

# PACIFIC CAPITAL BANK

*SBA Division*

## Small Business Loan Application

# PACIFIC CAPITAL BANK

## WELCOME TO PACIFIC CAPITAL BANK

Thank you for expressing an interest in obtaining an SBA Loan from Pacific Capital Bank. Pacific Capital Bank specializes in SBA financing and we are committed to serving the needs of the local business community.

Our SBA Loan Programs are specifically designed with business needs being our first consideration. Loans can be made to new or existing businesses for a variety of business purposes. Loan proceeds can be used for the purchase, refinance, and/or construction of real property used in the business. Proceeds may also be used for tenant improvements, renovations, working capital, equipment purchases, business expansions, and business acquisitions.

**At Pacific Capital Bank, the satisfaction of our borrowers is our top priority.**


The preliminary approval process is quick, usually within just a few days! Let us show you why so many business owners say that the *Pacific Capital Bank difference* is what sets us apart from the rest when it comes to small business financing.

Should you have any questions regarding the process, please contact your local Pacific Capital Bank Loan Representative. Thank you for your interest in Pacific Capital Bank's SBA Loan Program. We look forward to the opportunity of serving you.







591 Camino de la Reina, Suite 1010, San Diego, California 92108-3112  
619-260-4400 • 866-970-4400 • [www.pacificcapitalbank.com](http://www.pacificcapitalbank.com)  
Pacific Capital Bank, N.A., Member FDIC


# PACIFIC CAPITAL BANK

## Small Business Loan Application Checklist

This checklist has been provided to assist you through the process of gathering the necessary information to expedite your loan request. Complete information will be necessary to process your loan application. Items with the  are required to be completed separately from each principal of the business.

### Information to be provided:

- 1. **Applicant's Information Sheet** (2 pages)
- 2.  **Management Resume(s)** (3 pages) – Complete for all principals (20% or greater ownership).
- 3.  **Statement of Personal History (SBA Form 912)** - Complete for all principals (as described in #2 above).
- 4.  **Personal Financial Statement(s)** (2 pages) - Complete the SBA form for each guarantor and/or principal as defined in item #2 above. If company is a general partnership, all general partners must complete. All statements are to be dated the same date, not over 60 days old.
- 5. **Business History** (2 pages) - Complete forms and please include any brochures, advertising material and/or printed history of business (if available).
- 6. **Business Debt Schedule** - This schedule must be dated the same as the Interim Balance Sheet requested in #16 below and reflect all outstanding liabilities as shown in the Interim Balance Sheet. Provide copies of all notes which are to be refinanced (if applicable).
- 7. **Aging of Accounts Receivables and Payables** - Complete if applicable. This form must be dated the same as the Interim Balance Sheet requested in #16 below and reflect the accounts receivables and payables balances as shown on the Interim Balance Sheet.
- 8. **IRS Form 4506-T "Request For Transcript of Tax Return Form"** - signed by an authorized representative of the subject business entity. (*Not required for a sole proprietorship*).
  -  **IRS Form 4506-T's "Request For Transcript of Tax Return Form"** - from each principal and spouse as defined in #2 above (*Do not use titles.*)
  - IRS Form 4506-T (Business Acquisition Only)** - from seller of business.
- 9. **Projected Operating Statement** (if applicable).
- 10. **Assumptions to Projections**
- 11.  **Authorization to Obtain Credit Information** - Please have each individual sign and date this authorization.
- 12.  **Immigration and Naturalization Authorization (non U.S. Citizen only)**

*In addition, please provide the following:*
- 13. **Business Financial Statements and Tax Returns** - Income statements, balance sheets, accounts payable and receivables (if applicable), and tax returns for the prior three fiscal year-ends. **After photocopying financial statements and tax returns, re-sign in blue ink and affix current date.**
- 14. **Affiliate Information** - Income statement, balance sheet, accounts payable and receivable (if applicable), and tax return of the most current fiscal year-end. After photocopying financial statements, re-sign in blue ink and affix current date. An affiliate is considered to be a person or company with a financial stake in the applicant concern that influences, controls or has the ability to influence or control the business or the applicant or that of a related entity.
- 15. **Interim Business Financial Statement** - Income statement and balance sheets not more than 60 days old.
- 16.  **Personal Tax Returns** - Complete federal tax returns and all attached schedules for the past three (3) years on each individual defined in #2 above. After photocopying tax returns, re-sign with blue ink and affix current date.
- 17. **Debt Refinance Transactions** – Submit copy of Note(s) to be refinanced.
- 18. **Business Acquisition Transactions** – Submit Seller's Business Federal Income Tax Returns for the last three (3) years along with current year-to-date financial statements (if applicable).
- 19. **Purchase Transactions** – Submit Escrow Instructions and/or Buy Sell Agreement.
- 20. **Articles of Incorporation & By-Laws, Fictitious Business Name Statement, Business License, Partnership Agreement, Articles of Organization or Trust** (whichever is applicable).
- 21. **Construction Cost Breakdown, Construction Contract, Copy of Building Plans** (if applicable).
- 22. **Privacy Policy Notice** - Please retain this notice for your records.
- 23. **Other:** \_\_\_\_\_

***Should you have any questions or need assistance, please contact your Pacific Capital Bank Loan Representative.***

# PACIFIC CAPITAL BANK

## Applicant's Information Sheet

Company Name \_\_\_\_\_ Phone: \_\_\_\_\_  
Type of Business \_\_\_\_\_ Fax: \_\_\_\_\_  
Business Address \_\_\_\_\_ Cell: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Business Tax I.D.# \_\_\_\_\_

Location of proposed collateral for this loan? \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Business Tax I.D.# \_\_\_\_\_

Is your business entity a:  Proprietorship  Partnership  Corporation  LLC  Trust

### Owner/Principals

Names	% Ownership/Title	Social Security Number
1. _____	_____/_____	_____
2. _____	_____/_____	_____
3. _____	_____/_____	_____
4. _____	_____/_____	_____

Have you or any officer of your company ever been involved in bankruptcy or insolvency proceedings?

Yes  No If yes, please attach details.

Are you or your business involved in any pending lawsuits?

Yes  No If yes, please attach details.

Have you ever applied for government financing?  Yes  No

If yes, please provide the name of the agency, original balance and if loan is current. \_\_\_\_\_

How will Title to Real Estate collateral be held?

(for transactions with real estate)  Joint Tenancy  Community Property  Tenancy in Common

Title/Escrow/Attorney \_\_\_\_\_

Business Bank Name/Address \_\_\_\_\_

Business Bank Contact Person/Telephone Number \_\_\_\_\_

Intended use of proposed loan? \_\_\_\_\_

How will this loan benefit your business? \_\_\_\_\_

How many employees do you have? \_\_\_\_\_

How many employees will you hire? \_\_\_\_\_

# PACIFIC CAPITAL BANK

## Applicant's Information Sheet

(Continued)

This section relates to your planned use of the funds from this loan request. In those instances where funds are expected to be used in different ways, it is important to be accurate in breaking out anticipated expenditures by category. Please be as specific as possible. Also, provide a complete description of the planned use if you are using the "Other" category referenced below.

### Project Items

### Project Cost

Building Construction/Improvement (Hard Costs).....	\$
Building Construction/Improvement (Soft Costs).....	\$
Business Acquisition (list of assets and purchase agreement required)..	\$
Debt Refinance (copy of notes required).....	\$
Furniture & Fixtures.....	\$
Inventory.....	\$
Land and Building Acquisition.....	\$
Land Acquisition.....	\$
Machinery/Equipment Acquisition.....	\$
Working Capital (include loan fees).....	\$
Other	\$
Other	\$
Total Project Cost	\$
Less Borrower's Cash Injection	\$
Total Loan Requested	\$

1. **Source of Injection:** (i.e., personal savings, home equity loan, business working capital, etc.)

2. **Estimated close of escrow date:**

**If escrow has already been opened, please provide the name of the escrow company as well as the contact information:**

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3. **Please provide the name of the Broker or other person who referred you to Pacific Capital Bank:**

# PACIFIC CAPITAL BANK

## MANAGEMENT RESUME

Please fill in all the spaces. Use complete first, middle and last names (*no initials*). If an item is not applicable, please write "N/A". You may include additional information on a separate exhibit; sign and date where indicated below.

### 1. PERSONAL HISTORY

Full Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
*First Middle Maiden Last*

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
*City / State / Country*

Residence Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Residence Address: \_\_\_\_\_  
*Street City State Zip*

From: \_\_\_\_\_ To: \_\_\_\_\_

Previous Address: \_\_\_\_\_  
*Street City State Zip*

From: \_\_\_\_\_ To: \_\_\_\_\_

Employed by U.S. Government? Yes:  No:  Agency/Position \_\_\_\_\_

U.S. Citizen? Yes:  No:

If no, give Alien Registration Number: \_\_\_\_\_

Have you ever had a personal or business repossession, foreclosure, bankruptcy or judgment against you?

Yes:  No:  If yes, please furnish details in a separate exhibit.

Driver's License # \_\_\_\_\_ State of Issue: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

### SPOUSE

Full Name: \_\_\_\_\_  
*First Middle Maiden Last*

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Marriage: \_\_\_\_\_

Employed by U.S. Government? Yes:  No:  Agency/Position \_\_\_\_\_

U.S. Citizen? Yes:  No:

If no, give Alien Registration Number: \_\_\_\_\_

Have you ever had a personal or business repossession, foreclosure, bankruptcy or judgment against you?

Yes:  No:  If yes, please furnish details in a separate exhibit.

Driver's License # \_\_\_\_\_ State of Issue: \_\_\_\_\_ Expiration Date: \_\_\_\_\_



# MANAGEMENT RESUME

(Continued)

## 2. EDUCATION AND TECHNICAL TRAINING

(Include name and location of school or college.)

Dates Attended

Major

Degree/Certificate

High School:

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College:

---

Trade/Vocational:

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## 3. MILITARY SERVICE AND BACKGROUND

Military Service:

Yes  No Are you a veteran?

From:

To:

---

Branch:

Yes  No Honorable Discharge?

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## 4. OBJECTIVE

Purpose and intent of this resume: \_\_\_\_\_

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Are you presently under indictment, on parole or probation?

Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, furnish details in a separate exhibit. List name(s) under which held, if applicable.

Have you ever been **charged** or **arrested** for any criminal offense other than a minor motor vehicle violation?

Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, furnish details in a separate exhibit. List name(s) under which held, if applicable.

Have you or your business ever been involved in any pending law suits?

Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, furnish details in a separate exhibit.

Have you or any officers of your company ever been involved in bankruptcy or insolvency proceedings?

Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, furnish details in a separate exhibit.



# MANAGEMENT RESUME

(Continued)

## 5. WORK EXPERIENCE

(List chronologically, beginning with present position.)

Company Name: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_

Duties Performed (a detailed and specific description is required): \_\_\_\_\_

Company Name: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_

Duties Performed (a detailed and specific description is required): \_\_\_\_\_

Company Name: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_

Duties Performed (a detailed and specific description is required): \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Additional Information Attached-Check Here





**United States of America**  
**SMALL BUSINESS ADMINISTRATION**  
**STATEMENT OF PERSONAL HISTORY**

**Please Read Carefully - Print or Type**

Each member of the small business or the development company requesting assistance must submit this form in TRIPLICATE for filing with the SBA application. This form must be filled out and submitted by:

1. By the proprietor, if a sole proprietorship.
2. By each partner, if a partnership.
3. By each officer, director, and additionally by each holder of 20% or more of the ownership stock, if a corporation, limited liability company, or a development company.

Name and Address of Applicant (Firm Name)(Street, City, State, and ZIP Code)	SBA District/Disaster Area Office	
	Amount Applied for (when applicable)	File No. (if known)
1. Personal Statement of: (State name in full, if no middle name, state (NMN), or if initial only, indicate initial.) List all former names used, and dates each name was used. Use separate sheet if necessary.  First _____ Middle _____ Last _____	2. Give the percentage of ownership or stocked owned or to be owned in the small business or the development company	Social Security No.
	3. Date of Birth (Month, day, and year)	
	4. Place of Birth: (City & State or Foreign Country)	
	5. U.S. Citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO If No, are you a Lawful Permanent resident alien: <input type="checkbox"/> YES <input type="checkbox"/> NO If non- U.S. citizen provide alien registration number: _____	

Name and Address of participating lender or surety co. (when applicable and known)	
6. Present residence address: From: To: Address:  Home Telephone No. (Include A/C): Business Telephone No. (Include A/C):	Most recent prior address (omit if over 10 years ago): From: To: Address:

**PLEASE SEE REVERSE SIDE FOR EXPLANATION REGARDING DISCLOSURE OF INFORMATION AND THE USES OF SUCH INFORMATION.**

**IT IS IMPORTANT THAT THE NEXT THREE QUESTIONS BE ANSWERED COMPLETELY. AN ARREST OR CONVICTION RECORD WILL NOT NECESSARILY DISQUALIFY YOU; HOWEVER, AN UNTRUTHFUL ANSWER WILL CAUSE YOUR APPLICATION TO BE DENIED.**

**IF YOU ANSWER "YES" TO 7, 8, OR 9, FURNISH DETAILS ON A SEPARATE SHEET. INCLUDE DATES, LOCATION, FINES, SENTENCES, WHETHER MISDEMEANOR OR FELONY, DATES OF PAROLE/PROBATION, UNPAID FINES OR PENALTIES, NAME(S) UNDER WHICH CHARGED, AND ANY OTHER PERTINENT INFORMATION.**

7. Are you presently under indictment, on parole or probation?  <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, indicate date parole or probation is to expire.)	
8. Have you ever been charged with and or arrested for any criminal offense other than a minor motor vehicle violation? Include offenses which have been dismissed, discharged, or not prosecuted (All arrests and charges must be disclosed and explained on an attached sheet.)  <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Have you ever been convicted, placed on pretrial diversion, or placed on any form of probation, including adjudication withheld pending probation, for any criminal offense other than a minor vehicle violation?  <input type="checkbox"/> Yes <input type="checkbox"/> No	
10. I authorize the Small Business Administration Office of Inspector General to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for programs authorized by the Small Business Act, and the Small Business Investment Act.	

**CAUTION:** 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, surety bond, or other program participation. A false statement is punishable under 18 USC 1001 by imprisonment of not more than five years and/or a fine of not more than \$10,000; under 15 USC 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, under 18 USC 1014 by imprisonment of not more than thirty years and/or a fine of not more than \$1,000,000.

Signature	Title	Date
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<b>Agency Use Only</b> 11. <input type="checkbox"/> Fingerprints Waived _____ Date _____ Approving Authority _____ <input type="checkbox"/> Fingerprints Required _____ Date _____ Approving Authority _____ Date Sent to OIG _____	12. <input type="checkbox"/> Cleared for Processing _____ Date _____ Approving Authority _____ 13. <input type="checkbox"/> Request a Character Evaluation _____ Date _____ Approving Authority _____ (Required whenever 7, 8 or 9 are answered "yes" even if cleared for processing.)
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**PLEASE NOTE:** The estimated burden for completing this form is 15 minutes per response. You are not required to respond to any collection of information unless it displays a currently valid OMB approval number. Comments on the burden should be sent to U.S. Small Business Administration, Chief, AIB, 409 3rd St., S.W., Washington D.C. 20416 and Desk Officer for the Small Business Administration, Office of Management and Budget, New Executive Office Building, Room 10202, Washington, D.C. 20503. OMB Approval 3245-0178. **PLEASE DO NOT SEND FORMS TO OMB.**



## NOTICES REQUIRED BY LAW

The following is a brief summary of the laws applicable to this solicitation of information.

### **Paperwork Reduction Act (44 U.S.C. Chapter 35)**

SBA is collecting the information on this form to make a character and credit eligibility decision to fund or deny you a loan or other form of assistance. The information is required in order for SBA to have sufficient information to determine whether to provide you with the requested assistance. The information collected may be checked against criminal history indices of the Federal Bureau of Investigation.

### **Privacy Act (5 U.S.C. § 552a)**

Any person can request to see or get copies of any personal information that SBA has in his or her file, when that file is retrievable by individual identifiers, such as name or social security numbers. Requests for information about another party may be denied unless SBA has the written permission of the individual to release the information to the requestor or unless the information is subject to disclosure under the Freedom of Information Act.

Under the provisions of the Privacy Act, you are not required to provide your social security number. Failure to provide your social security number may not affect any right, benefit or privilege to which you are entitled. Disclosures of name and other personal identifiers are, however, required for a benefit, as SBA requires an individual seeking assistance from SBA to provide it with sufficient information for it to make a character determination. In determining whether an individual is of good character, SBA considers the person's integrity, candor, and disposition toward criminal actions. In making loans pursuant to section 7(a)(6) the Small Business Act (the Act), 15 USC § 636 (a)(6), SBA is required to have reasonable assurance that the loan is of sound value and will be repaid or that it is in the best interest of the Government to grant the assistance requested. Additionally, SBA is specifically authorized to verify your criminal history, or lack thereof, pursuant to section 7(a)(1)(B), 15 USC § 636(a)(1)(B). Further, for all forms of assistance, SBA is authorized to make all investigations necessary to ensure that a person has not engaged in acts that violate or will violate the Act or the Small Business Investment Act, 15 USC §§ 634(b)(11) and 687b(a). For these purposes, you are asked to voluntarily provide your social security number to assist SBA in making a character determination and to distinguish you from other individuals with the same or similar name or other personal identifier.

When this information indicates a violation or potential violation of law, whether civil, criminal, or administrative in nature, SBA may refer it to the appropriate agency, whether Federal, State, local, or foreign, charged with responsibility for or otherwise involved in investigation, prosecution, enforcement or prevention of such violations. See 56 Fed. Reg. 8020 (1991) for other published routine uses.



**PERSONAL FINANCIAL STATEMENT**

**U.S. SMALL BUSINESS ADMINISTRATION**

As of \_\_\_\_\_, \_\_\_\_\_

Complete this form for: (1) each proprietor, or (2) each limited partner who owns 20% or more interest and each general partner, or (3) each stockholder owning 20% or more of voting stock, or (4) any person or entity providing a guaranty on the loan.

Name \_\_\_\_\_ Business Phone \_\_\_\_\_

Residence Address \_\_\_\_\_ Residence Phone \_\_\_\_\_

City, State, & Zip Code \_\_\_\_\_

Business Name of Applicant/Borrower \_\_\_\_\_

ASSETS		(Omit Cents)	LIABILITIES		(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)		
Accounts & Notes Receivable .....	\$	_____	Installment Account (Auto) .....	\$	_____
Life Insurance-Cash Surrender Value Only .....	\$	_____	Mo. Payments \$ _____		
(Complete Section 8)			Installment Account (Other) .....	\$	_____
Stocks and Bonds .....	\$	_____	Mo. Payments \$ _____		
(Describe in Section 3)			Loan on Life Insurance .....	\$	_____
Real Estate .....	\$	_____	Mortgages on Real Estate .....	\$	_____
(Describe in Section 4)			(Describe in Section 4)		
Automobile-Present Value .....	\$	_____	Unpaid Taxes .....	\$	_____
Other Personal Property .....	\$	_____	(Describe in Section 6)		
(Describe in Section 5)			Other Liabilities .....	\$	_____
Other Assets .....	\$	_____	(Describe in Section 7)		
(Describe in Section 5)			Total Liabilities .....	\$	_____
<b>Total</b>	\$	_____	Net Worth .....	\$	_____
			<b>Total</b>	\$	_____

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 need 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 a part of this statement and signed.)

Name and Address 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 a 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 Property			
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 SBA/Lender to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of either obtaining a loan or guaranteeing a loan. I understand FALSE statements may result in forfeiture of benefits and possible prosecution by the U.S. Attorney General (Reference 18 U.S.C. 1001).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**PLEASE NOTE:** The estimated average burden hours for the completion of this form is 1.5 hours per response. If you have questions or comments concerning this estimate or any other aspect of this information, please contact Chief, Administrative Branch, U.S. Small Business Administration, Washington, D.C. 20416, and Clearance Officer, Paper Reduction Project (3245-0188), Office of Management and Budget, Washington, D.C. 20503. **PLEASE DO NOT SEND FORMS TO OMB.**

# PACIFIC CAPITAL BANK

## Business History

Please write about each of the business elements listed below. Include any brochures, advertising materials or printed history of the business if available. (Use separate attachments if necessary.)

### General Information:

Date business started: \_\_\_\_\_

What kind of business is it? (*construction, manufacturing, retailing, services, etc.*) \_\_\_\_\_

Date business originally acquired by the seller and reason for selling:

### Products Or Services/Description Of Business Activity:

If a manufacturer, describe the products you plan to make. If you are a retailer, discuss the various types of goods to be sold. If you are a service business, describe the services offered.

### Sales/Marketing Activity:

Who will or do you sell to? (*retailers, wholesalers, the public*)

List your key customers.

How are your sales made?

Who are your suppliers and what are their credit sales terms?

How do you determine the price of your products or services?

How will or do you advertise? What promotional activities will you or do you conduct to generate sales?

# PACIFIC CAPITAL BANK

## Business History

(Continued)

Competition: Briefly list and describe your major competitors.

What advantage will or does your business have over your competitor's operation?

What is the approximate distance of your competitors, relative to your current/proposed location?

Location: If a retail business, describe the area and the customer base.

Describe your business locations' advantages and disadvantages.

Facilities: Describe the type and condition of the building, if applicable.

What improvements are needed, if any?



# PACIFIC CAPITAL BANK

## Aging Of Accounts Receivables And Payables

Provide a detailed aging report. Please note: Date of agings must match current or most recent business balance sheet.

Standard Terms Offered on Account:

Standard Terms Received on Account:

Special Terms Offered or Received:

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Request for Transcript of Tax Return**

(Rev. January 2008)

Department of the Treasury  
Internal Revenue Service

- ▶ **Do not sign this form unless all applicable lines have been completed. Read the instructions on page 2.**
- ▶ **Request may be rejected if the form is incomplete, illegible, or any required line was blank at the time of signature.**

OMB No. 1545-1872

**Tip:** Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can also call 1-800-829-1040 to order a transcript. If you need a copy of your return, use **Form 4506**, Request for Copy of Tax Return. There is a fee to get a copy of your return.

<b>1a</b> Name shown on tax return. If a joint return, enter the name shown first.	<b>1b</b> First social security number on tax return or employer identification number (see instructions)
<b>2a</b> If a joint return, enter spouse's name shown on tax return	<b>2b</b> Second social security number if joint tax return
<b>3</b> Current name, address (including apt., room, or suite no.), city, state, and ZIP code	
<b>4</b> Previous address shown on the last return filed if different from line 3	
<b>5</b> If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax information.	

**Caution: DO NOT SIGN** this form if a third party requires you to complete Form 4506-T, and lines 6 and 9 are blank.

**6 Transcript requested.** Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▶ \_\_\_\_\_

- a Return Transcript**, which includes most of the line items of a tax return as filed with the IRS. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120A, Form 1120H, Form 1120L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days . . . . .
- b Account Transcript**, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 30 calendar days . . . . .
- c Record of Account**, which is a combination of line item information and later adjustments to the account. Available for current year and 3 prior tax years. Most requests will be processed within 30 calendar days . . . . .

**7 Verification of Nonfiling**, which is proof from the IRS that you **did not** file a return for the year. Most requests will be processed within 10 business days . . . . .

**8 Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.** The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2006, filed in 2007, will not be available from the IRS until 2008. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 45 days . . . . .

**Caution:** If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

**9 Year or period requested.** Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Signature of taxpayer(s).** I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, **either** husband or wife must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer.

<b>Sign Here</b>	▶ <b>Signature</b> (see instructions)	Date	Telephone number of taxpayer on line 1a or 2a (    )
	▶ <b>Title</b> (if line 1a above is a corporation, partnership, estate, or trust)		
	▶ <b>Spouse's signature</b>	Date	

## General Instructions

**Purpose of form.** Use Form 4506-T to request tax return information. You can also designate a third party to receive the information. See line 5.

**Tip.** Use Form 4506, Request for Copy of Tax Return, to request copies of tax returns.

**Where to file.** Mail or fax Form 4506-T to the address below for the state you lived in, or the state your business was in, when that return was filed. There are two address charts: one for individual transcripts (Form 1040 series and Form W-2) and one for all other transcripts.

If you are requesting more than one transcript or other product and the chart below shows two different RAVS teams, send your request to the team based on the address of your most recent return.

**Note.** You can also call 1-800-829-1040 to request a transcript or get more information.

### Chart for individual transcripts (Form 1040 series and Form W-2)

If you filed an individual return and lived in:	Mail or fax to the "Internal Revenue Service" at:
District of Columbia, Maine, Maryland, Massachusetts, New Hampshire, New York, Vermont	RAIVS Team Stop 679 Andover, MA 05501
Alabama, Delaware, Florida, Georgia, North Carolina, Rhode Island, South Carolina, Virginia	RAIVS Team P.O. Box 47-421 Stop 91 Doraville, GA 30362
Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, or A.P.O. or F.P.O. address	RAIVS Team Stop 6716 AUSC Austin, TX 73301
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Iowa, Kansas, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming	RAIVS Team Stop 37106 Fresno, CA 93888
Arkansas, Connecticut, Illinois, Indiana, Michigan, Missouri, New Jersey, Ohio, Pennsylvania, West Virginia	RAIVS Team Stop 6705-B41 Kansas City, MO 64999
	816-292-6102

### Chart for all other transcripts

If you lived in or your business was in:	Mail or fax to the "Internal Revenue Service" at:
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Georgia, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Tennessee, Texas, Utah, Washington, Wyoming, a foreign country, or A.P.O. or F.P.O. address	RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409
Connecticut, Delaware, District of Columbia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, Wisconsin	RAIVS Team P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250
	801-620-6922
	859-669-3592

**Line 1b.** Enter your employer identification number (EIN) if your request relates to a business return. Otherwise, enter the first social security number (SSN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

**Line 6.** Enter only one tax form number per request.

**Signature and date.** Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a. If you completed line 5 requesting the information be sent to a third party, the IRS must receive Form 4506-T within 60 days of the date signed by the taxpayer or it will be rejected.

**Individuals.** Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506-T exactly as your name appeared on the original return. If you changed your name, also sign your current name.

**Corporations.** Generally, Form 4506-T can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer.

**Partnerships.** Generally, Form 4506-T can be signed by any person who was a member of the partnership during any part of the tax period requested on line 9.

**All others.** See Internal Revenue Code section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

**Documentation.** For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the Letters Testamentary authorizing an individual to act for an estate.

### Privacy Act and Paperwork Reduction Act Notice

We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. Sections 6103 and 6109 require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, and the District of Columbia for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506-T will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form**, 10 min.; **Preparing the form**, 12 min.; and **Copying, assembling, and sending the form to the IRS**, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-T simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224. Do not send the form to this address. Instead, see *Where to file* on this page.

# PACIFIC CAPITAL BANK

## PROJECTED OPERATING STATEMENT

Beginning Period

From: \_\_\_\_\_ To: \_\_\_\_\_

Name of Business: \_\_\_\_\_

	1 <sup>st</sup> Month	2 <sup>nd</sup> Month	3 <sup>rd</sup> Month	4 <sup>th</sup> Month	5 <sup>th</sup> Month	6 <sup>th</sup> Month	7 <sup>th</sup> Month	8 <sup>th</sup> Month	9 <sup>th</sup> Month	10 <sup>th</sup> Month	11 <sup>th</sup> Month	12 <sup>th</sup> Month	Total	Total Year 2
Gross Sales or Receipts														
Less: Cost of Goods Sold														
Gross Profit														
Less Expenses:														
Accounting & Legal														
Advertising														
Bad Debts														
Depreciation														
Insurance														
Interest														
Rent														
Repairs & Maintenance														
Salaries/Wages <i>(to Others)</i>														
Supplies														
Taxes/Licenses														
Other Expenses														
Total Expenses														
Net Profit <i>(Before Income Taxes and Debt Service)</i>														
Projected Owner's Withdrawal														
Projected Debt Service														
Net Profit Before Taxes														

This is certified correct to be best of my knowledge this \_\_\_\_ day of 20\_\_\_\_

Signature of Applicant: \_\_\_\_\_

# PACIFIC CAPITAL BANK

## ASSUMPTIONS TO PROJECTIONS

Company Name: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please use this page to explain the assumptions used to generate the projection figures. For existing businesses, be sure to include the specific reasons as to why the figures differ significantly from previous years for Revenues, COGS, Expenses and Withdrawals.

**Explanations:**

# PACIFIC CAPITAL BANK

## AUTHORIZATION TO OBTAIN CREDIT INFORMATION

TO ALL CONSUMER REPORTING AGENCIES, EMPLOYERS, CREDITORS AND DEPOSITORIES OF THE UNDERSIGNED:

RE:

\_\_\_\_\_  
ENTITY NAME

\_\_\_\_\_  
FEDERAL TAX IDENTIFICATION NUMBER

\_\_\_\_\_  
STREET ADDRESS, CITY, STATE AND ZIP CODE

\_\_\_\_\_  
FULL NAME OF INDIVIDUAL (AND TITLE, if applicable)

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

\_\_\_\_\_  
STREET ADDRESS, CITY, STATE AND ZIP CODE

\_\_\_\_\_  
FULL NAME OF INDIVIDUAL (AND TITLE, if applicable)

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

\_\_\_\_\_  
STREET ADDRESS, CITY, STATE AND ZIP CODE

Please be advised that each of the undersigned, has made an application to Pacific Capital Bank, requesting an extension of credit. Therefore, each of the undersigned hereby authorizes you to release to Pacific Capital Bank and/or any agent or employee thereof, any information requested by Pacific Capital Bank.

A photocopy of this authorization may be deemed to be the equivalent of the original authorization.

The undersigned certifies that all the information provided is complete, true and correct and authorize Pacific Capital Bank or its agent to obtain credit reports, and to release credit information to others (including, without limitation, companies affiliated with the Bank) to check the individual and/or business credit rating of both the business and the individual(s): Pacific Capital Bank is a brand of Pacific Capital Bank, N.A. and the credit report will reflect an inquiry and history of Pacific Capital Bank, N.A.

By: \_\_\_\_\_  
Signature of Applicant/Title

Date: \_\_\_\_\_

By: \_\_\_\_\_  
Signature of Applicant/Title

Date: \_\_\_\_\_



## Immigration and Naturalization Authorization

I authorize the Immigration and Naturalization Service to release information regarding my immigration status to Pacific Capital Bank. Also, I authorize the Immigration and Naturalization Service to release alien verification information about me to Pacific Capital Bank because I am applying for a U.S. Small Business Administration Loan.

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Print Name

---

Date of Birth

---

Address:

*Street*

*City*

*State*

*Zip*

---

Signature





# Privacy Policy

**S**anta Barbara Bank & Trust, First National Bank of Central California, South Valley National Bank, San Benito Bank, Pacific Capital Bank, First Bank of San Luis Obispo, Santa Barbara Bank & Trust Private Wealth Management and Pacific Capital Business Lending, Inc. are divisions of Pacific Capital Bank, N.A. and are not separate, independent banks (the “banks”). All of these banks are bound by this Privacy Policy and share our commitment to safeguarding your financial privacy.

We are committed to protecting the Confidential Information you entrust to us. We carefully manage that information to provide you with high quality financial products and services. We never sell your customer information to non-affiliated third parties and we never share your customer information with non-affiliated third parties who may wish to market their products to you.

The federal financial privacy law requires us to provide you with this statement, and we welcome the opportunity to share with you the steps we take to ensure the confidentiality and security of your information. In this Policy statement, Confidential Information means non-public personally identifiable information about a consumer and the consumer’s current or former relationship with any of our banks.

## Protecting Your Confidential Information

We take seriously our obligation to safeguard your Confidential Information. All our employees are bound by a formal Code of Ethics emphasizing their responsibility to maintain the privacy and confidentiality of your information. In addition, we provide training programs to educate our employees about their responsibilities under our Privacy Policy.

We also maintain physical, electronic, and procedural safeguards to ensure the confidentiality of your information. We monitor new technology and upgrade our systems as needed to best protect your information.

## Protecting Disclosure of Information to Non-Affiliated Non-Financial Third Parties

We never sell Confidential Information to others. Except in limited circumstances permitted by law, we will never disclose Confidential Information to non-affiliated, non-financial third parties without securing your prior consent.

## Using Confidential Information to Serve You

We gather and use Confidential Information in the course of providing you with financial products and services. For example, if you maintain a checking account with us, we keep a record of deposits and withdrawals from your account so that we can calculate your account balance, and we use your name and address to send you a monthly account statement.

## Collecting Information

We may gather Confidential Information from the following sources:

- Information you provide on applications and through other forms, such as your name, address, social security number, and income.
- Information based on your transactions and account experience with our other banks (explained below), such as account balances, and payment or overdraft history.
- Information from a consumer report, such as your creditworthiness and credit history.

## Sharing Information Within Our Banks and With Our Subsidiary Investment Advisor

In order to better provide you with the products and services you may need, our banks may share Confidential Information with each other. This may include consumer lenders and mortgage lenders. All of our banks are bound by this Privacy Policy and committed to protecting your Confidential Information.

In addition, our banks may share Confidential Information regarding our transactions or experiences with you (e.g., account balances, payment or overdraft history) with Morton Capital Management (“MCM”) and R.E. Wacker Associates, Inc. (“REWA”), wholly owned subsidiaries of our banks and SEC registered investment advisers.

# Privacy Policy

We also may share other Confidential Information we obtain about you with MCM and REWA (e.g., information from applications and consumer reports), which is referred to as "other information" in this Policy, unless you notify us before the other information is initially communicated to them that you do not want us to share that information. In addition, you may limit MCM and REWA from using your transaction, experience or other information that we share with them to market their products and services to you. Your choice to limit marketing offers from MCM and REWA will apply until you tell us to change your choice.

You can tell us not to share other information with MCM and REWA, and you can limit MCM and REWA from making marketing offers using transaction, experience or other information, by calling us at:

**Santa Barbara Bank & Trust or  
Santa Barbara Bank & Trust Private Wealth Management  
1-888-400-7228**

**First National Bank  
South Valley National Bank  
San Benito Bank  
1-800-495-7100**

**Pacific Capital Bank or  
Pacific Capital Business Lending, Inc.  
1-800-272-7200**

**First Bank of San Luis Obispo  
1-866-733-2756**

MCM and REWA likewise have adopted their own Privacy Policies covering your Confidential Information they receive from you.

## Sharing Information With Companies Working For Us

We may disclose Confidential Information to other companies that work for us or perform services for us. These companies help us deliver our financial products and services to you. For example, these companies may assist us in processing your transactions, printing checks for your accounts, or mailing account statements. We require these companies to adhere to strict privacy and confidentiality standards through their contracts with us.

We never share information with non-affiliated third parties to market their products.

## Sharing Information with Companies Under a Joint Marketing or Servicing Agreement

We may partner with other companies under a joint marketing or servicing agreement to offer you expanded products and services, such as securities, credit cards or life insurance. Before we share Confidential Information with any of these companies, we require that they agree in writing to adhere to strict privacy and confidentiality standards to protect your information and limit its use to the business purpose of our agreement with them. California state law provides additional privacy protections for California residents with regard to sharing information with other companies for marketing purposes. A separate Consumer Rights Notice will be provided to California residents regarding their privacy options.

## Disclosing Information as Permitted by Law

We may also disclose Confidential Information with your consent or as otherwise permitted by law. For example, this may include disclosure to a credit-reporting agency or in response to a subpoena or other legal process. It may also include disclosure to protect against fraud, as part of an audit or examination.

We do not share Confidential Information about former customers, except as permitted by law.

## Fiduciary Information

When we act as fiduciary or trustee, your fiduciary information is subject to even more stringent limits on information sharing, both within and outside our banks. Please contact your Personal Trust Officer if you have any questions about the protection of your fiduciary information.

## Let Us Answer Your Questions

We hope the information in this Privacy Policy is helpful to you. As long as you are a customer with any of our banks, you will receive an updated copy of our Privacy Policy on an annual basis. In the meantime, if you have any questions or concerns about our Policy and practices please feel free to call or visit us at any of our branches.

**SANTA BARBARA  
BANK & TRUST**  
SINCE 1960

888.400.7228  
www.sbbt.com

**FNB**  
**FIRST NATIONAL BANK**  
OF CENTRAL CALIFORNIA  
SINCE 1984

800.495.7100  
www.1stnational.com

**SOUTH VALLEY NATIONAL BANK**  
SINCE 1983

800.495.7100  
www.svnb.com

**San Benito Bank**  
SINCE 1984

800.495.7100  
www.sbbank.com

**FIRST BANK**  
OF SAN LUIS OBISPO  
SINCE 1980

866.733.2756  
www.firstbankslo.com

