

THE **BLACKSBURG** PARTNERSHIP

506 South Main Street
Blacksburg, VA 24060

Revolving Loan Program

LOAN REQUEST INQUIRY

Name: _____ Title: _____

Company: _____

Address: _____

Email: _____

Web address: _____

Business Description: _____

Amount of funding requested (max. of \$5,000): _____

Term of Loan Requested in years: _____

Description of Project, Total Cost and Purpose of Funding Request: _____

Is principal owner/partner willing to sign a personal guarantee for the loan?

Yes _____ No _____