



HVB COVID-19 Working Capital Loan Program

Borrower Information

Borrower Name:	
City:	State:
Industry:	
Mobile Number:	Email:

Working Capital Need

Weekly Payroll & Benefits Cost (Please Complete)	
Monthly Payroll - Current Employees:	\$
Monthly Rent:	\$
Monthly Utilities:	\$
Other Critical Operating Expenses:	\$
Total Monthly Costs (Sum of Above):	\$
Working Capital Request (In Months):	
Working Capital Loan Amount:	\$

Line of Credit Rate	Prime + 2% Floating, Floor 5%
Termed Out Loan Rate:	3 Year Term - Prime + 2%, Fixed
	5 Year Term - Prime + 3%, Fixed

Line of Credit Term:	3 Months with Two One-Month Extensions, at HVB Discretion
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At Maturity:	Convert to Term Loan with Either a 3-Year or 5-Year Term
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Collateral:	Secured, a UCC-1 will be filed. Additional collateral sought to secure the bank, cross collateralized with other HVB secured debt.
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Extension:	Two One-Month Options at HVB Discretion
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Personal Guarantees:	Required
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Email Completed Form To:	loanops@myhvb.com
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