

EXHIBIT C



Business Development Corporation of South Carolina
111 Executive Center Drive, Suite 225
Columbia, South Carolina 29210
Phone (803) 798-4064
Fax (803) 798-1224

**SOUTH CAROLINA
CAPITAL ACCESS PROGRAM
(SCCAP)**

LOAN FILING FORM

Lender Information:

Name of Lender: _____

Loan Officer Information:

Name: _____

Position: _____

Street: _____

City, State, Zip: _____

Phone: (____) _____

Fax: (____) _____

E-mail Address: _____

Borrower Information:

Company Name: _____

Contact: _____

Street: _____

City, State, Zip: _____

County Business Located in _____

Phone: () _____

Fax: () _____

E-mail Address: _____

Borrower Information (continued):

NAICS Code: _____

No. of Current Employees: _____

Est. of Jobs Created: _____

Est. of Jobs Retained: _____

Total Capital Invested
(Including this loan) _____

Annual Sales: \$ _____
(Estimate for Start-up)

Check if Applicable: Woman-owned Business (51% or more)
 Minority-owned Business
 Disabled Borrower

Loan Information:

Lender Loan No.: _____

Loan Amount: \$ _____

Borrower's Reserve Pmt: _____ % \$ _____
(Min 1 ½ %, Max 3 ½ %)

Lender's Reserve Pmt: _____ % \$ _____
(Min 1 ½ %, Max 3 ½ %)

Loan Type (check one): Term () Line ()

Maturity (Months): _____

Interest Rate (APR) _____

Date of Loan: _____

Fill Out the Following Items ONLY IF REFINANCING A SCCAP LOAN

Original Amount of Loan Enrolled: \$ _____

Refinanced Amount of Loan Enrolled: \$ _____

Original Loan Number: \$ _____

Refinanced Loan Number: \$ _____

In filing this loan for enrollment, the Lender makes the representations and warranties specified for the Lender in Section 2.2 of the Agreement between the Lender and the Business Development Corporation as custodian for the State of South Carolina. For purposes of this Program, a small business is defined in this section as a retail/service business with annual sales not exceeding \$2,000,000, a wholesale business with annual sales not exceeding \$5,000,000, a manufacturing business with no more than 50 employees and any other business with annual revenue not exceeding \$2,000,000, and has a principal place of business within the State of South Carolina.

Authorized Signature: _____

Date: _____

BDC USE ONLY:

Senate District No: _____ House District No: _____

COG Name: _____

CDFI Classification: _____

Date Reserve Payments Received by BDC: _____

Processed by: _____