



Business Loan Applicant Questionnaire

	Yes	No
1. Do you have at least 3 years of experience in your industry?	<input type="checkbox"/>	<input type="checkbox"/>
2. If you are starting your own business, do you have a written business plan?	<input type="checkbox"/>	<input type="checkbox"/>
If so, has your business plan been critiqued by a SCORE representative?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you have sufficient cash on hand to use as an equity injection for the requested financing?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are you willing to personally guarantee your requested financing?	<input type="checkbox"/>	<input type="checkbox"/>
If so, do you have a clean personal credit history?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you have a succession plan?	<input type="checkbox"/>	<input type="checkbox"/>
6. Can you adequately secure your loan?	<input type="checkbox"/>	<input type="checkbox"/>
7. Can you concisely describe to someone unfamiliar with your business what your product/service is and how it is unique?	<input type="checkbox"/>	<input type="checkbox"/>
8. Can you justify why your pricing strategy is competitive, yet profitable?	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you have a strategic marketing plan in place?	<input type="checkbox"/>	<input type="checkbox"/>
10. Have you identified your competition?	<input type="checkbox"/>	<input type="checkbox"/>
If so, can your competitive advantage be easily conveyed in your marketing materials?	<input type="checkbox"/>	<input type="checkbox"/>
11. Have you identified any potential disadvantages of your product/service?	<input type="checkbox"/>	<input type="checkbox"/>
If so, have you taken steps to mitigate these factors?	<input type="checkbox"/>	<input type="checkbox"/>
12. Do your financial statements reflect an operating profit for the past three years?	<input type="checkbox"/>	<input type="checkbox"/>
If so, are they strong enough to support the proposed debt requirements?	<input type="checkbox"/>	<input type="checkbox"/>

**If you answered “Yes” to a majority of these questions,
then continue on and complete Checklists Step 1-11!**