



Home Style Investment

APPLICATION FORM

Date of application: _____

1	Full name of enterprise		
2	Legal address of the company		
3	First and Last name of the Director		
4	Telephone number of the Director		
5	First and Last name of the company's Founders and the share (%) held by them	First, Last Name	Share (%)
6	Number of employees		
7	Main types of company's activities	-	
		-	
		-	
		-	

8. Brief description of the basic activities of the company

9. Does the company have credit experience?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	If yes, please indicate the maximum amount (in Euro) <input type="text"/>



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10. Does the company have loans/credits at the date of application?	<input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please indicate the amount at the date of application (in Euro) <input type="text"/>															
11. Indicate the amount credits and their maturity	<table border="1"><thead><tr><th data-bbox="488 533 794 645">Name of the lending enterprise</th><th data-bbox="801 533 1145 645">Liabilities (balance at the date of application)</th><th data-bbox="1152 533 1458 645">The date of maturity of liabilities</th></tr></thead><tbody><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></tbody></table>	Name of the lending enterprise	Liabilities (balance at the date of application)	The date of maturity of liabilities												
Name of the lending enterprise	Liabilities (balance at the date of application)	The date of maturity of liabilities														
12. Does the enterprise have an audit report on its activity?	<input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please indicate the company and the date of audit. Company <input type="text"/> Date <input type="text"/>															
13. Please indicate the objects proposed for pledge (mark)	<input type="checkbox"/> Real Estate <input type="checkbox"/> Land <input type="checkbox"/> Means of transportation <input type="checkbox"/> Circulating means <input type="checkbox"/> Other (please specify) <input type="text"/>															



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14. Balance Sheet (fill in Euro)

		Year 1:	Year 2:	Year 3:
		ASSETS		
Current Assets	Cash on hands in banks			
	Time deposits and short-term			
	Accounts Receivable			
	(Less: Allowance for doubtful accounts)			
	Inventories			
	Prepayments			
	Net Total of Current Assets			
Fixed Assets	Land			
	Buildings			
	Furniture and equipment			
	(Less: Accumulated depreciation)			
	Net Total of Fixed Assets			
Other Assets				
	Net Total of Other Assets			
Total Assets				
LIABILITIES AND EQUITIES				
Current Liabilities	Accounts Payable			
	Notes Payable			
	Current Portion of Long-Term Liabilities			
	Customer Deposits			
	Taxes Payable			
	Interest Payable			
	Total Current Liabilities			
Long-Term Liabilities	Long-Term Debts (Loans)			
	Total Long-Term Liabilities			
Sub-Total Liabilities				
Equity	Paid in Capital			
	Retained Earnings			
	Total Equity			
Total Liabilities and Equity				



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15. Profit and Loss Statement (fill in Euro)

	Year 1	Year 2	Year 3
Net sales			
Cost of sales			
Gross Profit			
Other operating income			
Total expenses			
Profit before Tax			
Tax expenses			
Net Profit			

Signature of the Director
