

AUTHORIZATION TO OBTAIN AND RELEASE INFORMATION AND FEE DISCLOSURE

THIS AUTHORIZATION TO OBTAIN AND RELEASE INFORMATION AND FEE DISCLOSURE ("AUTHORIZATION") MUST BE COMPLETED BY APPLICANT BUSINESS AND ALL PERSONAL GUARANTORS

I/We hereby authorize BankUnited, N.A. ("BankUnited"), its employees, agents, successors and/or assigns to obtain and share any and all information related to this transaction that they may require at any time in connection with my/our/the Applicant Company's requested credit transaction with BankUnited or any of its affiliated and/or participating lenders. This Authorization includes, but is not limited to, otherwise confidential information such as information obtained from credit reporting agencies, consumer reporting agencies, previous employers, financial institutions, and existing creditors, as BankUnited may deem necessary, in its sole and absolute discretion.

I/We authorize the release of all such information to and from BankUnited and/or any of its affiliated lenders. I/We authorize the communication of the information, including notices required by law, by any available medium including but not limited to email, fax, mail, and telephone, to any entity or party BankUnited deems necessary. The foregoing may include, but is not limited to, the release of otherwise confidential information to third parties such as brokers, CPAs, title companies, third party vendors (credit reporting agencies, environmental and appraisal professionals, etc.), affiliated, potential or actual participating lenders, CDCs, attorneys retained by BankUnited or by me/us, and agencies or individuals contracted with, working with, in conjunction with or on behalf of BankUnited. Dissemination of my/our information covered by this Authorization shall not constitute a privacy violation. I/We hereby agree to indemnify and hold harmless BankUnited, its employees, agents, successors and/or assigns from damages related to the dissemination of otherwise confidential information in accordance herewith.

For questions or further information, please request a copy of BankUnited's Privacy Policy. If the application is approved, this Authorization shall operate as a continuing authorization when utilized to review the account on a continuing basis or for any extensions, renewals, or modifications thereof.

I/We certify the statements and information contained in all documentation provided pursuant to my/our request for credit are true and accurate as of the stated date(s) and all representations made pursuant in connection with my/our application are being made for the purpose of either obtaining or guaranteeing a loan. I/We understand that false statements may result in forfeiture of benefits, termination of the proposed extension of credit from BankUnited and possible prosecution by the U.S. Attorney General (reference 18 U.S.C. 1001).

Initial

Right to Receive Copy of Residential Appraisal

If residential collateral is required to be pledged (dependent on the product application type), we may order an appraisal to determine the property's value and charge you for this appraisal. We will promptly give you a copy of any appraisal, even if your loan does not close. You can pay for an additional appraisal for your own use at your own cost.

Initial

Consent to Receive Electronic Communications

You agree and consent to receive electronically all communications, agreements, documents, notices and disclosures (collectively, "Communications") that BankUnited provides in connection with this transaction and your loan, if one is approved, and your use of our services. Communications include:

- agreements and policies you agree to, including updates to these agreements or policies;
- annual disclosures;
- transaction receipts or confirmations;

- loan statements and history;
- federal and state tax statements we are required to make available to you; and
- any other loan or transaction information.

We will provide these Communications to you by posting them on our website and/or by emailing them to you at the primary email address you listed in your profile.

In the event that BankUnited is legally required to provide communications on paper, such communications will be provided to you on paper. You may withdraw your consent at any time by written notice to BankUnited, but withdrawal of consent may require delivery of certain communications in paper format which may incur delivery fees as determined by the delivery service. Written notice of withdrawal of consent must be mailed:

BankUnited, N.A.
Attn: **Credit Center Production Support**
7815 NW 148th Street, 2-CREAD
Miami Lakes, FL 33016

In order to access electronic communications and records from BankUnited, you will need a computer or other device with internet access, a current internet browser, and a current version of a program that accurately reads and displays PDF files. You agree to keep your email address current with BankUnited at all times by notifying BankUnited of any email changes at the address listed above.

I/We hereby acknowledge that all loan approvals will be in writing and subject to the terms and conditions set forth in a commitment letter signed by an officer of BankUnited.

I/we acknowledge that I/We have read the foregoing and understand the contents of this Authorization.

PLEASE SIGN AND RETAIN AN ADDITIONAL COPY FOR YOUR RECORDS.

Signature

Date: _____

APPLICANT BUSINESS

Legal Entity Name:

By: _____ (signature)

Print Name: _____

Title: _____

Business Email: _____

APPLICANT BUSINESS

Legal Entity Name:

By: _____ (signature)

Print Name: _____

Title: _____

Business Email: _____

APPLICANT BUSINESS

Legal Entity Name:

By: _____ (signature)

Print Name: _____

Title: _____

Business Email: _____

APPLICANT BUSINESS

Legal Entity Name:

By: _____ (signature)

Print Name: _____

Title: _____

Business Email: _____

GUARANTOR (only complete if applicable)

Signature: _____

Print Full Legal Name: _____

Social Security Number: _____

Street Address: _____

City, State, Zip Code: _____

Personal Email: _____

Date of Birth: _____

GUARANTOR (only complete if applicable)

Signature: _____

Print Full Legal Name: _____

Social Security Number: _____

Street Address: _____

City, State, Zip Code: _____

Personal Email: _____

Date of Birth: _____

GUARANTOR (only complete if applicable)

Signature: _____

Print Full Legal Name: _____

Social Security Number: _____

Street Address: _____

City, State, Zip Code: _____

Personal Email: _____

Date of Birth: _____

GUARANTOR (only complete if applicable)

Signature: _____

Print Full Legal Name: _____

Social Security Number: _____

Street Address: _____

City, State, Zip Code: _____

Personal Email: _____

Date of Birth: _____

FOR ADDITIONAL BUSINESSES OR GUARANTORS, PLEASE PRINT PAGE 3 OF 4 AND COMPLETE AS REQUIRED.

Notice to Applicants: If your application for business credit is denied, you have the right to a written statement of the specific reason for denial. To obtain a statement, please contact BankUnited, N.A., Attn: Credit Center 7815 NW 148th Street, Miami Lakes, FL 33016, 1-877-779-2265 within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement.

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning the creditor is: Bureau of Consumer Financial Protection, 1700 G Street NW, Washington, D.C. 20552.

Fee Disclosure Notice: The SBA requires that BankUnited inform you in writing that you are not required to employ an Agent or representative (including BankUnited) to assist you with the SBA loan application. In addition, BankUnited further advises you that you are not required to obtain or pay for unwanted services. Further information on fees and compensation can be found in Form 159.

Any further inquiries or questions regarding this Authorization and Fee Disclosure should be directed to: BankUnited, N.A., Attn: Credit Center Production Support, 7815 NW 148th Street, Miami Lakes, FL 33016.

TAXPAYER FIRST ACT DISCLOSURE AND CONSENT TO USE OF TAX RETURN INFORMATION

Federal law requires that we provide this consent to you. BankUnited, N.A. ("BankUnited") will not use, disclose or share your tax return information for any purpose other than the express purposes outlined below and shall not disclose your tax return information to any party without your express permission or request.

I/We understand, acknowledge and authorize BankUnited, its affiliates, subsidiaries, employees, officers, agents, service providers, successors and assigns and any third parties involved in this transaction to use, obtain, disclose or share tax return information contained in the federal income tax return and supporting schedules for tax years indicated for the purposes of providing an offer, originating, maintaining, managing, monitoring, insuring, servicing, marketing, purchasing, selling and/or securitizing a loan, including but not limited to, any due diligence activities associated therewith, in accordance with applicable laws, including state and federal privacy and data security laws. Third parties may include vendors, auditors, investors, Small Business Administration (SBA), Community Development Centers (CDC), and any actual or potential owners of a loan resulting from your loan application, or acquirers of any beneficial or other interest in the loan, any mortgage insurer, guarantor, any servicers or service providers for these parties and any of aforementioned parties' successors and assigns.

If you agree with these terms, please sign and date this consent form and return to BankUnited.

A separate Taxpayer First Act Disclosure form is necessary for each Business Entity, Guarantor and/or Individual providing tax returns.

Name of the Taxpayer on the return: _____

Tax Years: _____

Signature: _____

Date: _____

APPLICANT COMPANY

Legal Business Name: _____

d/b/a name (if applicable): _____

Principal Place of Business: _____

City: _____ State: _____ Zip: _____

Primary Contact: _____ Email: _____

Business Phone: _____ Fax: _____

Cell: _____

Type of Entity: Sole Proprietorship General Partnership Professional Association
 Limited Partnership Corporation (Please specify: S Corp, C Corp, LLC)

Date Incorporated/Established: _____ State of Incorporation: _____

of Employees: Existing: _____ After this financing: _____

Employer Tax I.D.: _____

Website: _____

PROPOSED PROPERTY – if different from current business address

Address: _____

City: _____ State: _____ Zip: _____

County: _____

OWNERSHIP INTEREST - List all proprietors, partners, officers, directors, members, and stockholders in the business. 100% OWNERSHIP MUST BE SHOWN. Please use a separate sheet if necessary.

Name	Title	SSN/EIN	Date of Birth	Ownership %
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

ADDITIONAL QUESTIONS – For the Applicant Company, please answer the following:

1. Does your business presently, or will it as a result of this loan, engage in export trade? ___ Yes ___ No
2. Are any business tax obligations, including payroll or real estate taxes past due? ___ Yes ___ No
3. Is the business, and/or any Affiliates (see definition below) presently involved in pending legal action? ___ Yes ___ No
4. Has the business and/or Affiliates ever obtained a direct or guaranteed loan from SBA or any other federal agency or been a guarantor on such a loan? ___ Yes ___ No
 - a. If yes, is any of the financing currently delinquent? ___ Yes ___ No
 - b. Did any of this financing ever default and cause a loss to the Federal Government? ___ Yes ___ No

ESTIMATED PROJECT COSTS

Land Purchase	\$ _____
Real Estate Purchase/New Building Construction	\$ _____
Construction Contingency/Overruns	\$ _____
Leasehold Improvements/Repairs	\$ _____
Equipment Purchase	\$ _____
Working Capital (including Accounts Payable & Inventory)	\$ _____
Business Acquisition (Circle one : Stock Purchase/Redemption or Asset Purchase)	\$ _____
Refinance Debt	\$ _____
Other: _____	\$ _____
Estimated Injection/Contribution from Company and/or Principal(s)	\$ _____

Source of Estimated Injection/Contribution (e.g., personal savings, 401(k) account, HELOC, gifted funds, seller note, etc.): (please list all that may apply): _____

Relative to the above Estimated Injection/Contribution, please provide the most recent 2 months bank statements reflecting the account from which funds will be drawn and put toward the project.

AFFILIATES - List below all Affiliates. As used herein, the term "Affiliate" is primarily defined as one entity or business concern that controls or has the power to control the other, or a third party (or parties) that control(s) or has the power to control both. For example, Affiliation may exist through common ownership, management (including through a management agreement), or when there is an identity of interest between close relatives with identical or substantially identical business interests. Please attach a separate sheet, as necessary.

Company Name: _____
 Individual Name: _____
 Address: _____
 City, State, Zip: _____

Company Name: _____
 Individual Name: _____
 Address: _____
 City, State, and Zip: _____

Phone: _____

Phone: _____

Percentage of Ownership: _____%

Percentage of Ownership: _____%

APPLICANT COMPANY'S NEED FOR CREDIT

- With regard to highly liquid owners, as applicable, why is it impossible or impractical for the individual to utilize liquid assets in lieu of bank financing?

- Does the Applicant Company have the reserves to fund the project without the bank loan? Why not? If yes, why is this impractical or impossible?



PRINCIPAL INFORMATION FORM

Note: This Principal Information Form must be completed by each principal who alone or together with his/her spouse and minor children owns 20% or more of the Applicant Company and all proprietors, partners, officers, directors, members, managing members, trustors, and any person hired by the business to manage day-to-day operations ("Key Employees¹") of the business.

PERSONAL INFORMATION:

Full Legal Name: _____ Date of Birth: _____
 Title: _____ SSN or Alien Registration No.: _____
 Ownership Percentage of Applicant Company: _____ U.S. Citizen? : _____ Yes _____ No
 Place of Birth: _____ Email: _____

CHARACTER QUESTIONS – For the individual named above, please answer the following. Use a separate sheet as necessary

1. Are you, the business, and/or any Affiliates² presently involved in pending legal action?
2. Are you presently subject to an indictment, criminal information, arraignment, or other means by which formal criminal charges are brought in any jurisdiction?
3. Have you been arrested in the last 6 months for any criminal offense?
4. For any criminal offense – other than a minor vehicle violation – have you ever: 1) been convicted; 2) pleaded guilty; 3) pleaded nolo contendere; 4) been placed on pretrial diversion; or 5) been placed on any form of parole or probation (including probation before judgment)³?

____ Yes	____ No
____ Yes	____ No
____ Yes	____ No
____ Yes	____ No

PROPOSED COLLATERAL – please list collateral that you would like the bank to consider in making its credit decision

Notice as to residential property appraisals: We may order an appraisal to determine the property's value and charge you for this appraisal. We will promptly give you a copy of any appraisal, even if your loan does not close. You may pay for an additional appraisal for your own use at your own cost.

NOTICE REGARDING PACKAGING SERVICES

The undersigned acknowledges that neither s/he nor the company is required to employ an agent or representative (including the SBA Lender) to assist with this or any other application form.

The undersigned agrees to the above and hereby certifies that the foregoing information is true and accurate to the best of the undersigned's knowledge.

X _____

Printed Name: _____

¹ As used herein, the term "Key Employee" is primarily defined as an employee who manages daily operations (e.g., overseeing a department or division, not a clerical staff position) of the business.

² As used herein, the term "Affiliate" is primarily defined as one entity or business concern that controls or has the power to control the other, or a third party (or parties) that control(s) or has the power to control both. For example, Affiliation may exist through common ownership, management (including through a management agreement), or when there is an identity of interest between closer relatives with identical or substantially identical business interests.

³ Note that as used herein, the terms "parole" and "probation" also include deferred prosecution, conditional discharge, subject to an order of protection, and on a sex offender registry.



MANAGEMENT RESUME

Your Name:

First Middle/Maiden Last

Social Security/LPR/Alien Card No. Date of Birth Place of Birth

Present Home Address:

Street Address City State Zip

From: _____ To: _____
(insert dates at this location)

Immediate Past Address:

Street Address City State Zip

From: _____ To: _____
(insert dates at this location)

Home or Cell Phone #:

(____) _____ Business Phone #: (____) _____

Spouse's Name:

First Middle/Maiden Last

Employment History (last 10 years):

to Employer: _____ Location _____

Duties: _____

to Employer: _____ Location _____

Duties: _____

to Employer: _____ Location _____

Duties: _____

to Employer: _____ Location _____

Duties: _____

Your Formal Education Consists Of:

High School: _____ Years: _____

College: _____ Degree: _____ Years: _____

Military History: Veteran: Branch: _____ Served: _____ to _____



PERSONAL FINANCIAL STATEMENT

U.S. SMALL BUSINESS ADMINISTRATION

The purpose of this form is to collect information about the Business Applicant and its owners' financial condition. SBA uses the information required by this Form 413 as one of a number of data sources in analyzing the repayment ability and creditworthiness of an applicant for an SBA loan or, with respect to a surety bond, to assist in recovery in the event that the contractor defaults on the contract. SBA also uses the information to assess whether an individual meets the economic disadvantage threshold for the Women-Owned Small Business (WOSB) Program and the 8(a) Business Development (BD) Program. Submission of this information is required as part of your application for assistance. Failure to provide the information would impact the agency's decision on your application.

To complete this form

- 1) Check all that apply.
- 2) Complete the form in its entirety (attached a separate sheet, if necessary)
- 3) Review the applicable certifications and sign (spousal signature, if required)

<input type="checkbox"/> 7(a) loan / 504 loan / Surety Bonds Complete this form for: (1) each proprietor; (2) general partner; (3) managing member of a limited liability company (LLC); (4) each owner of 20% or more of the equity of the Applicant; and (5) any person providing a guaranty on the loan (including the assets and liabilities of the owner's spouse and any minor children). Return completed form to: For 7(a) loans: the Lender processing the application for SBA guaranty For 504 loans: the Certified Development Company (CDC) processing the application for SBA guaranty For Surety Bonds: the Surety Company or Agent processing the application for surety bond guarantee
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<input type="checkbox"/> Disaster Business Loan Application (Excluding Sole Proprietorships) Complete this form for: (1) each applicant; (2) each general partner; (3) each managing member of a limited liability company (LLC); (4) each owner of 20% or more of the equity of the Applicant business; and (5) any person providing an unlimited guaranty on the loan. Return completed form to: Disaster Processing and Disbursement Center at 14925 Kingsport Road, Fort Worth, TX 76155-2243 or FAX to 1-202-481-1505 or disasterloans@sba.gov
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<input type="checkbox"/> Women Owned Small Business (WOSB) Federal Contracting Program This form must be completed by each individual claiming economic disadvantage in connection with the SBA's Women-Owned Small Business (WOSB) Federal Contracting Program. A separate form must be completed by the individual's spouse, unless the individual and the spouse are legally separated. Use attachments if necessary. Each attachment must be identified as a part of this statement and signed. In addition, each individual claiming economic disadvantage must update the form as changes arise, but at least annually, to ensure the information is current, accurate and complete. SBA's regulations state that to be considered economically disadvantaged for purposes of the WOSB Program, a woman must have an adjusted gross income averaged over the three prior fiscal years of \$350,000 or less; less than \$6 million in the fair market value of all her assets (to include her primary residence and value of the business concern); and less than \$750,000 in personal net worth (excluding equity interest in her personal residence and ownership interest in the business, and funds invested in a retirement account that are unavailable until retirement age). 13 C.F.R. §127.203. The information contained in this form must be submitted and certified through beta.certify.sba.gov

<input type="checkbox"/> 8(a) Business Development Program 8(a) applicants must show that 51% of the firm is owned by one or more individuals determined by the SBA to be socially and economically disadvantaged. The information contained in this form must be submitted by each socially and economically disadvantaged individual using their one time 8(a) eligibility to qualify this firm for 8(a) certification. If married, the spouse must complete a separate SBA Form 413, except when the individual and the spouse are legally separated. If separated, provide copy of separation document. SBA's regulations state that to be considered economically disadvantaged for purposes of the 8(a) Business Development Program, an individual must have an adjusted gross income averaged over the three prior fiscal years of \$350,000 or less; less than \$6 million in the fair market value of all assets (to include primary residence and value of the business concern); and less than \$750,000 in personal net worth (excluding equity interest in the personal residence and ownership interest in the business, and funds invested in a retirement account that are unavailable until retirement age). 13 C.F.R. §124.104. Note: Please complete this form with Personal Information not Business Information and divide all jointly owned assets and liabilities, as appropriate with spouse or others. The information contained in this form must be submitted and certified through certify.sba.gov . For additional information go to: http://www.sba.gov/8abd

Name	Business Phone (xxx-xxx-xxxx)
Home Address	Home Phone (xxx-xxx-xxxx)
City, State, & Zip Code	
Business Name of Applicant/Borrower	
Business Address (if different than home address)	
Business Type: ___ Corporation ___ S-Corp. ___ LLC ___ Partnership ___ Sole Proprietor (does not apply to ODA applicant)	

This information is current as of [month/day/year]
(within 90 days of submission for 7(a)/504/SBG/ODA/WOSB or within 30 days of submission for 8(a) BD)

WOSB applicant only, Married ___ Yes ___ No

ASSETS	LIABILITIES
(Omit Cents)	(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)
(Describe in Section 5)	Installment Account (Auto)..... _____
Accounts & Notes Receivable..... _____	Mo. Payments _____
(Describe in Section 5)	Installment Account (Other)..... _____
Life Insurance – Cash Surrender Value Only..... _____	Mo. Payments _____
(Describe in Section 8)	Loan(s) Against Life Insurance..... _____
Stocks and Bonds..... _____	Mortgages on Real Estate..... _____
(Describe in Section 3)	(Describe in Section 4)
Real Estate..... _____	Unpaid Taxes..... _____
(Describe in Section 4)	(Describe in Section 6)
Automobiles..... _____	Other Liabilities..... _____
(Describe in Section 5, and include Year/Make/Model)	(Describe in Section 7)
Other Personal Property..... _____	Total Liabilities..... _____
(Describe in Section 5)	Net Worth..... _____
Other Assets..... _____	Total _____
(Describe in Section 5)	Must equal total in assets column.
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 should 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 part of this statement and signed.)

Names and Addresses 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 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 Real Estate (e.g. Primary Residence, Other Residence, Rental Property, Land, etc.)			
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 the SBA/Lender/Surety Company to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness.

CERTIFICATION: (to be completed by each person submitting the information requested on this form and the spouse of any 20% or more owner when spousal assets are included)

By signing this form, I certify under penalty of criminal prosecution that all information on this form and any additional supporting information submitted with this form is true and complete to the best of my knowledge. I understand that SBA or its participating Lenders or Certified Development Companies or Surety Companies will rely on this information when making decisions regarding an application for a loan, surety bond, or participation in the WOSB or 8(a) BD program. I further certify that I have read the attached statements required by law and executive order.-

Signature _____

Date _____

Print Name _____

Social Security No. _____

Signature _____

Date _____

Print Name _____

Social Security No. _____

NOTICE TO 7(a) LOAN, 504 LOAN AND SURETY BOND APPLICANTS: CRIMINAL PENALTIES AND ADMINISTRATIVE REMEDIES FOR FALSE STATEMENTS:

Knowingly making a false statement on this form is a violation of Federal law and could result in criminal prosecution, significant civil penalties, and a denial of your loan or surety bond application. A false statement is punishable under 18 U.S.C. §§ 1001 and 3571 by imprisonment of not more than five years and/or a fine of up to \$250,000; under 15 U.S.C. § 645 by imprisonment of not more than two years and/or a fine of not more than \$5,000; and, if submitted to a Federally-insured institution, a false statement is punishable under 18 U.S.C. § 1014 by imprisonment of not more than thirty years and/or a fine of not more than \$1,000,000. Additionally, false statements can lead to treble damages and civil penalties under the False Claims Act, 31 U.S.C. § 3729, and other administrative remedies including suspension and debarment.

NOTICE TO DISASTER BUSINESS LOAN APPLICANTS: CRIMINAL PENALTIES AND ADMINISTRATIVE REMEDIES FOR FALSE STATEMENTS:

Whoever wrongfully misapplies the proceeds of an SBA disaster loan shall be civilly liable to the Administrator in an amount equal to one-and-one half times the original principal amount of the loan under 15 U.S.C. § 636(b). In addition, any false statement or misrepresentation to SBA may result in criminal, civil or administrative sanctions including, but not limited to: 1) fines and imprisonment, or both, under 15 U.S.C. § 645, 18 U.S.C. § 1001, 18 U.S.C. § 1014, 18 U.S.C. § 1040, 18 U.S.C. § 3571, and any other applicable laws; 2) treble damages and civil penalties under the False Claims Act, 31 U.S.C. § 3729; 3) double damages and civil penalties under the Program Fraud Civil Remedies Act, 31 U.S.C. § 3802; and 4) suspension and/or debarment from all Federal procurement and non-procurement transactions. Statutory fines may increase if amended by the Federal Civil Penalties Inflation Adjustment Act Improvements Act of 2015.

NOTICE TO APPLICANTS OR PARTICIPANTS IN THE WOSB FEDERAL CONTRACTING PROGRAM: CRIMINAL PENALTIES AND ADMINISTRATIVE REMEDIES FOR FALSE STATEMENTS:

Any person who misrepresents a business concern's status as a WOSB or EDWOSB, or makes any other false statement in order to influence the WOSB Program eligibility determination or other review process in any way (e.g., protest), shall be: (1) subject to fines and imprisonment of up to 5 years, or both, as stated in Title 18 U.S.C. § 1001; (2) subject to fines of up to \$500,000 or imprisonment of up to 10 years, or both, as stated in Title 15 U.S.C. § 645; (3) subject to civil and administrative remedies, including suspension and debarment; and (4) ineligible for participation in programs conducted under the authority of the Small Business Act.

NOTICE TO APPLICANTS OR PARTICIPANTS IN THE 8(a) BUSINESS DEVELOPMENT PROGRAM: CRIMINAL PENALTIES AND ADMINISTRATIVE REMEDIES FOR FALSE STATEMENTS:

Any person who misrepresents a business concern's status as an 8(a) BD Program participant or SDB concern, or makes any other false statement in order to influence the 8(a) certification or other review process in any way (e.g., annual review, eligibility review), shall be: (1) subject to fines and imprisonment of up to 5 years, or both, as stated in Title 18 U.S.C. § 1001; (2) subject to fines of up to \$500,000 or imprisonment of up to 10 years, or both, as stated in Title 15 U.S.C. § 645; (3) subject to treble damages and civil penalties under the False Claims Act, 31 U.S.C. § 3729; (4) subject to administrative remedies, including suspension and debarment; and (5) ineligible for participation in programs conducted under the authority of the Small Business Act.

PLEASE NOTE: According to the Paperwork Reduction Act, you are not required to respond to this request for information unless it displays a valid OMB Control Number. The estimated average burden hours for the completion of this form is 1.5 hour per response. If you have questions or comments concerning this estimate or any other aspect of this information collection, please contact: Director, Records Management Division, Small Business Administration, 409 Third Street SW, Washington, D.C. 20416, and SBA Desk Officer, Office of Management and Budget, New Executive Office Building, Room 10202, Washington, D.C. 20503. PLEASE DO NOT SEND COMPLETED FORMS TO OMB.

PLEASE READ, DETACH, AND RETAIN FOR YOUR RECORDS

Privacy Act (5 U.S.C. 552a) and Debt Collection Improvement Act (31 U.S.C. 7701)

Authorities and Purpose for Collecting Information: SBA is collecting the information on this form, including social security numbers and other personal information, to make a character and credit or other eligibility decision in connection with you or your company's application for SBA assistance. SBA may also use social security numbers for the purpose of collecting and reporting on any delinquent fees or other amounts owed SBA, where applicable.

For purposes of SBA's financial assistance programs, 31 U.S.C. 7701 requires loan applicants and guarantors, or any indemnitor of a surety bond to provide their social security numbers, or other taxpayer identification numbers. Failure to provide this information would affect your ability to obtain an SBA loan or bond. For other individuals signing this form, the submission of the social security number is voluntary and failure to provide your social security number may not affect any right, benefit or privilege to which you are entitled. However, your social security number or other taxpayer identification number helps SBA to distinguish you from other individuals with the same or similar name or other personal identifier. This use is permitted under Executive Order 9397. Personal information collected is protected to the extent permitted by law, including the Freedom Information Act, 5 U.S.C. 552, and the Privacy Act 5 U.S.C. 552. Such information is maintained pursuant to SBA's Privacy Act System of Records at <https://www.sba.gov/sites/default/files/2020-01/sba-sorns.pdf>.

Right to Financial Privacy Act of 1978 (12 U.S.C. 3401) -- This is notice to you as required by the Right to Financial Privacy Act of 1978, of SBA's access rights to financial records held by financial institutions that are or have been doing business with you or your business, including any financial institutions participating in a loan or loan guaranty. The law provides that SBA shall have a right of access to your financial records in connection with its consideration or administration of assistance to you in the form of a Government guaranteed loan or guaranteed bond. SBA is required to provide a certificate of its compliance with the Act to a financial institution in connection with its first request for access to your financial records, after which no further certification is required for subsequent accesses. The law also provides that SBA's access rights continue for the term of any approved loan guaranty agreement or any approved bond agreement. No further notice to you of SBA's access rights is required during the term of any such agreement. The law also authorizes SBA to transfer to another Government authority any financial records included in an application for a loan or bond guarantee, or concerning an approved loan or loan guarantee or bond guarantee, as necessary to process, service or foreclose on a loan guaranty or collect on a defaulted loan guaranty, or to process or service the bond guarantee. No other transfer of your financial records to another Government authority will be permitted by SBA except as required or permitted by law.

Freedom of Information Act (5 U.S.C. 552)

This law provides, with some exceptions, that SBA must supply information contained in agency files and records to a person requesting it. Information about approved loans that will be automatically released includes, among other things, statistics on our loan programs (individual borrowers are not identified in the statistics), and other information such as the names of the borrowers (and their officers, directors, stockholders or partners), the collateral pledged to secure the loan, the amount of the loan, its purpose in general terms, and the maturity. With respect to SBA's bond guarantee program, SBA will release, among other things, statistics on the Surety Bond Guarantee (SBG) programs and other information such as the names of small businesses (and their officers, directors, stockholders or partners) and the amount of the bond guarantees. Proprietary data on a borrower would not routinely be made available to third parties. All requests under this Act are to be addressed to the nearest SBA office and be identified as a Freedom of Information request.

BUSINESS HISTORY FORM

Describe the products/services offered* and what they do for the customer. Please provide any company brochures or literature you have.

What geographic/demographic areas does the business* service? Who are its customers and where are they located, how big is the market and what is your current and desired future market share?

Does any customer represent greater than 10% of the sales? YES NO

If "Yes", please provide detail about the customer including general information (sales volume, public/private, years in business, etc.) and how long you have been servicing this customer.

What are the primary competitors?

Competitor	Location	Your Competitive Advantage

Background & history of the business* and principals. Does anyone involved in loan request have relevant industry experience? What is the educational background of the proposed principals?

How will you market your product/services*? (Include information about distribution channels, suppliers including concentrations, seasonal swings, etc.)

Describe your vision for the company over the next 2-3 years... 8-10 years? (i.e., growth plans, changes in customer base, future capital expenditures, current capacity vs. future, management structure. Please also describe your management succession plan should you or a key employee die, become disabled and/or unable to work.)

**Note: if proposed project involves a business acquisition, please complete each demarcated question for seller's existing business model/practices and distinguish your own, as applicable. The foregoing questions may also be addressed in the Applicant Company's Business Summary report prepared by broker and/or business development officer.*

INSURANCE INFORMATION

Hazard/Property Insurance

Company: _____ Phone: _____
Contact: _____

Life Insurance: Does the Applicant Company maintain life insurance on any owner or officer? If yes, provide details below.

Insured: _____ Beneficiary: _____ Amount: \$ _____
Insured: _____ Beneficiary: _____ Amount: \$ _____

BUSINESS & PROFESSIONAL ADVISORS

CPA

Company: _____ Phone: _____
Contact: _____ Email: _____

Attorney

Company: _____ Phone: _____
Contact: _____ Email: _____

Franchise

Company: _____ Phone: _____
Contact: _____ Email: _____

Title Company

Company: _____ Phone: _____
Contact: _____ Email: _____

General Contractor – *as applicable, for construction loan requests*

Company: _____ Phone: _____
Contact: _____ Email: _____

VERIFICATION OF COMPANY'S CONTACT INFORMATION

Mailing address verification and authorization to contact using the information below

Please verify the mailing address for your payment notices and future correspondence, if application is successful, by completing the information below:

Name: _____ Phone & Fax: _____
Address: _____ City/State/Zip: _____
Contact: _____ Email: _____

By signing below, I hereby authorize BankUnited, N.A., its employees, agents, successors and/or assigns to communicate with me via any available medium including but not limited to the email, fax, mail, and telephone, set forth herein.

Signature: _____

If application is successful, to change your address after loan closing, please email a request to SBF-SpecializedServicing@BankUnited.com or forward a written request by mail to BankUnited, N.A., 2-CREAD, Attn: Credit Support Team, 7765 NW 148th Street, Miami Lakes, FL 33016. Your written request should include the following: loan name, loan number, new mailing address, phone number, fax number and signature of account owner.