

BUSINESS LOAN APPLICATION

<input type="checkbox"/> NEW <input type="checkbox"/> REFINANCE <input type="checkbox"/> RENEWAL (if additional funds are requested state amount) \$			
Amount requested: \$			
Use of Loan Proceeds: <input type="checkbox"/> Receivable Financing		<input type="checkbox"/> Working Capital	
<input type="checkbox"/> Purchase Real Estate		<input type="checkbox"/> Refinance Real Estate	
		<input type="checkbox"/> Purchase Equipment	
		<input type="checkbox"/> Purchase Inventory	
Type of Loan: <input type="checkbox"/> Term <input type="checkbox"/> Line of Credit <input type="checkbox"/> Single Payment <input type="checkbox"/> Other (Specify)			
Term and Amortization requested:			

COLLATERAL OFFERED TO SECURE THE LOAN			
Type of Collateral (Example: A/R, Inv., Equip., Real Estate)	Estimated Value	Source of Value (Example: A/R Aging Report, Appraisals)	Any Existing Liens? \$ Amount (& Position for RE)
	\$		
	\$		
	\$		
	\$		

Is the collateral being pledged owned by someone other than the business or the owners of the business? Yes No

If yes explain?

LOAN APPLICANT'S GENERAL INFORMATION			
Business Legal Name:			Tax ID #:
Business Address:		City:	State: Zip Code:
Phone ()	Date Business Established:		Present ownership (mo. / yr.)
Nature of Business			
Annual Gross Sales/Revenues (last fiscal year)		Total Assets (last fiscal year)	Total Liabilities (last fiscal year)
\$		\$	\$
Total Outstanding Company Debt with Others			
\$			
Business Structure		<input type="checkbox"/> Proprietorship	<input type="checkbox"/> General Partnership
		<input type="checkbox"/> S- Corporation	<input type="checkbox"/> Limited Partnership
		<input type="checkbox"/> Professional Corporation	<input type="checkbox"/> Limited Liability Company
			<input type="checkbox"/> Corporation
			<input type="checkbox"/> Other

FINANCIAL INFORMATION							
PRINCIPAL INFORMATION							
(Make additional Copies if necessary)							
Name:				Name:			
Title:				Title:			
Home Address:				Home Address:			
TAX ID :		Driver's License:		TAX ID :		Driver's License:	
Date of Birth:		Home Phone:		Date of Birth:		Home Phone:	
Date Issued:		Date Expires:		Date Issued:		Date Expires:	

Has the business ever declared bankruptcy last 10 years?	Yes	No	If yes, chapter	Date of filing
Has any principal ever declared bankruptcy last 10 years?	Yes	No	If Yes, Name And Chapter	Date of filing
Are there any delinquent taxes owed by the Business or any principal/ owner?	Yes	No	If Yes Explain:	
Is there any pending litigation or unsatisfied judgments for the business or any principal /owner?	Yes	No	If Yes Explain:	
Does any one customer represent more than 10% of annual sales/revenues?	Yes	No	If Yes, Customer Name And Percentage	
Is the business for sale or under agreement That would change the ownership?	Yes	No	If Yes Explain:	
Has the business incurred a loss in any of the last 3 years?	Yes	No		
PRINCIPAL/OWNER TRUST INFORMATION				
Have you established a trust? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable Name(s) of trustee(s):				

- PLEASE INCLUDE THE FOLLOWING WITH ALL COMPLETED APPLICATIONS UNLESS INSTRUCTED DIFFERENTLY**
- Signed Business Federal Income Tax Return for the last year (if on extension copy of extension) or CPA prepared Financial Statements
 - Current Interim Financial Statement
 - Copies of Organizational Papers and Business Filing Certificates
 - Signed personal Federal Income Tax Returns for each owner, including all schedules, K-1's and W-2's for the last year
 - Signed Current Personal Financial Statement for each owner
 - Copy of Insurance Certificates
- ADDITIONAL INFORMATION FOR SPECIFIC REQUESTS**
- Line of Credit** - include current aging of Accounts receivable and Accounts Payable
- Equipment or Inventory** - include Equipment List, Inventory List
- Purchases of equipment** - include invoices
- Commercial Real Estate** - if purchase - include purchase agreement and legal description, for all other requests include legal Description

CONSENT BY BUSINESS PRINCIPAL TO OBTAIN CONSUMER CREDIT REPORT

In connection with the above application for credit by "Applicant" to "Lender" and any subsequent financial products or services the Lender may offer Applicant including any renewals, extensions, modifications or workouts, I consent to Lender obtaining one or more consumer credit reports on me from time to time. Lender may also investigate my background, income, credit or credit worthiness, assets or other matters as it reasonably deems necessary or appropriate.

Name: _____ Name _____
Signature: _____ Signature _____
Date _____ Date _____

BY SIGNING BELOW, WE CERTIFY THAT ALL INFORMATION PROVIDED ON AND WITH THIS FORM OR HEREAFTER FURNISHED BY US OR ON OUR BEHALF IS TRUE, CORRECT AND COMPLETE AND THAT WE ARE AUTHORIZED TO EXECUTE THIS FORM ON BEHALF OF THE APPLICANT. Applicant(s) are aware that any knowing or willful false statements for purposes of influencing the actions of Creditor can be a violation of federal law 18 U.S.C. sec. 1014 and may result in a fine or imprisonment or both. You are authorized to make all inquires you deem necessary to verify the accuracy of this Statement either directly or through any agency employed by the Lender for that purpose. Applicant authorizes "Lender" to obtain credit reports, and agrees to provide any additional information that the Lender may require to process this application. Applicant also authorizes Lender to obtain copies of its tax returns and information from the IRS and other taxing authorities, and agrees to execute whatever forms the Lender requests to obtain such information.

REQUIRED SIGNERS: **SOLE PROPRIETORSHIP**-The owner (If married, you may apply for a separate account); **PARTNERSHIP**-All general partners; **LIMITED LIABILITY COMPANY**-All members or manager(s). **CORPORATION** - The persons named in the Corporate Resolution;

Authorized Signature	Print Name	Title	Date
Authorized signature	Print Name	Title	Date
Authorized Signature	Print Name	Title	Date
Authorized Signature	Print Name	Title	Date

(For corporate applicants)
CERTIFICATION: I certify that I am Secretary of the Applicant and the signatures and title set forth above are the genuine signatures and titles of persons indicated.

Signature of Secretary _____ Print Name _____ Date _____