

Lender Name		Lender Fax Number		
Borrower Name		Business Name		
Tragram r pp y mg rec	Transform MilwaAgribusiness GuNeighborhood B	Small Business Guarantee Transform Milwaukee Loan Guarantee Agribusiness Guarantee Neighborhood Business Revitalization Guarantee Contractors Loan Guarantee		
By submitting this form, I understand that up to 20% of eligible project costs may be incurred prior to submitting a complete application to WHEDA. The application must be submitted within 90 days of WHEDA's acknowledgment of this form for the project costs to be eligible. Submission of this form is not an assurance that the application will be approved.				
Loan Officer Signature	oan Officer Printed	Name and Title	Date	
Mail to: Economic Development WHEDA PO Box 1728 Madison WI 53701-1728 or Fax (608) 267-1099				
The signature below acknowledges receipt of this form by WHEDA.				
WHEDA Representative Sign	ature Da	te		