



Atlanta Business Bank

**Preliminary SBA Form
Corporation**

Applicant Name _____

Street Address _____

City _____

State _____ County _____ Zip _____

Business Phone _____

Home Phone _____ Tax ID # _____

Type of Business _____

Business Structure _____

Proprietor or G.P. _____

President _____

Corporate Secretary _____

Date Business Est. _____

Bank of Business Account

Name _____

Street Address _____

City State Zip _____

Number of Employees (Including subsidiaries and affiliates)		
At time of application	If loan is approved	Subsidiaries or Affiliates