

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

Name:	
Village:	
Date:	
Good Food Business Name:	
✓ 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.



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### GOOD FOOD BUSINESS LOAN APPLICATION

APPLICANT (S) NAME: (Please Print)	DATE:
<u>Documents Required Checklist</u>	INITIALS  Applicant DBAS
Business Plan to include Owner, Partners & Officers Incomes     (Sole Proprietor, Partnership or Corporation)	
2. Business Tax Returns-last <b>2</b> years <u>if existing</u>	
3. Business Financial Statements-last 2 years <u>if existing</u>	
4. Valid Business License(s) and Business EIN verification <u>if existing</u>	
5. Individual Tax Returns and W2 form-last 2 years <u>if new</u>	
6. Monthly Bank Statements (most recent 2 months)	
7. ASG 303 Form or Employment Verification Letter and 3 most recent pay stubs	
8. 2 Valid Photo Identification cards locally issued and Social Security Number card Must be a U.S. Citizen, U.S. National or a Permanent Resident of American Samoa	l
9. Health Card	
10. Application Fee of \$100	

#### **Loan Amount:**

- Minimum Loan Amount \$1,000.00
- Maximum Loan Amount is \$10,000.00

#### **Interest Rate:**

• Varies from 3% to 8.5%

#### Loan Term:

• Up to 4 years



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### ECONOMIC DEVELOPMENT REVOLVING LOAN FUND (EDRLF)

### GOOD FOOD BUSINESS LOAN APPLICATION

Date:				
I. BASIC INFO	RMATION			
Name of Business: Trade Name, if differen Address:	t:Street			Zip
Phone Number:			ness Established:	
Type of Business:				
Corporation	Year Chartered:	S	tate:	
Partnership	Number of Partners: _			
Sole Proprietor	rship			
Type of Business (produ	uct produced or service pro	ovided: _		
Employer ID Number:				
Name of Principal in Ch	narge:		Title:	
List all Owners, Partner	rs, Stockholders with 25%	or more interes	st and/or	
Name	Addı	ress	Sc	ocial Security #
Name	Addı	ress	So	ocial Security #
Name	Addı	ress	So	ocial Security #
Number of Employees:				
II. Business Back Name of Affiliated Firm				
History: Start-Up Da			f Years of Continue	ous Operation:



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Change in Products or Services:	
Other Information:	
Acknowledgement	
I/We authorize the ASG/DOC, DBAS and its agents to concupurpose of this loan.	duct a credit investigation for the
I/We certify that financing is not otherwise available at tern success of business project.	ns that would reasonably assure the
I/We certify that the business is not relocating outside of the	e Territory of American Samoa.
I/We certify that the information in this application, and all correct to the best of our knowledge.	attached statements, is true and
Borrower:	Date:
Borrower:	Date:
Borrower:	Date:



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### **Personal Financial Statement**

assets of another person to repay the credit requested. Only S We are voluntarily applying jointly for credit and are providir If we are the spouses of each other, we will complete all Sect 1 and 2 and our separate and jointly owned assets and income other, each of us will complete Sections 1, 3 and the reverse of This Statement relates to my separate individual guaranty of and the reverse.  This Statement relates to our joint guaranty, which will be sig other person(s), partnership(s) or corporation(s) and all section in Section 2 and our separate and jointly owned assets and income	ing information on all of our separate and jointly owned assets and income. Sions including personal information about both spouses in Sections in Section 3 and the reverse. If we are not the spouses of each of separate Personal Financial Statement forms.  other person(s) or corporation and I will complete only Sections 1, 3  gned voluntarily by me and my spouse, guarantying the indebtedness of ons will be completed including personal information about my spouse come in Section 3 and the reverse. If this Statement relates to a joint reperson other than my spouse, guarantying the indebtedness of other				
Note: The "Assets" portion of this Statement normally lists only th	nat property that is owned entirely by the person(s) signing the				
	the name(s) of the co-owner(s) and the type of co-ownership, that is				
joint tenancy, tenancy in common or tenancy by the entirety. My sp	The state of the s				
SECTION 1- PERSONAL INFORMATION - Applicant/Guaranto	or 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:					
Business No: Business/Cell:	Home No: Business/Cell:				
Fax No: Email:	Fax No: Email:				
SECTION 3 - STATEMENT OF FINANCIAL CONDITION AS OF:					
ASSETS	LIABILITIES				
Cash with ANZ:	Loans Payable - Secured & Unsecured:				
Cash with BOH:					
Cash with Other Banks:					
A ON D	A D . 11				
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:	Other Liabilities:				
Title in the name of:					
Other Personal Property & Furniture:					
Other Assets:	TOTAL LIABILITIES:				
	NET WORTH (Total Assets less Total Liabilities):				
TOTAL ASSETS:	TOTAL LIABILITIES NET WORTH:				



## American <u>S</u>amoa Government Legal claims and judgm@10deBibel) <u>Pago Pago</u>, <u>American S</u>amoa 96799

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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:	Loans on Life Insurance:	
Other (detailed):	Local Income Taxes:	
	Insurance Premiums:	
SUBTOTAL - APPLICANT:	Alimony, Child Support, etc:	
SPOUSE'S GROSS SALARY (optional)	Other Fixed Monthly Payments:	
OTHER (detailed):		
SUBTOTAL - SPOUSE:		
TOTAL INCOME:	TOTAL PAYMENTS:	

#### SCHEDULE A. REAL ESTATE RESIDENCE (Title to all real estate listed is in my name solely and unencumbered, except as noted)

Location and Description:	Title Held in Name of:	Date Acquired:	Original Purch Price:	Market Value:	Monthly Payment:	Balance of Mortgage:	Loan Number:	To Whom Estate is Payable To:

#### SCHEDULE B. LIFE INSURANCE

Company Name:	Agent Name:	Policy Number:	Amount of Policy:	Cash Value:	Loan Against Policy:	Beneficiary:	To Whom Policy is Assigned:

#### SCHEDULE C. LOAN'S PAYABLE

Name & Address of Holder/Note:	Loan Number:	Original Loan Amt:	Current Balance:	Terms of Repayment:	Maturity Date:	Description of Assets Pledged:



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#### **General Information**

<b>Borrower Signature:</b>	Date	Borrower Signature:	Date
indersigned or persons, partn with others, execute a guarar (including the designation ma warrants that the informati correct until a written no necessary to verify th	erships, or corporations on whose being the inyour favor. Each undersigned undersigned undersigned undersigned understy) in deconders to ownership of property) in deconders and complete and the conders and the conders are the conders and the conders are	rpose of obtaining, or maintaining credit with you on be nalf the undersigned may, either individually, or jointly inderstands that you are relying on the information providing to grant or continue credit. Each undersigned rethat you may consider this Statement as continuing to be undersigned. You are authorized to make all inquiriere, and to determine my/our creditworthiness.	and severally vided herein epresents and be true and
Personal References:			_
	as been obtained:		_
2	date and details):		<del>_</del>
Legal action against me/us inclu		es are paid except (name & amount).	<del></del>
Partnership in any hui, joint ven		es are paid except (name & amount):	
	nt which are pledged include:		_