capital _____

Refinance Debt (Photocopies of notes must be provided) _____

Purchase Existing Business _____

Other: _____

Other: _____

Other _____

ESTIMATED TOTAL PROJECT COST

Less: Capital / Equity from Borrower *(complete section below)* _____

EQUALS: LOAN REQUEST

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Sources of Capital / Equity Injection

1. Bank Account (Please attach statement) _____

2. Sale of Assets (Please attach details) _____

3. Loans / Gifts from family or other persons _____

4. Other: _____

TOTAL CAPITAL / EQUITY TO BE INJECTED

PERSONAL CASH FLOW STATEMENT

NAMES: _____

Provide the following information regarding sources and uses of personal cash during the most recent calendar year and your projections for the current year and the next year. Explain any cash flow deficit.

TYPE: Individual Joint (Include Spouse) **BASIS:** Monthly Annual

NOTE: Please answer only Last year column that you have information

	Last Year	Current Year	Next Year
<u>SOURCES OF CASH</u>			
Salaries/Wages (net of deductions)	_____	_____	_____
Commissions / Bonuses (net of deductions)	_____	_____	_____
Rental Income	_____	_____	_____
Dividend Income	_____	_____	_____
Interest Income	_____	_____	_____
Distributions from Estates & Trusts	_____	_____	_____
Cash Received from Individual Business(es), Partnership(s), or Joint Ventures	_____	_____	_____
Other: _____	_____	_____	_____
Other: _____	_____	_____	_____
TOTAL INCOME/CASH	_____	_____	_____

USES OF CASH

Bank Loans (Principal & Interest)	_____	_____	_____
Other Loans (Principal & Interest)	_____	_____	_____
Personal Housing Expense (Mortgage or Rent)	_____	_____	_____
Mortgage Loans (P&I) (Not including personal residence)	_____	_____	_____
Insurance	_____	_____	_____
Income Taxes not covered by withholding	_____	_____	_____
Utilities-Electric, Gas, Water, Telephone	_____	_____	_____
Personal Expenses (Food, Clothing, Entertainment, etc.)	_____	_____	_____
Credit Cards and other revolving debt	_____	_____	_____
Other: _____	_____	_____	_____
Other: _____	_____	_____	_____
TOTAL CASH OUTLAYS	_____	_____	_____
CASH FLOW SURPLUS (Deficit)	_____	_____	_____

The undersigned certifies that the information provided herein is true and correct.

Signature: _____

Date: _____

Spouse Signature: _____

Date: _____

PERSONAL FINANCIAL STATEMENT

As of _____, _____

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		(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	\$	_____	Mo. Payments \$ _____		
(Complete Section 8)			Installment Account (Other)	\$	_____
Stocks and Bonds	\$	_____	Mo. 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	\$	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 Banks and Others. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

Name and 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	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value

Section 4. Real Estate Owned. (List each parcel separately. Use attachment 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			
Amount of Payment per Month/Year			
Status of Mortgage			

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 in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches.)

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 /Lender 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 by the U.S. Attorney General (Reference 18 U.S.C. 1001).

Signature: _____ Date: _____ Social Security Number: _____

Signature: _____ Date: _____ Social Security Number: _____

PLEASE NOTE: _____