

Business Information: Please complete the required information below.

Business Name:		
Business Type:		
What type of legal entity is your business? <input type="checkbox"/> Undefined/Other: _____		
What products and services do you offer?		
How many business locations do you have?	Physical Address of Business Locations	
How many employees do you have?	What year was your business established?	What state was your business registered in?
Are you a Non-Profit or Charity? <input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, where do you get your funding from? <input type="checkbox"/> Other (please specify): _____ If YES, who does your non-profit benefit? <input type="checkbox"/> Other (please specify): _____	
Where do your customers reside? ify): _____		
What customer markets do you serve? <input type="checkbox"/> Other (please specify): _____	Is your business publicly traded? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What is your annual sales/revenue?		

Control Person Information:

If the business has a "Control Person" (individual with significant responsibility for managing this business, such as a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer; or any other individual who regularly performs similar functions) please provide:

Name	Date of Birth	Social Security Number	Title
Home Address (No PO Box)	City	State	Zip

Important: A copy of identification (driver's license - both front and back, passport) of any (1) 20% or greater owner listed on "Applicant Ownership" section of your application and/or (2) Control Person will be required prior to loan funding.

For ASB use only

CIF:	Account Number:	Date:
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Certifications:

In order to continue processing your Application, additional information is required to supplement your Application. Please answer the following questions and sign.

Is the Applicant a franchise that is listed in the SBA's Franchise Directory?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the United States the principal place of residence for all employees of the Applicant included in the Applicants payroll calculation in the Application Form?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the Applicant a (1) independent contractor, eligible self-employed individual, or sole proprietor; or (2) employs no more than the greater of 500 employees or, if applicable, meets the size standard in number of employees established by the SBA in 13 C.F.R. 121.201 for the Applicant's industry? (Answering "no" will make your application ineligible).	<input type="checkbox"/> Yes <input type="checkbox"/> No

I certify that the information provided in this Business Questionnaire and the information that I have provided in the Application and all supporting documents and forms is true and accurate. The information included in this Business Questionnaire shall be deemed to be included in the Application and I acknowledge that American Savings Bank, F.S.B. will rely upon this information in processing the Application.

I further certify that all loan proceeds will be used solely for payroll and other authorized purposes as specified in the loan application and consistent with the Paycheck Protection Program. In the event that I direct American Savings Bank to disburse the loan proceeds to an account that has a negative balance at the time the funds are deposited, I certify that all debits that caused said account to have a negative balance were related to payroll and other authorized purposes under the Paycheck Protection Program.

Signature

Date

Print Name

Title