

MANAGEMENT RESUME

To be completed by each business owner with ownership interest of 20% or more and by key management.

Business Applicant's Name: _____

Name: _____ **Birth Date (mm/dd/yyyy):** _____ **Place of Birth:** _____

Are you a U. S. Citizen? YES NO If No, please provide Alien Registration No. and a copy (front and back) of your Alien Registration Card* _____

*The U.S. Citizenship and Immigration Services requires that a copy of your Alien Registration Card be submitted with Form G-845, Document Verification Request.

Social Security Number: _____ **Home phone:** () - _____ **Business phone:** () - _____

Time at Current Residence (please give dates: mm/dd/yyyy): _____ **From** _____ **To** _____

Residence Address: _____

City, State, ZIP Code: _____ **County:** _____

Previous Address if at above address less than 5 years (Street, City, State, ZIP Code):

1. _____ **From** _____ **To** _____

2. _____ **From** _____ **To** _____

Are you presently under indictment, on parole or probation? Yes* No

Have you ever been charged with or arrested for any criminal offense Other than a minor motor vehicle violation? Yes* No

Have you ever been convicted, placed on pretrial diversion, or placed on any form of probation for any criminal offense other than a minor motor vehicle violation? Yes* No

***Please provide an explanation for all items above to which you responded "Yes."**

This data is collected by the U.S. Small Business Administration for statistical purposes only. It has no bearing on the credit decision. Disclosure is voluntary. One or more boxes for race may be selected.

Race: American Indian/Alaska Native Black/African-American Asian Native Hawaiian/Pacific Islander White/Caucasian

Ethnicity: Hispanic/Latino Not Hispanic/Latino

Military Service: From _____ To _____ Branch: _____

Veteran Vietnam Era Veteran Non-Veteran Disabled Veteran

Education:			
High School/College/Other	Location	Dates Attended	Degree/Certificate

Work Experience: Please list chronologically, beginning with present employment.			
Company Name & Location	Dates Employed	From:	To:
Duties/Responsibilities	Position Title		

MANAGEMENT RESUME (continued)

Work Experience (continued):			
Company Name & Location		Dates Employed	From: _____ To: _____
Duties/Responsibilities		Position Title	
Company Name & Location		Dates Employed	From: _____ To: _____
Duties/Responsibilities		Position Title	

CERTIFICATION AND SIGNATURE

By signing below, you certify that the information provided in this Management Resume and any attachments is complete, true and correct and may be relied upon by Centerstone Commercial Lending, Inc. without independent investigation. You authorize Centerstone Commercial Lending, Inc., in its discretion, to verify any information given, check credit references and obtain credit reports, and to provide and release information about Centerstone Commercial Lending, Inc.'s transactions and experiences with you to others from time to time. A consumer report (including a credit report) may be requested in connection with the credit request of Business Applicant. If you ask, Centerstone Commercial Lending, Inc. will advise whether one was ordered, and if one was the name and address of the consumer reporting agency that furnished it. You understand that subsequent consumer reports may be ordered in connection with a review, update, renewal or extension of credit, or any review or collection of credit, without further notice.

SIGNATURE: _____ **DATE:** _____