Self-Employed Business Narrative Form

To be completed by the Borrower

1. BUSINESS INFORMATION

Industry – Select one:

- ☐ Retail Trade
- ☐ Wholesale Trade
- ☐ Accommodation / Food Service
- ☐ Agriculture / Forestry / Fishing / Hunting
- ☐ Construction (Home & Remodeling)
- ☐ Manufacturing
- ☐ Transportation / Warehousing
- ☐ Utilities
- ☐ Education Services
- ☐ Other:
- ☐ Mining / Quarrying / Oil & Gas Extraction
- ☐ Other Services
- ☐ Administrative / Support / Waste Management
- ☐ Information
- ☐ Real Estate / Rental and Leasing
- ☐ Arts / Entertainment / Recreation
- ☐ Professional / Scientific / Technical Service
- ☐ Health Care / Social Assistance
- ☐ Finance and Insurance

Business Name: ______________________

Number of Business Owners: ______________________

Business Website: ______________________

Borrower Ownership %: ______________________

Service or Product Provided: ______________________

Business Start Date: ______________________

Business Entity Legal Structure: Select One

Primary Business Address: ______________________

2. BUSINESS OWNERSHIP & OPERATIONS

Type of Business Space: Select One

Number of Business Locations: Select One

Business Locations Are: Select One

Number of Employees: Select One

3. BUSINESS ACTIVITIES

Describe any machinery or equipment required for business operations:

Does the business require inventory (raw materials or finished goods) to generate sales? ☐ Yes ☐ No

If Yes, briefly describe the inventory and turnover:

How does the business generate new business and obtain customers?

Additional comments regarding the business:

4. BORROWER CERTIFICATION

Borrower Name: ______________________

Title: ______________________

Email Address: ______________________

Phone Number: ______________________

Borrower Signature: ______________________

Date: ______________________

5. BUSINESS NARRATIVE VALIDATION – IF APPLICABLE

For the P&L Only program, if the P&L reflects an expense ratio of less than 50%, this Business Narrative must be signed and validated by a Licensed Tax Preparer (PTIN, CTEC, EA, or CPA) or the Controller, CFO, or Finance/Accounting Manager of the business prior to closing.

Validator Name: ______________________

Title: ______________________

Validator Signature: ______________________

Date: ______________________