



Castlewood Economic Development
Business Loan Application

NAME: _____ BIRTHDATE: _____

ADDRESS: _____

PHONE NUMBER: _____ EMAIL: _____

BUSINESS NAME: _____

LOAN PURPOSE & AMOUNT: _____

OTHER SOURCES OF START-UP CAPITAL: _____

COLLATERAL TO BE PLEDGED: _____

REPAYMENT (Describe income projections, expected expenses, & loan payment plan/attach
business plan): _____

LOAN START DATE: _____

BUSINESS REFERENCES & CONTACT INFORMATION: _____

SIGNATURE

DATE