

# Crown MAC

## GOLD CROWN RETAILER LOAN APPLICATION

Application Date: \_\_\_\_\_

Please call us should you have any questions at **1-800-216-2622**

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### 1. RETAILER INFORMATION

Contact - Full Name: (First) \_\_\_\_\_ (MI) \_\_\_\_ (Last) \_\_\_\_\_

Home Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alt: Phone \_\_\_\_\_

Spouse's Name (or N/A): \_\_\_\_\_ Phone: \_\_\_\_\_

Alternate Contact (or N/A): \_\_\_\_\_ Phone: \_\_\_\_\_

Accountant's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Number of Years as a Gold Crown Retailer: \_\_\_\_\_ Current Number of Gold Crown Stores: \_\_\_\_\_

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### 2. BORROWER INFORMATION

Business Legal Name: \_\_\_\_\_

Business Street Address (1): \_\_\_\_\_

Business Street Address (2): \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

Tax I.D. Number: \_\_\_\_\_ Fiscal Year End (FYE): \_\_\_\_\_

Borrower Organized in the State of \_\_\_\_\_ as a:

- ☐ Corporation (C) *(attach a copy off Articles of Incorporation/By-Laws, including amendments)*
- ☐ Corporation (S) *(attach a copy off Articles of Incorporation/By-Laws, including amendments)*
- ☐ Limited Liability Company *(attach Articles & Agreement of Incorporation and Borrowing resolution)*
- ☐ Limited Partnership *(attach Partnership Agreement and Borrowing resolution)*
- ☐ General Partnership *(attach Partnership Agreement and Borrowing resolution)*

Officers to Guarantee and Execute Documents:

1st Officer: \_\_\_\_\_ Title of Officer: \_\_\_\_\_

2nd Officer: \_\_\_\_\_ Title of Officer: \_\_\_\_\_

Corporate Secretary's Name: \_\_\_\_\_

Names of Corporate Shareholders: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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### 3. TERM LOAN INFORMATION

Amount of Loan Request: \$ \_\_\_\_\_ Desired Maturity of Loan (60 mos. max.): \_\_\_\_\_

Payment Plan Desired: ☐ Level Payment ☐ Bi-Level Payments [High (Nov - Feb) and Low (Mar - Oct)]

PURPOSE: (include approximate dollar amount for each purpose):

- ☐ Gold Crown Store Purchase \$ \_\_\_\_\_
- ☐ Expand/Relocate Existing Store \$ \_\_\_\_\_
- ☐ Gold Crown Technology \$ \_\_\_\_\_
- ☐ Remodel Existing Store \$ \_\_\_\_\_
- ☐ Other: \_\_\_\_\_ \$ \_\_\_\_\_

Number of Gold Crown stores to be used as collateral: \_\_\_\_\_ (complete section 5 below for each store or attach spreadsheet)

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### 4. WORKING CAPITAL LINE OF CREDIT INFORMATION

Amount of Working Capital Line of Credit Request: \_\_\_\_\_ (amount may be reduced after scoring)

Are there any existing Lines of Credit with another Lender other than Crown MAC? ☐ Yes ☐ No

If yes, list (or attach) name of Lender(s) and the amount of each commitment: \_\_\_\_\_

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### 5. STORE INFORMATION

Hallmark Store Account Number: \_\_\_\_\_

Store's Full Name: \_\_\_\_\_

Store's Street Address (1): \_\_\_\_\_

Store's Street Address (2): \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Date of Purchase: \_\_\_\_\_ If new establishment, date to be opened: \_\_\_\_\_

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Hallmark Store Account Number: \_\_\_\_\_

Store's Full Name: \_\_\_\_\_

Store's Street Address (1): \_\_\_\_\_

Store's Street Address (2): \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Date of Purchase: \_\_\_\_\_ If new establishment, date to be opened: \_\_\_\_\_

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Store's Street Address (1): \_\_\_\_\_

Store's Street Address (2): \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Date of Purchase: \_\_\_\_\_ If new establishment, date to be opened: \_\_\_\_\_

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## 6. ACKNOWLEDGEMENT

By submission of this Information Release and Authorization, as part of the Crown MAC Loan Application, the applicant ("Undersigned") acknowledges that Crown MAC will be relying on the information provided by the Undersigned. The Undersigned certifies that all information provided by or on behalf of the Undersigned in this Loan Application is true, complete, and accurate to the best of the Undersigned's knowledge.

### CONSENT TO ORDER CREDIT BUREAU REPORT

The information contained in the attached statement(s) is provided for the purpose of obtaining or maintaining credit with Gold Crown Managers Acceptance Corp (Crown MAC) to whom I/we have submitted said statement(s) on behalf of the Undersigned, or persons, firms, or corporations in whose behalf the Undersigned may either severally, or jointly with others, execute a guaranty in favor of Crown MAC. Each Undersigned understands that Crown MAC is relying on the information provided in the attached statement(s) (including the designation made as to ownership of property) in deciding to grant or continue credit. Each Undersigned represents and warrants that the information provided is true and complete and that Crown MAC may consider said statement(s) as continuing to be true and correct until a written notice of a change is given to Crown MAC by the Undersigned. Each Undersigned authorizes Crown MAC to make all inquiries it deems necessary, including obtaining of a credit bureau report, to verify the accuracy of the statements made herein, and to determine the credit worthiness of the Undersigned. The Undersigned agrees that from time-to-time Crown MAC may receive information from third parties (including statements, confirmations, or electronic access) and likewise that Crown MAC is authorized to answer questions about its credit experience with the Undersigned.

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Signature of Applicant

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Signature of joint Applicant

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Printed Name

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Printed Name

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Date

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Date

**Please send application to:**

Gold Crown Managers Acceptance Corp.  
c/o Freedom Services Financial Group, LLC  
8032 22nd Ave #3029  
Kenosha, WI 53143

**Email: [CrownMAC@fs-llc.com](mailto:CrownMAC@fs-llc.com)**

1-(800) 216-2622 or (262) 203-5972  
FAX (866) 227-6539