



Business Loan Application Form

All erasures must be countersigned by the applicant
All items must be filled out by the Applicant or Authorized Representative

To be filled out internally

Client Code

1" x 1" ID Photo
(glue or paste)

HOW CAN WE HELP?

HOW MUCH DO YOU THINK YOU WILL NEED?	WHAT IS THE PURPOSE OF YOUR LOAN APPLICATION?
--------------------------------------	---

PERSONAL INFORMATION

PRINCIPAL BORROWER'S FULL NAME (LAST, FIRST, MIDDLE)		DATE OF BIRTH (MM/DD/YYYY)	PLACE OF BIRTH	SEX: <input type="radio"/> MALE <input type="radio"/> FEMALE
PRIMARY EMAIL ADDRESS	ACTIVE MOBILE NUMBER	SSS/GSIS	TIN	
PRESENT ADDRESS (LOT#/BLK#/ST#, SUBDIVISION/BARANGAY, CITY/TOWN, PROVINCE, ZIP CODE)			RESIDENTIAL STATUS <input type="radio"/> RENT <input type="radio"/> OWNED <input type="radio"/> MORTGAGED	
HIGHEST EDUCATIONAL ATTAINMENT & SCHOOL		CIVIL STATUS	NATIONALITY	
SPOUSE'S FULL NAME (LAST, FIRST, MIDDLE)		SPOUSE'S ACTIVE LANDLINE/MOBILE NUMBER		
CO-BORROWER'S FULL NAME (LAST, FIRST, MIDDLE)	CO-BORROWER'S ACTIVE LANDLINE/MOBILE NUMBER	RELATIONSHIP TO PRINCIPAL BORROWER		

DEPENDENTS' INFORMATION

DEPENDENT'S FULL NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH (MM/DD/YYYY)	SCHOOL/COMPANY
DEPENDENT'S FULL NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH (MM/DD/YYYY)	SCHOOL/COMPANY
DEPENDENT'S FULL NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH (MM/DD/YYYY)	SCHOOL/COMPANY

BUSINESS INFORMATION

REGISTERED BUSINESS NAME	DESCRIBE YOUR PRODUCT/SERVICE		
MAIN OFFICE ADDRESS: LOT#/BLK#/ST#, SUBDIVISION/BARANGAY, CITY/TOWN, PROVINCE, ZIP CODE			# OF BRANCHES
ADDRESS OF OPERATIONS: LOT#/BLK#/ST#, SUBDIVISION/BARANGAY, CITY/TOWN, PROVINCE, ZIP CODE			# OF EMPLOYEES
BUSINESS CONTACT DETAILS	YEAR BUSINESS STARTED	OTHER SOURCE OF FUNDS	INCOME FROM OTHER BUSINESSES
OPERATIONS			
AVERAGE MONTHLY SALES	AVERAGE MONTHLY COST OF SALES	AVERAGE MONTHLY NET INCOME	

BANK INFORMATION/FINANCIAL INSTITUTION

BANK/FINANCIAL INSTITUTION & BRANCH	ACCOUNT NUMBER	DATE OPENED (MM/YYYY)	TOTAL CREDIT LINE (IF ANY)	CONTACT DETAILS
BANK/FINANCIAL INSTITUTION & BRANCH	ACCOUNT NUMBER	DATE OPENED (MM/YYYY)	TOTAL CREDIT LINE (IF ANY)	CONTACT DETAILS
BANK/FINANCIAL INSTITUTION & BRANCH	ACCOUNT NUMBER	DATE OPENED (MM/YYYY)	TOTAL CREDIT LINE (IF ANY)	CONTACT DETAILS
BANK/FINANCIAL INSTITUTION & BRANCH	ACCOUNT NUMBER	DATE OPENED (MM/YYYY)	TOTAL CREDIT LINE (IF ANY)	CONTACT DETAILS

TRADE REFERENCES: MAJOR SUPPLIERS

BUSINESS NAME	CONTACT PERSON	CONTACT NUMBER
BUSINESS NAME	CONTACT PERSON	CONTACT NUMBER
BUSINESS NAME	CONTACT PERSON	CONTACT NUMBER

REQUIREMENTS

- For Sole Proprietors*
- Latest original 3 months bank statements & bank certification
 - Latest copy of Mayor's & Barangay Business Permit
 - Latest copy of DTI Permit
 - Photocopy of at least 2 Government-Issued IDs
 - 1" x 1" ID picture
 - Pictures of business and/or inventory
 - Proof of Billing for your business and residence (i.e. electricity, water, cable)
 - Hand-draw sketch of your business and residence location
- Additional requirements for Partnership*
- Articles of Partnership
 - Latest copy of Mayor's Permit
- Additional requirements for Corporations*
- SEC registration with Articles of Incorporation & By Laws
 - Latest copy of General Information Sheet
 - Latest copy of Mayor's Permit
 - Secretary's Certificate with Board Resolution (Authority to obtain loan in his/her personal capacity)
 - Latest Income Tax Return with Audited Financial Statements

TRADE REFERENCES: MAJOR CLIENTS

CLIENT'S NAME	CONTACT PERSON	CONTACT NUMBER
CLIENT'S NAME	CONTACT PERSON	CONTACT NUMBER
CLIENT'S NAME	CONTACT PERSON	CONTACT NUMBER

AUTHORITY TO VERIFY INFORMATION & DECLARATION OF VERACITY

I/We hereby certify that all information disclosed here are true and correct and shall form part of the loan documents and the signatures indicated here are genuine. I/We hereby waives confidentiality of client information including, without limitation, the provisions of R.A. 9510 (Credit Information System Act) and R.A. 10173 (Data Privacy Act of 2012). I/We authorize Esquire Financing Inc. and its authorized representatives to enter and inspect my/our residence, main office, and operation facility/ies as part of their credit evaluation.

SIGNATURE OVER PRINTED NAME OF PRINCIPAL BORROWER W/ DATE

SIGNATURE OVER PRINTED NAME OF SPOUSE W/ DATE

SIGNATURE OVER PRINTED NAME OF CO-BORROWER W/ DATE

WHO IS YOUR SALES AGENT?

MANAGING SALES PARTNER

SALES PARTNER

SALES AFFILIATE