G’mach (Gemilus Chesed Zichron Shlomo)
In loving memory of R’ Shlomo ben R’ Binyomin

Applications must be filled out completely and require two co-signers.

Confidential Inquiries to G’mach should be directed to the following (please use these phone numbers only for discretion purposes):

Rabbi Meyer Roberts: 612.382.9396
meyerroberts6@gmail.com

or

Ron Mandelbaum: 952.334.6333
ron.mandelbaum@att.net

(scroll down to see application below)
**ALL QUESTIONS MUST BE **ANSWERED IN FULL AND NEATLY PRINTED **OR APPLICATION WILL BE RETURNED**

BORROWER’S INFORMATION:

DATE: __________________________

BORROWERS NAME: __________________________________________

HOME ADDRESS: ____________________________________________

HOME PHONE: ___________________ CELL PHONE: ________________ FAX: ________________

ARE YOU SHOMER SHABBOS? ___________________ SHUL YOU ATTEND: ______________________

EMPLOYMENT:

OCCUPATION: ___________________ NAME OF BUSINESS OR EMPLOYER: ______________________

BUSINESS ADDRESS: ____________________________

BUSINESS PHONE: ___________________ NUMBER OF YEARS THERE: _______ TYPE OF BUSINESS: ______________________

CURRENT NET WEEKLY SALARY OR INCOME (“TAKE HOME PAY AFTER TAXES AND DEDUCTIONS”): $___________________.00

NAME OF YOUR BANK: ___________________ ADDRESS: ____________________________

CHECKING ACCOUNT#: ___________________ SAVINGS ACCOUNT #: ______________________

PURPOSE FOR LOAN: ______________________

CO-MAKER #1 (Please Print)

NAME: ___________________ ADDRESS: ____________________________

HOME PHONE: ___________________ RELATIONSHIP WITH APPLICANT: __________________

EMPLOYER: ___________________ BUSINESS PHONE NUMBER: ______________________

CO-MAKER #2 (Please Print)

NAME: ___________________ ADDRESS: ____________________________

HOME PHONE: ___________________ RELATIONSHIP WITH APPLICANT: __________________

EMPLOYER: ___________________ BUSINESS PHONE NUMBER: ______________________

TWO REFERENCES: (OTHER THAN CO-MAKERS):

1. NAME: ___________________ ADDRESS: ____________________________
   PHONE: ___________________

2. NAME: ___________________ ADDRESS: ____________________________
   PHONE: ___________________

(Continued on next page)
TERMS:

1. Borrower shall supply a series of ____ monthly post-dated checks, totaling the entire loan.
2. In the event that a check is returned by the bank as “uncollectable”, or no deposit can be made due to the absence of proper checks, the co-makers will be notified.
3. In the event that two checks are returned by the bank (over the course of the loan) as “uncollectable”, the entire loan shall be accelerated and shall be immediately due and payable in full. A demand for immediate and full payment may be requested from all co-makers.
4. The G’mach must be immediately notified of any change in address, bank account or phone number. Failure to do so, will necessitate notification of the co-makers.

I have read all the above, and by signing it, I agree to the terms and conditions.

BORROWER’S SIGNATURE: (X) ______________________________________________________________

CO-MAKER #1 SIGNATURE: (X) ______________________________________________________________

CO-MAKER #2 SIGNATURE: (X) ______________________________________________________________

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PROMISSORY NOTE

$___________________.00 DATE: ______________________________

ON DEMAND, for value received, we the undersigned, do hereby JOINTLY AND SEVERALLY ("Jointly and Severally " means that each of you has the duty of fully performing the obligations set forth herein and that Gemilas Chesed Zichron Shlomo (GCZS), in its sole and absolute discretion, has the right to collect the entire balance owed hereunder either from all of you or from any of you upon breach of performance hereunder) promise to pay to the order of:

Gemilas Chesed Zichron Shlomo (GCZS)

________________________________________  (DOLLARS) ($___________________.00)

After the date of default (as hereinafter defined), all payments on account of indebtedness evidenced by this Note shall be first applied to the cost of collection and/or enforcement, including but not limited to attorney’s fees, and the remainder to the principal.

The following events, if not cured within Ten (10) days of Borrower’s constructive receipt of notice identifying said event(s), shall be events of default (hereinbefore and hereinafter ‘Default’) hereunder entitling the Holder hereof to all remedies available in law and/or in equity, including acceleration of entire loan balance: the failure to make any payment hereunder when due; the insolvency or bankruptcy of the Borrower hereunder; the making by the Borrower hereunder of an assignment for the benefit of its creditors, filing of a petition for bankruptcy, or the filing against it of an involuntary petition for bankruptcy which involuntary petition is not dismissed within 60 days from the date of its filing. Presentment, notice of presentment, dishonor, notice of dishonor, protest and notice of protest are all hereby waived by the Borrower and the Co-makers hereof.

This Note contains the entire agreement of the parties hereto with respect to the terms, conditions and provisions hereof, and supersedes, controls and prevails over any and/or all prior negotiations of the parties with respect to the terms, conditions and provisions hereof, all of which are hereby merged herein. This Note shall be governed, interpreted, construed and enforced in accordance with the laws of the State of Minnesota. In the event any term, provision and/or condition hereof is declared null, void, invalid and/or unenforceable, it shall not affect the validity and/or enforceability of any other term, provision and/or condition hereof, all of which shall remain valid, binding and enforceable obligations of Borrower and the Co-makers. This note may not be amended, changed, modified or extended except in writing signed by the party against whom enforcement is sought.

SIGNATURES FULL NAME (PRINTED) PHONE #

BORROWER: (X) ______________________________________________________________

CO-MAKER #1: (X) ______________________________________________________________

CO-MAKER #2: (X) ______________________________________________________________

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FOR CONFIDENTIAL INQUIRIES PLEASE CONTACT:

Ron Mandelbaum, Wireless: 952-334-6333 Email: ron.mandelbaum@att.net or Meyer Roberts, Wireless: 612-382-9396 Email: MeyerRoberts6@gmail.com

(BELOW FOR OFFICE USE ONLY):

LOAN DATE: ___________ CHECK #: _________ FIRST PAYMENT DUE: ___________ MONTHLY PAYMENT: $________

REPAYMENT DATE: ___________ REMARKS: ___________________________________________________________ Rev v2 2/09