

*Massachusetts Capital Access Program<sup>sm</sup>*  
MASSACHUSETTS BUSINESS DEVELOPMENT CORPORATION  
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**EXHIBIT C - LOAN FILING FORM (Rev. 2021)**

**Lender Information:**

Name of Lender: \_\_\_\_\_ EIN # \_\_\_\_\_

Reserve Account #: \_\_\_\_\_

**Loan Officer Information:**

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

Position: \_\_\_\_\_

Street: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_\_

**Borrower Information:**

Contact: \_\_\_\_\_

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

Street: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_\_

Annual Sales: \$ \_\_\_\_\_ Year Incorporated/Started: \_\_\_\_\_

4 Digit SIC Code: \_\_\_\_\_ or 6 Digit NAICS Code: \_\_\_\_\_

No. of Current Full Time Employees: \_\_\_\_\_

Minority-Owned: \_\_ Woman-Owned: \_\_ Disabled: \_\_ Veteran: \_\_

**Borrower Information (continued)**

Est. of Jobs Created: \_\_\_\_\_

Est. of Jobs Retained: \_\_\_\_\_

Total of other indebtedness: \_\_\_\_\_

**Loan Information:**

Lender Loan No: \_\_\_\_\_

Total Loan Amount: \$\_\_\_\_\_

Covered Loan Amount: \$\_\_\_\_\_

Borrower/Lender Reserve Payment: \$\_\_\_\_\_

Note: The unguaranteed portions of SBA-guaranteed loans are not allowable.

Loan Type: (Check One):                      Term ( )              Line ( )

Purpose: Check all that apply: Working Capital ( )    Purchase Equipment ( )  
Purchase Inventory ( )    Purchase Real Estate ( )

Other ( ): \_\_\_\_\_

Maturity (Months): \_\_\_\_\_

Interest Rate (APR) (numeric please): \_\_\_\_\_

Date loan funds available: \_\_\_\_\_

Date reserve payment deposited: \_\_\_\_\_

**Fill out the following items ONLY IF REFINANCING A PROGRAM LOAN**

**Note: New covered loan amount less prior amount enrolled must equal covered amount of this loan):**

Prior amount of loan enrolled: \$\_\_\_\_\_

Balance at time of refinancing: \$\_\_\_\_\_

New total covered loan amount: \$\_\_\_\_\_

In filing this loan for enrollment, the lender makes the representations and warranties specified for the Lender in Section 2.2 of the Agreement between the Lender and the Massachusetts Business Development Corporation. *Please attach proof of deposit of reserve fund payments.*

Authorized Signature: \_\_\_\_\_

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

MBDC USE ONLY: MBDC Loan No. \_\_\_\_\_ Census Tract \_\_\_\_\_