



SBA Express, Export Express, Small Loan Advantage, PLP-CAPLines, and Pilot Loan Programs
(Patriot Express and Dealer Floor Plan) Guaranty Request
(to be completed by lender when faxing or mailing)

TO: (for Dealer Floor Plan only)

Standard 7(a) Loan Guaranty Processing Center
Small Business Administration
6501 Sylvan Road
Suite 122
Citrus Heights Ca 95610-5017

RE: Applicant Name _____
Operating Company (OC) Name (If Applicant is an Eligible Passive Company) _____
(If more than one OC, attach additional sheet with all OC names)

FROM: Lender _____
Contact _____
Address _____
Phone _____ FAX _____

The following items are enclosed:

- 1. Copy of "Supplemental Information for SBA Express, Export Express, Small Loan Advantage, the Pilot Programs and PLP Processing" (SBA Form 1920SX, Part B)
- 2. Original or facsimile of "Eligibility Information Required for SBA Express, Export Express, Small Loan Advantage, PLP-CAPLines, and Pilot Loan Program (Patriot Express and Dealer Floor Plan) Submissions" (SBA Form 1920SX, Part C)

I approve this application to SBA subject to the terms and conditions stated in this and the attached documents. Without the participation of SBA, to the extent applied for, we would not be willing to make this loan and in our opinion the financial assistance approved is not otherwise available on reasonable terms. I certify that none of the Lender's Associates, including but not limited to its employees, officers, directors, or substantial stockholders (more than 10%) has a financial interest in the Applicant. I approve and certify that the Applicant is a small business according to the standards in 13 CFR Section 121, the loan proceeds will be used for an eligible purpose, and the owners and managers of the applicant business are of good character.

Approving/Certifying Lender Official:

(Signature)

Type or Print Name and Title

Date

NOTE: According to the Paperwork Reduction Act, you are not required to respond to this collection of information unless it displays a currently valid OMB Control Number. The estimated burden for completing this form, including time for reviewing instructions, gathering data needed, and completing and reviewing the form is 5 minutes per response. Comments or questions on the burden estimates should be sent to U.S. Small Business Administration, Chief, AIB, 409 3rd St., SW, Washington DC 20416. **PLEASE DO NOT SEND FORMS TO THIS ADDRESS.**