

**SBAExpress/Patriot Express Guaranty Request (Eligibility Authorized)**

SBAExpress (Revolving - Yes  No  ) (SBA Export Express - Yes  No  )

Patriot Exp. (Revolving - Yes  No  )

Borrower Name:

Trade Name (dba):  (if no trade name, enter "NA")

Borrower Contact:  Mr  Ms First  MI  Last

Borrower Street:

Borrower Zip Code:  Borrower Phone #:

Borrower SSN #:  (must include SSN # for principal of borrower)

#

Employer ID #:  (if available)

Borrower State:  (2 letter abbreviation)

Borrower County:  Borrower City:

Lender Name:

Lender ID #:  Loan Maturity:  (in months)

Loan Amount: \$  SBA Guaranty %:  %

Construction Amount: \$   New Construction?

Variable Interest Rate? Variable Interest Rate: P+  % Initial Bank Interest Rate:  %

Exporter? Yes  No  If yes, amount in export sales applicant has projected loan will support

\$

New Business Rural  or Urban

Outstanding SBA Loan NAICS Code:

New Loan is Collateralized

Number of Employees:  Number of Jobs Created:  Number of Jobs Retained:

Franchise? Franchiser's Name:  **SBA USE ONLY:**

Sole Proprietorship?  Partnership?  Corporation?  Other?

Veteran**	1=Non-Veteran; 2=Veteran-Other; 3=Service-Disabled Vet.; 4=Not Disclosed.						
Patriot Express*	Codes on next page. Each eligible owner must be identified with one of these codes.						
Gender **	M=Male; F=Female; N=Not Disclosed						
Race**	1=American Indian/Alaska Native; 2=Asian; 3=Black/African-American; 4=Native Hawaiian/Pacific Islander; 5=White/Caucasian; X=Not Disclosed						
Ethnicity**	H=Hispanic/Latino; N=Not Hispanic/Latino; Y=Not Disclosed						
Owner #	% Owned *	Veteran	Patriot Express	Gender	Race	Ethnicity	Please reference the above codes to complete this table for each 20% or greater owner of the primary business associated with the borrower. More than one race code may be selected.

Were any other SBA loans with maturities of more than 12 months made	SBA Loan #	SBA Approval Date	Loan Amount	SBA Guaranty %	Term (in months)

to the borrower in the last 90 days?  
If so, please complete for each loan


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**Supplemental Information for SBAExpress/Patriot Express Processing**

Borrower Name:

Use of Loan Proceeds	Amount
Purchase Land only	\$
Purchase Land and Improvements	\$
Purchase Improvements only	\$
Construct a Building	\$
Add an Addition to a Building	\$
Make Renovations to an Existing Building	\$
Pay Off Interim Construction Loan	\$
Pay Off Lender's Interim Loan	\$
Leasehold Improvements	\$
Purchase Equipment	\$
Purchase Furniture and Fixtures	\$
Purchase Inventory	\$
Pay Trade or Accounts Payable	\$
Pay Notes Payable – not Same Institution Debt	\$
Pay Notes Payable – Same Institution Debt	\$
Purchase a Business – Asset Purchase	\$
Purchase a Business – Stock Purchase	\$
Refinance SBA Loan	\$
Working Capital	\$
SBA Guaranty Fee	\$
Other	\$
Total	\$

**\*Eligibility Categories for Patriot Express loans only (Mandatory for eligibility purposes):**

2=Veteran other than service-disabled (dishonorably discharged not eligible)

3=Service-disabled Veteran

5=Active Duty military eligible for the Transition Assistance Program

6=Reservist or National Guard member

7=Current spouse of any of the four groups listed above; or current spouse of any Active Duty military

8=Widowed spouse of a service member or veteran who died of a service-connected disability

For Patriot Express loans, Patriot Express eligible owners must equal at least 51 percent of the total ownership in the "Owner" block on Page 1.

**\*\* The gender/race/ethnicity/veteran data (except as described for Patriot Express) is collected for statistical purposes only. Disclosure is voluntary and has no bearing on the credit decision.**

Lender Contact:     Mr    Ms   First  MI  Last

Lender Contact Phone #:     Lender Contact Fax #:

I certify that this applicant and this loan meet SBA's eligibility requirements and acknowledge complete liability for the loan if it later comes to the attention of SBA that the applicant or loan was ineligible.

Signature:

\_\_\_\_\_

Name & 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 30 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.**

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