



BORROWER NAME: _____

AFFILIATES: List below all business concerns in which the Applicant Company or any of the individuals listed in the Ownership section above have any ownership (If additional affiliates please attach on a separate sheet).

Company Name: _____

Company Name: _____

Individual Name: _____

Individual Name: _____

Address: _____

Address: _____

City, State Zip: _____

City, State Zip: _____

Phone: _____

Phone: _____

Percent of Ownership: _____

Percent of Ownership: _____

Company Name: _____

Company Name: _____

Individual Name: _____

Individual Name: _____

Address: _____

Address: _____

City, State Zip: _____

City, State Zip: _____

Phone: _____

Phone: _____

Percent of Ownership: _____

Percent of Ownership: _____

Company Name: _____

Company Name: _____

Individual Name: _____

Individual Name: _____

Address: _____

Address: _____

City, State Zip: _____

City, State Zip: _____

Phone: _____

Phone: _____

Percent of Ownership: _____

Percent of Ownership: _____