

Office: (684) 633-4031 | Fax: (684) 633-1163 | Website: www.dbas.as

Village		•••
Date:		
Busines	s Type:	
✓ Yes	I would like to be contacted for Future	
EDRLF	Workshops: Telephone / Email	

This is to acknowledge I have received an EDRLF Loan Application from the Development Bank of American Samoa. HE/SHE has clarified the industries and purpose of the EDRLF program.



Development Bank of American Samoa P.O. Box 9 Pago Pago, American Samoa 96799 633 4031 | Fay: (684) 633 1163 | Wabsite: www.dbas

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ECONOMIC DEVELOPMENT REVOLVING LOAN FUND (EDRLF) COMMERCIAL LOAN APPLICATION

APPLICANT (S) NAME: (Please Print)	DATE:
Documents Required Checklist	INITIALS Applicant DBAS
1. A Bank or Financial Institution "Turn Down" or Denial letter for credit	
2. Business Plan to include Owner, Partners & Officers Incomes (Sole Proprietor, Partnership or Corporation)	
3. Business Tax Returns-last 3 years <u>if existing</u>	
4. Business Financial Statements-last 3 years if existing	
5. Real Estate for Collateral and Appraised Assets if existing	
6. Valid Business License(s) and Business EIN verification if existing	
7. Individual Tax Returns and W2 form-last 3 years if new	
8. ASG 303 Form or Employment Verification Letter and 3 most recent pay stubs	
9. Tax Clearance from ASG Tax Office	
10. 2 most recent bank statements	·
11. 2 Valid Photo Identification cards locally issued and Social Security Number ca Must be a U.S. Citizen, U.S. National or a Permanent Resident of American Samoa	
12. Non-Refundable Application Processing Fee of \$100.00	



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DEVELOPMENT BANK & EDRLF COVER SHEET

Loan Amount:

- Minimum Loan Amount \$1,000.00
- Maximum Loan Amount is \$200,000.00

Interest Rate:

• 9%

Eligible Projects that can be funded under the EDRLF Loan Program:

- Must be categorized into one of the growth industries targeted in the Comprehensive Economic Development Strategy (CEDS):
 - The establishment, expansion, or retention of businesses engaged in commercial, industrial services, or agriculture activities
 - o Tourism, Eco-Tourism
 - o Import-substitution
 - Resort & recreational business activities
 - o Food Processing
 - Manufacturing
 - o Fisheries/Fish Processing
 - Information Technology Services
 - Health Care Services/E-Commerce
 - Air Transportation/Trans-shipment

Eligible Activities that are allowed under the EDRLF Loan Program:

- Machinery and equipment costs
- Working and Start Up Capital
- Inventory
- Renovation of building for non-residential purposes
- Infrastructure costs associated with an existing structure
- Construction of Building(s)

Projects and Activities not allowed under the EDRLF Loan Program:

- Projects involving the relocation any business away from or to the Territory
- Investing in high interest accounts, certificates of deposits or other investments
- Relending of the loan amount by the borrower
- Purchase Land or Building
- Purchasing or financing equity in private businesses
- Projects for which funds are judged to be otherwise available from private lenders or other public
 agencies on terms which will permit the accomplishment of projects
- Subsidize interest payments
- Provide equity required of borrowers under other federal programs
- Refinancing of existing debt(s)
- Acquisition of equity in private businesses
- Payment to owners except as ordinary compensation for services rendered
- Refinancing of loans made by other lenders who are inadequately secured and are in a position to sustain a loss



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ECONOMIC DEVELOPMENT REVOLVING LOAN FUND (EDRLF)

COMMERCIAL LOAN APPLICATION

Date:				
I. BASIC INFOR	MATION			
Name of Business:				
Trade Name, if different:				
Address:	Street	City	State	Zip
Phone Number:	Succe	•	ness Established:	2.15
		Date Bush	ness Established.	-
Type of Business:				
Corporation	Year Chartered:	S	tate:	
Partnership	Number of Partners:			
Sole Proprietorsl	hip			
Employer ID Number:				
Name of Principal in Cha	rge:		Title:	
List all Owners, Partners,	Stockholders with 25% of	or more interes	st and/or	
Name	Addr	ess	Sc	cial Security #
Name	Addr	ess	Sc	ocial Security#
Name	Addr	ess	Sc	cial Security #
Number of Employees:				
II. Business Backg Name of Affiliated Firms				
History: Start-Up Date	:	Number o	f Years of Continuo	ous Operation:
Change in Products or Se	rvices:			



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Other	Information:						
ш.	Proposed Project Information						
	Estimated Projec	t Cost:					
	Site, Site Improvements and Buildings:	\$					
	Equipment and Machinery:	\$					
	Inventory:	\$					
	Operations:	\$					
	Other:	\$					
	Total Project Cost:	\$					
	Amount to be Fin	anced:					
	Conventional:	\$_					
	EDRLF:	\$					
	CSBG:	\$					
	CDBG:	\$					
	Other:	\$					
	Total to be financed:	\$					
Estim	ated construction start date:						
Estim	ated start date for operation:						
Numb	per of new permanent jobs when project is operating:						
	ibe type of jobs to be created:						
Desci	libe type of jobs to be created.						
_	A almount adam						
	Acknowledger	nent					
	authorize the ASG/DOC, DBAS and its agents to ose of this loan.	conduct a credit investigation for the					
	certify that financing is not otherwise available a ess of business project.	t terms that would reasonably assure the					
I/We	certify that the business is not relocating outside	of the Territory of American Samoa.					
	certify that the information in this application, and ct to the best of our knowledge.	d all attached statements, is true and					
Borro	ower:	Date:					
Borro	ower:	Date:					
Borro	ower:	Date:					



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Personal Financial Statement

This statement applies as indicated by the following checked box:							
I am applying for separate individual credit in my name only and will be relying on my own income or assets and not the income or							
assets of another person to repay the credit requested. Only Section							
	•						
We are voluntarily applying jointly for credit and are providing information on all of our separate and jointly owned assets and income. If we are the spouses of each other, we will complete all Sections including personal information about both spouses in Sections							
-							
1 and 2 and our separate and jointly owned assets and income in S	*						
other, each of us will complete Sections 1, 3 and the reverse of sep							
This Statement relates to my separate individual guaranty of other	person(s) or corporation and I will complete only Sections 1, 3						
and the reverse.							
This Statement relates to our joint guaranty, which will be signed	voluntarily by me and my spouse, guarantying the indebtedness of						
other person(s), partnership(s) or corporation(s) and all sections w	ill be completed including personal information about my spouse						
in Section 2 and our separate and jointly owned assets and income							
guaranty, which will be signed voluntarily by me and another pers							
person(s), each of us will complete Sections 1, 3 and the reverse of							
Note: The "Assets" portion of this Statement normally lists only that pro	-						
Statement. If I include assets co-owned with others, I will indicate the n							
joint tenancy, tenancy in common or tenancy by the entirety. My spouse	will sign only when he/she is also completing this form.						
SECTION 1- PERSONAL INFORMATION - Applicant/Guarantor	SECTION 2 - PERSONAL INFORMATION - SPOUSE						
Name:	Name:						
Address:	Address:						
Position or Occupation: How Long:	Position or Occupation:						
Business Name:	Business Name:						
Business Address:	Business Address:						
Social Security No: Age:	Social Security No: Age:						
Home No:	T						
Business No: Business/Cell:	Home No: Business/Cell:						
Fax No: Email:	Fax No: Email:						
GEOTION 2. CHARLEMENTE OF FINANCIAL CONDUMION AS OF							
SECTION 3 - STATEMENT OF FINANCIAL CONDITION AS OF:							
ASSETS	LIABILITIES						
Cash with ANZ:	Loans Payable - Secured & Unsecured:						
Cash with BOH:	Loans I ayable - Secured & Onsecured.						
Cash with Other Banks:							
Cush with Other Bulks.	 						
Accounts & Notes Receivable:	Accounts Payable:						
Marketable Securities:	Charge Accounts:						
Investment in Own Business:	Other:						
Life Insurance-Cash Value:	Unpaid Taxes:						
Value of Residence:	Residence Mortgages Payable:						
Other Real Estate:	Other Real Estate Mortgage Payable:						
	Installment Accounts:						
Automobiles: Make, Model & Year:	Loans on Life Insurance:						
Make, Model & Year:	Louis on Life insurance.						
Make, Model & Teal.	Other Liabilities:						
Title in the name of:							
,							
Title in the name of:	Other Liabilities: TOTAL LIABILITIES:						
Title in the name of: Other Personal Property & Furniture:	Other Liabilities:						



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CONTINGENT LIABILITY: As endorser/guarantor \$				_ On let	On letters of credit \$ Legal claims and ju			ents (detiled) \$	
MONTHLY INCOME					MONTHLY PAYMENTS				
Applicants Gross Salary:				Rent or	Mortgage:				
Overtime (constant & regular recurring):				Note Payments:					
Bonus or Commissions:				Charge Accounts:					
Dividends & Interest:				Installment Loan:					
Rents:					n Life Insurance:				
Other (detailed):					ncome Taxes:				
other (detailed):					ce Premiums:				
SUBTOTAL - APPLICAN	JT·				Alimony, Child Support, etc:				
SPOUSE'S GROSS SALARY (optional)					ixed Monthly Payme				
OTHER (detailed):	iti (optionar)			- Other Fr	nea Wonding Taylin	<u></u>			
SUBTOTAL - SPOUSE:									
TOTAL INCOME:				TOTAL	PAYMENTS:				
SCHEDULE A. REAL	ESTATE RESIDE	NCE (Title to a	ll real estate liste	ı		mbered, except as no	oted)		
								To Whom	
Location and Description:	Title Held in Name of:	Date Acquired:	Original Purch Price:	Market Value:	Monthly Payment:	Balance of Mortgage:	Loan Number:	Estate is Payable To:	
SCHEDULE B. LIFE II Company Name:	NSURANCE Agent Name:	Policy Number:	Amount of Policy:	Cash Value:		Against licy:	Beneficiary:	To Whom Policy is Assigned:	
SCHEDULE C. LOAN	S PAYABLE	T							
		Loan Number:	Original Loan Amt:	Current Balance:	Terms of Repayment:	Maturity Date:			
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General Information

Borrower Signature:	 Date	Borrower Signature:	Date
including the designation mo warrants that the informati correct until a written no	ide as to ownership of property) in d on provided is true and complete an otice of a change is given to you by t	understands that you are relying on the information proceeding to grant or continue credit. Each undersigned to that you may consider this Statement as continuing to the undersigned. You are authorized to make all inquiring to the end to determine my/our creditworthiness.	represents and be true and
ndersigned or persons, partn	erships, or corporations on whose b	ourpose of obtaining, or maintaining credit with you on ehalf the undersigned may, either individually, or jointl	y and severall
Personal References:			
			_
	(date and details):		
Legal action against me/us incl			
All Federal, State income taxes	, real estate gross income, withholding ta	xes are paid except (name & amount):	
Partnership in any hui, joint vei	nture or partnership include:		<u> </u>
The assets listed in this stateme	nt which are pledged include:		