

# EQUITY TRUST, INC.

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P.O. Box 746  
Amherst, MA 01004  
Phone (413) 256-6161  
etf@equitytrust.org

## EQUITY TRUST FUND: LOAN OFFER

[Note: You may use this form to indicate your interest in making a loan to the Equity Trust Fund. The information requested below will enable us to draft a Loan Agreement for your review. If you prefer, or have questions, you may also telephone us at (413) 256-6161 to discuss the terms of your loan.]

Please Print

### Lender(s):

Name(s) for legal documents \_\_\_\_\_  
\_\_\_\_\_

Legal address (street) \_\_\_\_\_

(city/state/zip) \_\_\_\_\_

Mailing address \_\_\_\_\_  
(if different) \_\_\_\_\_

Telephone (home) \_\_\_\_\_ (work) \_\_\_\_\_

Email \_\_\_\_\_

Taxpayer ID (Social Security Number) \_\_\_\_\_

### Agent (if any):

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

(over)

**Loan Terms:**

I would like to loan the Equity Trust Fund \$ \_\_\_\_\_ ,  
for \_\_\_\_\_ years,  
at an interest rate of \_\_\_\_\_%.

I would like my interest (if any):

\_\_\_\_\_Reinvested annually and paid at end of term.  
or \_\_\_\_\_Paid by check to me annually.

I would like my principal:

\_\_\_\_\_Repaid at end of term.  
or \_\_\_\_\_Amortized and repaid annually.

Preferences \_\_\_\_ or Conditions \_\_\_\_ on use of funds:

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Other Provisions (if any):

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