

Business Narrative

Borrower: _____ Loan Number: _____

This document is intended to be completed by a verified third-party individual with direct knowledge of the borrower's business, such as, but not limited to: Certified Public Accountant or an IRS enrolled Agent. This form will accurately describe the business used for qualifying for this loan and to help better understand how the business is structured, operated, & daily business is conducted.

1. Name of the Business: _____
2. Number of Owners: _____
3. Name of all Owners: _____
4. Using the North American Industry Classification System (NAICS) below, please check the industry that best describes this business:
 - Retail/Wholesale Trade; Accommodation-Food Services; Agricultural-Forestry-Fishing-Hunting; Construction (Home & Remodeling); Car Dealerships.
 - Manufacturing; Transportation-Warehousing; Logistics-Information; Professional-Scientific-Technical; Mining-Quarrying-Oil & Gas Extraction; Utilities; Administrative-Support-Waste Management.
 - Real-Estate (Rental & Leasing); Entertainment-Arts-Recreation; Healthcare-Social Assistance; Educational Services; Finance; Insurance.
 - Other Services: Business that provides services which do not require any parts or inventory and does not require use of heavy equipment/vehicles.
5. Service or Products provided (For Sales of Goods, provide Estimated Cost of Goods): _____
6. Commercial or Retail Client Base: _____
7. Date Business was Formed/Started: _____
8. Business Legal Structure:
 - Partnership Corporation Sub-S Corporation Limited Liability Company
9. Business location(s) -
 - A. Description of space(s):
 - Residence Shared Facility Commercial/Warehouse
 - B. Address of the Primary location: _____
 - C. Associated Rent(s): _____
10. Number of Business locations:
 - One (1) 2-5 Greater than 5
11. Are these locations Owned or Leased? _____
12. Number of employees/contractors:
 - 0-5 6-10 11-25 Greater than 25
13. Describe any machinery or equipment required for business operations: _____
14. Does the business require inventory (raw material or finished goods) to generate sales?
 - Yes No If yes, describe the inventory & turnover ratio: _____
15. Description of Year-over-Year Income Trend-Cycle (Seasonal, Increase, Decline, etc): _____
16. Description of Business Impact by Adverse Event(s)/Natural Disaster(s), if any: _____

Date: _____

Email: _____

Title: _____

Phone Number: _____

Printed Name: _____

Signature: _____