Spring Bank "CARES" (COVID-19 Relief Loan Application)



LEGAL NAME OF BUSINESS APPLYING	G FOR LOAN ("APPLI	CANT"):	
PRIMARY CONTACT:			
PHONE:	EMAIL:		
BUSINESS ADDRESS (Street):			
City:	State:		Zip:
WAS THE APPLICANT OPERATING ON	MARCH 1, 2020?	Yes:	No:
NUMBER OF SALARIED EMPOLYEES AS OF MARCH 1, 2019: #			
AVERGE MONTHLY PAYROLL (LAST 12 MONTHS) ^{Note1} : \$			
Note 1: Payroll Costs include:			
 payment of cash tip or equivalent; payment for vacation, parental, fant allowance for dismissal or separation payment required for the provision payment of any retirement benefit; employees; the sum of payments of any compercontractor that is a wage, commission compensation and that is in an amore 	on; s of group health care or or payment of State or insation to or income or ion, income, net earning	penefits, including local tax assessed f a sole proprietor ogs from self-emplo	on the compensation of or independent oyment, or similar
	Representations:		
The applicant represents, warrants and certifies correct and complete, and understands that Spr applicant's eligibility under the Act. Therefore, tinquiries necessary to make such determination any change in the applicant or guarantor's name the information contained in this application or condition. The applicant understands that subm continue credit.	ing Bank and the SBA is re he applicant hereby autho . The applicant agrees to e, address, or employmen supporting documents, o	elying on such informa orizes Spring Bank and immediately notify Sp t and of any material or the applicant or gua	ation to determine d agents to make all pring Bank in writing of adverse change in any of rantor's financial
Signature:			
Name:			
Title:		Da	te: