



SBA Loan Application For Credit

All of **us** serving you™

SBA DIVISION

SBA Division Headquarters

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U.S. Bank SBA Business Development Officer

Phone _____

Fax _____

E-mail _____



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LOAN APPLICATION CHECKLIST

In order to complete our analysis of your SBA loan request, we need to review the information outlined below. If you have questions about the forms or documentation items listed, please contact your SBA Bank Officer.

FORMS (The following forms indicated below are attached)

Bank Officer Notes:

- Loan Information Form *(Required for all loan requests)*.....
- A. BUSINESS INFORMATION** *(Required for all loan requests)*
 - 1. Business Profile & Loan Request.....
 - 2. Business Debt Schedule.....
- B. PERSONAL INFORMATION** *(Required for all loan requests, must be completed by all principals & guarantors, & their spouses)*
 - 1. Personal Financial Statement.....
 - 2. Personal Profile.....
 - 3. Authorization to Consider, Release & Obtain Personal Information.....
- C. INFORMATION ON OTHER BUSINESSES OWNED**
(Required for all other businesses in which the applicant business, or any of its owners or guarantors, has 20% or more ownership, whether related or unrelated to the applicant business)
 - 1. Information on Other Businesses Owned.....
 - 2. Business Debt Schedule.....

DOCUMENTATION (The following documents supplement the forms listed above)

Bank Officer Notes:

BUSINESS DOCUMENTATION

- Business Federal Tax Returns for three prior years, including all schedules and statement pages.....
- Interim Financial Statements for most recent month ending available *(within 60 days)* – include Income Statement and Balance Sheet.....
- A/R & A/P Aging Reports to match Balance Sheet.....
- Detailed Monthly Projections with Narrative.....
- Request for Transcript of Tax Return *(4506)*.....
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PERSONAL DOCUMENTATION

- Personal Federal Tax Returns for three prior years, including all schedules and statement pages.....
- W-2's for both spouses, matching three years tax returns *(If last year is on extension, include W-2's)*.....
-
-

DOCUMENTATION FOR OTHER BUSINESSES OWNED

- Business Federal Tax Returns for three prior years, including all schedules and statement pages.....
- Interim Financial Statements for most recent month ending available *(within 60 days)* – include Income Statement and Balance Sheet.....
- A/R & A/P Aging Reports to match Balance Sheet.....
-

MISCELLANEOUS

- Buy/Sell Agreement.....
- Real Estate Purchase Agreement.....
- Copy of Notes to Refinance.....
-

LOAN INFORMATION FORM

1. GENERAL BUSINESS INFORMATION

Business Name _____ DBA _____
Address _____ Business Phone _____ Ext _____
City/State/Zip _____ Fax _____
Type of Business _____ Website _____

2. BUSINESS CONTACT INFORMATION

Principal 1	Principal 2	Principal 3
Name _____	Name _____	Name _____
Business Phone _____	Business Phone _____	Business Phone _____
Cellular Phone _____	Cellular Phone _____	Cellular Phone _____
Fax _____	Fax _____	Fax _____
Email _____	Email _____	Email _____

3. USE OF PROCEEDS

<input type="checkbox"/> Real Estate Purchase	\$	<input type="checkbox"/> Working Capital	\$
<input type="checkbox"/> Construction	\$	<input type="checkbox"/> Business Acquisition	\$
<input type="checkbox"/> Refinance	\$	<input type="checkbox"/> Inventory	\$
<input type="checkbox"/> Equipment Purchase	\$	<input type="checkbox"/> Other:	\$

Briefly Describe Project:

How will this loan change or aid the growth of your business?

What is the source of your cash injection/down payment (i.e., personal accounts, business accounts, etc.)?

4. FOR REAL ESTATE ACQUISITIONS, PLEASE ANSWER THE FOLLOWING

How many square feet is the proposed building? How far is current location to proposed location?
How many square feet is the lot? Will any of it be leased to another occupant? Yes No
When does your current lease expire? If yes, how many tenants?
How many square feet do you currently occupy? Percentage of space to be leased?

5. OTHER BUSINESS OWNERSHIP

We need information for any business concern in which the applicant company (or any of its owners) has 20% or more ownership or controlling interest (includes any situation where an individual has control of the subject business or another concern, despite less than 20% ownership).

Does your company (or any of its owners) have ownership as described above in other companies? Yes No

If yes, give number of businesses:

If yes, complete 'INFORMATION ON OTHER BUSINESS OWNED' and a 'BUSINESS DEBT SCHEDULE' for each of these businesses.

1. BUSINESS INFORMATION / LOAN REQUEST

Business Name _____ Current Bank _____
 Date Established _____ Address _____
 C-Corp S-Corp LLC LLP Partnership Sole Prop City/State/Zip _____
 Amount Requested \$ _____ Use of Proceeds _____

2. OWNERSHIP AND OFFICERS

- (A) List all Owners – Percentage of ownership must equal 100%.
 (B) Identify all Officers regardless of ownership – For a Corporation: President, Vice President, Secretary and Treasurer.
 For an LLC: Managing Members and Members. For a Partnership: Managing Partners and General Partners.

Name	Title(s) – see instruction "B" above	% Ownership

3. BUSINESS OVERVIEW

Briefly describe the business, including products and/or services provided.

How many employees do you currently have? _____ How many employees do you expect to have after this loan? _____

Describe customer profile. (Target Market, % Retail, % Wholesale, etc.)

List Key Customers _____ List Key Competitors _____

4. ADDITIONAL QUESTIONS

- a. Are you or any owner delinquent on any business or personal taxes?..... Yes No
 b. Have you or any officer of your company ever been involved in bankruptcy or insolvency proceedings?..... Yes No
 c. Are you or your business involved in any pending lawsuits?..... Yes No
 d. Does any applicant or their spouse or any member of their household, or any one who owns, manages or directs your business or their spouses or members of their households, work for the Small Business Administration, Small Business Advisory Council, SCORE or ACE, any Federal Agency, or the participating lender?..... Yes No
 e. Do you buy from, sell to, or use the services of any concern in which someone in your company has a significant financial interest?..... Yes No
 f. Is this business a franchise? If yes, franchise name _____ Yes No
 g. Does your business presently, or will it as a result of this loan, engage in export trade?..... Yes No
 If yes, total export sales this loan would support \$ _____
 h. Would you like additional information on exporting?..... Yes No
 i. Have you received counseling or training from SBA (e.g., SCORE, ACE, SBDC, WBC, etc)?..... Yes No
 j. Does your company (or any of its owners) have an existing or prior SBA or other government loan?..... Yes No
 If Yes, Name of Agency (i.e., SBA) _____

Original Loan Amount \$ _____ Date of Loan _____ Status: Current Closed (If more, attach additional page.)

Signature _____ Title _____ Date _____

BUSINESS DEBT SCHEDULE

List all short-term and long-term debt (loans, lines of credit, credit cards) on the Interim Balance Sheet (do not include trade accounts payables or other payables). DATE and CURRENT BALANCE on this Debt Schedule MUST MATCH THE MOST RECENT MONTH-END BALANCE SHEET. Do not include personal debt.

Company Name _____

As of _____

Check here if your business has no debt and sign below.

Debt #	Creditor Name	Original Date	Original Amount	Current Balance	Interest Rate	Monthly Payment	Maturity Date	Secured By	Current?	Refinance?
1									<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2									<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3									<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4									<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5									<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6									<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7									<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8									<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
9									<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
10									<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
11									<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
12									<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
13									<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
14									<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
15									<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
16									<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
17									<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Signature _____

This form must be completed by each principal with 20% or more ownership in the Applicant Company and any person providing a guaranty of the loan. **MUST INCLUDE PRINCIPAL & SPOUSE'S INFORMATION & SIGNATURES.**

Name _____ Spouse _____

Include personal assets and liabilities only. Do not include business assets and liabilities on this form.

ASSETS		LIABILITIES			
Cash, Savings, Checking Accounts	\$	Vehicle Loan(s)	Monthly Payment(s)	\$	\$
IRA or Other Retirement Accounts	\$	Unpaid Taxes (Schedule 5)			\$
Stocks & Bonds (Schedule 1)	\$	Loan(s) on Life Insurance (Schedule 2)			\$
Life Insurance-Cash Surrender Value Only (Schedule 2)	\$	Mortgages & Real Estate (Schedule 3)			\$
Real Estate (Schedule 3)	\$	Credit Cards, Notes Payable, etc. (Schedule 4)			\$
Vehicle(s) - Current Value	\$	Other Liabilities (Schedule 5)			\$
Other Assets (Schedule 5)	\$	TOTAL LIABILITIES			\$
TOTAL ASSETS		(Assets minus Liabilities) NET WORTH			\$
		(Liabilities plus Net Worth) TOTAL			\$

SCHEDULE 1: Stocks & Bonds – List individual securities or name of brokerage account. Attach additional sheet if necessary.

# of Shares	Name of Security/Broker Accounts	Current Value	# of Shares	Name of Security/Broker Accounts	Current Value
		\$			\$
		\$			\$

SCHEDULE 2: LIFE INSURANCE – List information for policies with cash surrender value only.

Insured	Insurance Company	Beneficiary	Face Value	Cash Value
			\$	\$
			\$	\$

SCHEDULE 3: REAL ESTATE OWNED – List each parcel separately. Attach additional sheet if necessary.

Type of Property	Property A		Property B		Property C	
	Address	Date Purchased (mo/yr)	Original Cost	Current Market Value	1 st Mortgage	2 nd Mortgage
Mortgage Holder	1 st Mortgage	2 nd Mortgage	1 st Mortgage	2 nd Mortgage	1 st Mortgage	2 nd Mortgage
Mtg Balance or Line Max.						
Monthly Payment						
Status of Mortgage	<input type="checkbox"/> Current <input type="checkbox"/> Past Due	<input type="checkbox"/> Current <input type="checkbox"/> Past Due	<input type="checkbox"/> Current <input type="checkbox"/> Past Due	<input type="checkbox"/> Current <input type="checkbox"/> Past Due	<input type="checkbox"/> Current <input type="checkbox"/> Past Due	<input type="checkbox"/> Current <input type="checkbox"/> Past Due
Receive Rental Income? If yes, give amount.	<input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____/month		<input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____/month		<input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____/month	

SCHEDULE 4: CREDIT CARDS, INSTALLMENT ACCOUNTS & OTHER NOTES PAYABLE – Attach additional sheet if necessary.

Lender	Original Balance	Current Balance	Monthly Payment	Security/Collateral
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	

SCHEDULE 5: OTHER ASSETS AND LIABILITIES

Other Contingent Liabilities and Obligations:

Alimony and/or Child Support: No Yes \$ _____/month

Co-Signer on Loan: No Yes Balance \$ _____/month

Other: No Yes Type of Liability: _____ \$ _____/month

Describe Other Assets Listed Above:

I authorize SBA/Lender to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of either obtaining a loan or guaranteeing a loan. I understand FALSE statements may result in forfeiture of benefits and possible prosecution by the U.S. Attorney General. (Ref 18 U.S.C. 1001).

Applicant Signature _____ Social Security # _____ Date _____

Spouse Signature _____ Social Security # _____ Date _____

This form must be completed by each principle with 20% or more ownership in the Applicant Company and any person providing a guaranty of the loan. INCLUDE APPLICANT & SPOUSE'S INFORMATION & SIGNATURES.

1. APPLICANT				6. SPOUSE			
Name		Married: <input type="checkbox"/> Yes <input type="checkbox"/> No		Name			
Date of Birth	City & State of Birth	Social Security #		Date of Birth	City & State of Birth	Social Security #	
Address		Lived Here Since: (month/year)		Address		Lived Here Since: (month/year)	
City	State	Zip		City	State	Zip	
Previous Address (if current < 10 years)		From	To	Previous Address (if current < 10 years)			
Home Phone:		Business Phone:		Lived There From (month/year):		To:	
Number of Dependents (both spouses):		Ages:		Home Phone:		Business Phone:	
2. EDUCATION - APPLICANT				7. EDUCATION - SPOUSE			
Institution/Location		From	To	Institution/Location		From	To
Major:		Degree/Certificate:		Major:		Degree/Certificate:	
Institution/Location		From	To	Institution/Location		From	To
Major:		Degree/Certificate:		Major:		Degree/Certificate:	
3. WORK EXPERIENCE - APPLICANT				8. WORK EXPERIENCE - SPOUSE			
Company/Location:				Company/Location:			
Position:		From:	To:	Position:		From:	To:
Duties:				Duties:			
Company/Location:				Company/Location:			
Position:		From:	To:	Position:		From:	To:
Duties:				Duties:			
4. VETERAN STATUS - APPLICANT				9. VETERAN STATUS - SPOUSE			
U.S. Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No Branch:				U.S. Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No Branch:			
From:		To:	Service Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No	From:		To:	Service Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No
Honorable Discharge: <input type="checkbox"/> Yes <input type="checkbox"/> No Rank at Discharge:				Honorable Discharge: <input type="checkbox"/> Yes <input type="checkbox"/> No Rank at Discharge:			
5. ALL QUESTIONS MUST BE ANSWERED						APPLICANT	SPOUSE
Are you employed by the U.S. Government? If yes, give Agency, Position: _____						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a U.S. citizen? If No, are you a Lawful Permanent Alien? If Yes, give Alien Registration Number(s): _____						<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Are you presently under indictment, or parole or probation?						<input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, attach explanation)	<input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, attach explanation)
Have you ever been charged with or arrested for any criminal offense other than a minor motor vehicle violation, including offenses which have been dismissed, discharged, or not prosecuted?						<input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, attach explanation)	<input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, attach explanation)
Have you ever been convicted, placed on pretrial diversion, or placed on any form of probation including adjudication withheld pending probation, for any criminal offense other than a minor motor vehicle violation?						<input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, attach explanation)	<input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, attach explanation)
Are you involved in any lawsuit at this time or have you ever filed for personal or business Bankruptcy Protection?						<input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, attach explanation)	<input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, attach explanation)
<p>Information for Government Monitoring Purposes: The following information is requested by the Federal Government for certain types of loans in order to monitor the Lender's compliance with equal credit opportunity laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a Lender may neither discriminate on the basis of this information, nor on whether you choose to furnish it. However, if you choose not to furnish it, under Federal regulations this Lender is required to note race and sex on the basis of visual observation or surname. If you do not wish to furnish the above information, please check the box below.</p>							
Applicant: <input type="checkbox"/> I do not wish to furnish this information.		Applicant Race: (one or more boxes may be selected) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White		Applicant Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Non-Latino		Applicant Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	
Spouse: <input type="checkbox"/> I do not wish to furnish this information.		Spouse Race: (one or more boxes may be selected) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White		Spouse Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Non-Latino		Spouse Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	

I certify the information given above is true and complete.

I certify the information given above is true and complete.

Applicant Signature

Date

Spouse Signature

Date



This form must be completed by all principals, guarantors, and their spouses.

A business with which I am associated intends to apply for a loan (the "Loan") from U.S. Bank National Association (the "Bank").

I acknowledge and agree that the Bank may consider my personal credit worthiness and credit history in connection with its evaluation of whether to make the proposed Loan, and, in its sole discretion, use such information as a basis for making, or declining to make, the proposed Loan.

I further authorize the Bank, either by itself or through third parties, to obtain such personal information about me as it deems relevant to its evaluation of the proposed Loan, including, without limitation, credit and other reports from consumer reporting agencies, employment information, account information and information relating to my financial or other affairs, and to make any other inquiries and investigations it considers necessary or desirable in order to conduct its investigation. I also understand that, in connection with these inquiries, the Bank may disclose personal information about me to others, including the business with which I am associated, and I agree that it may do so.

In the event that the Bank chooses to proceed with the Loan, or any other loan to a business with which I am associated, I agree that the rights granted to the Bank hereunder shall continue, and the Bank may periodically obtain and update personal information about me in order to review and evaluate such loans.

I agree that the Bank shall be entitled to rely and make decisions based on the information it obtains, without any obligation to verify its accuracy or completeness, and that the Bank shall have no liability whatsoever, whether to me or any other party, in connection with any of these matters.

I/We also authorize U.S. Bank's Small Business Administration Division to share personal application and credit information about me/us with its affiliates.

I/We hereby certify that the enclosed information (plus any attachments or exhibits) is valid and correct to the best of my/our knowledge.

I/We hereby acknowledge that all loan approvals will be in writing and subject to the terms and conditions set forth in a commitment letter signed by an officer of U.S. Bank.

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

When you open an account we will ask for your name, address and other information that will allow us to identify you. We may also ask to see other documents that substantiate your identity.

Agreed and Accepted:

Signature _____ Name _____

Date _____ Date of Birth _____ Social Security Number _____

Address _____

City _____ State _____ Zip _____

Signature _____ Name _____

Date _____ Date of Birth _____ Social Security Number _____

Address _____

City _____ State _____ Zip _____

This form is required for any business concern in which the applicant company (or any of its owners) has 20% or more ownership or controlling interest. Information will be needed for any situations in which an individual has control of your business and another concern, even if the ownership of one or both is small.

1. BUSINESS INFORMATION / LOAN REQUEST

Business Name _____ C-Corp S-Corp LLC LLP Partnership Sole Prop

2. OWNERSHIP AND OFFICERS

- (A) List all Owners – Percentage of ownership must equal 100%.
- (B) Identify all Officers regardless of ownership – For a Corporation: President, Vice President, Secretary and Treasurer.
For an LLC: Managing Members and Members. For a Partnership: Managing Partners and General Partners.

Name	Title(s) – see instruction "B" above	% Ownership

NOTE: Total % of Ownership Must Equal 100%

3. BUSINESS OVERVIEW

Briefly describe the business.

How many employees does this company have? _____

Is this business delinquent on any taxes? Yes No

If yes, please provide additional information below. Include attachment if needed.

BUSINESS DEBT SCHEDULE

List all short-term and long-term debt (loans, lines of credit, credit cards) on the Interim Balance Sheet (do not include trade accounts payables or other payables). DATE and CURRENT BALANCE on this Debt Schedule MUST MATCH THE MOST RECENT MONTH-END BALANCE SHEET. Do not include personal debt.

Company Name _____

As of _____

Check here if your business has no debt and sign below.

Debt #	Creditor Name	Original Date	Original Amount	Current Balance	Interest Rate	Monthly Payment	Maturity Date	Secured By	Current?	Refinance?
1									<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2									<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3									<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4									<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5									<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6									<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7									<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8									<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
9									<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
10									<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
11									<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
12									<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
13									<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
14									<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
15									<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
16									<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
17									<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Signature _____