

# First Step Questionnaire

South Central Alabama Development Commission Revolving Loan Fund

5900 Carmichael Place  
Montgomery, AL 36117

Phone (334) 244-6903  
Fax: (334) 270-0038

## I COMPANY INFORMATION

- \* Name \_\_\_\_\_
- \* Address \_\_\_\_\_
- \* Phone \_\_\_\_\_
- \* City, State, Zip \_\_\_\_\_
- \* Federal ID Number \_\_\_\_\_
- \* Years in Business \_\_\_\_\_
- \* Affiliated Companies \_\_\_\_\_
- \* Function of Affiliate(s) \_\_\_\_\_
- \* Present Number of Employees \_\_\_\_\_

## II Principals

- |                         |   |                       |
|-------------------------|---|-----------------------|
| * Name _____            | * | Name _____            |
| * Position _____        | * | Position _____        |
| * % ownership _____     | * | % Ownership _____     |
| * Age _____             | * | Age _____             |
| * Yrs. Experience _____ | * | Yrs. Experience _____ |

**III Existing Facility**

\* Size \_\_\_\_\_ Sq. Ft. \_\_\_\_\_

\* Owned or Leased? \_\_\_\_\_

If Owned: \_\_\_\_\_

\* Purchase Price \$ \_\_\_\_\_

\* Existing Mortgage \$ \_\_\_\_\_

\* Recent Appraised Value \$ \_\_\_\_\_

\* Annual Mortgage Payment \$ \_\_\_\_\_

If Leased:

\* Annual Rent \$ \_\_\_\_\_

\* Expiration Date of Lease \$ \_\_\_\_\_

**IV New/Expanded Facility Information (if applicable)**

\* Size \_\_\_\_\_ Sq. Ft. \_\_\_\_\_

\* Will new facility replace existing facility? \_\_\_\_\_

\* If replaced, will rent be saved or will existing facility be sold? \$ \_\_\_\_\_

\* How much rent will be saved? \$ \_\_\_\_\_

\* For how much can existing facility be sold? \$ \_\_\_\_\_

\* Purchase price and construction cost of new facility \$ \_\_\_\_\_

\* Financing needed \$ \_\_\_\_\_

\* Appraised value \$ \_\_\_\_\_

\* Location \_\_\_\_\_

\* Will purchaser occupy entire space? \_\_\_\_\_

If Purchase will not occupy entire space:

\* Explain Other Uses \_\_\_\_\_

\* % to be occupied by purchaser: \_\_\_\_\_ %

\* Rental income to be generated: \$ \_\_\_\_\_

**V MACHINERY & EQUIPMENT INFORMATION (if applicable)**

Cost	\$
Financing Needed	\$
Lender	
Term & Rate	
Is M&E for Replacement Purposes or For Additional Capacity?	
Resale Proceeds? (if any)	\$

**VI WORKING CAPITAL INFORMATION (if applicable)**

Any New Working Capital Needed?	
Amount	\$
Source (Lender)	
Term & Rate	
Lines of Credit Available	\$

**VII PARTICIPATING LENDER INFORMATION**

Name of Lender	
Contact Person	
Phone Number	
Amount of Participation	
Rate	
Term	
Collateral Requirements	*

\* Collateral Requirements (continued) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



