



## AMERICAN SAMOA BUSINESS RECOVERY CAPITAL PROGRAM LINE OF CREDIT APPLICATION

Please complete the application below by filling in the fields. Co-Applicant information must be provided when the income or assets of a person or entity other than the applicant will be used as a basis for loan qualification. This includes co-owners of the borrowing entity.

### APPLICANT COMPANY INFORMATION

**Company Name**

**Company TAX ID Number**

**Business License Expiration Date** *(mm,dd,yyyy)*

**Business Starting Date** *(mm,dd,yyyy)*

**Mailing Address** *(P.O. Box xxxx)*

**Village** *(Business location)*

**City, State, Zip Code**

**Contact Number**

**E-mail and Website Address** *(if any)*

### LINE OF CREDIT REQUEST

*I/We, individually and/or on behalf of the business, hereby apply for the following Line of Credit.*

**Amount Requested** *(Minimum of \$50,000 – Maximum of \$500,000)*

**Purpose** *(Clearly state your purpose for using the funds as it relates to the negative impacts of the COVID-19 pandemic on your company in American Samoa. Feel free to attach more information as needed.)*

**BANK INFORMATION**

List information about bank accounts held by the company.

**1. Name of Primary Bank****Mailing Address****Account Number****Monthly Average Balance****Date Opened****2. Name of Secondary Bank****Mailing Address****Account Number****Monthly Average Balance****Date Opened****BUSINESS DEBT(S)****Description of Debt** *(List all debt(s) including lines of credit, equipment leases or loans, mortgages or shareholder loans and other liabilities. Attach additional pages if needed.)***Date Incurred****Original Amount****Current Balance****Monthly Payment****Lessor/Creditor Name****Are you or your business in any legal actions, have judgments, tax liens, or garnishments against you or your company?** *(Check yes or no)***Yes****No****If yes, please explain briefly with more details.** *(You may attach additional details separately.)*

<b>OWNER INFORMATION</b>		
<b>Last, First Name M.I.</b>		
<b>Date of Birth</b> (MM, DD, YYYY)	<b>Social Security Number</b> (xxx-xx-xxxx)	
<b>Nationality</b> (US Citizen, US National, Permanent Resident, Immigration ID Status. Attach a copy of your valid passport or Identification Card as proof)		
<b>Title &amp; Ownership % of the Company</b>		
<b>Home Address</b> (if different from Company Address)		
<b>Current Employer</b>		
<b>E-mail</b> (work & personal):	<b>Phone Number</b> (Landline & Mobile):	
<b>CO-APPLICANT INFORMATION</b>		
<b>Last, First Name M.I.</b>		
<b>Date of Birth</b> (MM, DD, YYYY)	<b>Social Security Number</b> (xxx-xx-xxxx)	
<b>Nationality</b> (US Citizen, US National, Permanent Resident, Immigration ID Status. Attach a copy of your valid passport or Identification Card as proof)		
<b>Title &amp; Ownership % of the Company</b>		
<b>Home Address</b> (if different from Company Address)		
<b>Current Employer</b>		
<b>E-mail</b> (work & personal):	<b>Phone Number</b> (Landline & Mobile):	
<b>OTHER REQUIRED INFORMATION</b> (to submit with the application form)		
<i>Required Attachments</i>	<i>Check YES to verify submission</i>	<i>Check NO and state why this is missing</i>
<b>COVID-19 Economic Impact Justification Statement.</b> <i>This serves as supporting documentation on the impact of the COVID-19 Pandemic on your company and how this line of credit can support your company response or recovery from the pandemic.</i>		
<b>Business Plan</b>		
<b>Current Business License</b>		
<b>EIN Verification Letter from IRS (if applicable)</b>		

<b>Articles of Incorporation or Certificate of Organization (if applicable)</b>		
<b>Recent Financial Statements (last 3 months)</b>		
<b>Recent Tax Returns (last 2 years)</b>		
<b>If the line of credit is needed to fulfill an American Samoa Government Purchase Order (PO) or contract, attach a copy of the PO or contract (if applicable)</b>		

**REPRESENTATIONS & WARRANTIES**

The information contained in this application is provided an extension of credit to the undersigned. The undersigned acknowledges and understands that the program relies on the required information for final decision-making.

Each of the undersigned represents and warrants that the information provided on this application is correct and complete and agrees to notify the program immediately in writing of any change in name, address, terms and conditions or employment and of any material adverse change.

In the absence of this notice or a new and complete written statement, this shall be considered as a continuing statement and substantially correct.

The program is authorized to make all inquiries deemed necessary to verify the accuracy of the information contained on this application and to determine credit worthiness of the undersigned. The undersigned shall also provide updated financial information when requested.

The program shall not discriminate of the basis of race, color, national origin, gender, or any other prohibited basis under the Federal Civil Rights statutes. A credit decision should be made within 30 days upon receipt of a completed application. If approved or disapproved, you will be notified in writing. A counteroffer would be done within 90 days.

**SIGNATURES**

<b>Applicant Name (Print)</b>	<b>Signature</b>	<b>Date</b>
<b>Co-Applicant Name (Print)</b>	<b>Signature</b>	<b>Date</b>