

# BUSINESS LOAN APPLICATION

TO (LENDER)

Dated:	NOTICE TO APPLICANT: IF YOU ARE MARRIED YOU MAY APPLY FOR A SEPARATE ACCOUNT.
<input type="checkbox"/> <b>JOINT CREDIT.</b> The applicants intend to apply for joint credit. (Please initial)	

**IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT**  
 To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.  
 What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

**APPLICANT INFORMATION**

Name		Street Address	
City		State	Zip Code
Foreign Country	Foreign Country- Street Address		Foreign Country- City, State, Zip
Telephone Number		Tax I.D. Number	
Type of Business		Type of Organization <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> Limited Liability Company ("LLC")	
State and County Where Organized			Date Business Entity Started Or Date of Birth, If Indiv. or Sole Prop.

**LIST: OWNERS, PARTNERS, MEMBERS, MANAGERS, OFFICERS , AS APPLICABLE**

Name		Telephone Number	Social Security Number	
Street Address, City, State, Zip Code		Title	Age	% of Ownership
		<input type="checkbox"/> Personal Financial Statement Enclosed <input type="checkbox"/> Personal Credit Report Enclosed		
Foreign Country	Foreign Country- Street Address		Foreign Country- City, State, Zip	
Name		Telephone Number	Social Security Number	
Street Address, City, State, Zip Code		Title	Age	% of Ownership
		<input type="checkbox"/> Personal Financial Statement Enclosed <input type="checkbox"/> Personal Credit Report Enclosed		
Foreign Country	Foreign Country- Street Address		Foreign Country- City, State, Zip	
Name		Telephone Number	Social Security Number	
Street Address, City, State, Zip Code		Title	Age	% of Ownership
		<input type="checkbox"/> Personal Financial Statement Enclosed <input type="checkbox"/> Personal Credit Report Enclosed		
Foreign Country	Foreign Country- Street Address		Foreign Country- City, State, Zip	
Name		Telephone Number	Social Security Number	
Street Address, City, State, Zip Code		Title	Age	% of Ownership
		<input type="checkbox"/> Personal Financial Statement Enclosed <input type="checkbox"/> Personal Credit Report Enclosed		
Foreign Country	Foreign Country- Street Address		Foreign Country- City, State, Zip	

**TYPE(S) OF LOAN(S) REQUESTED**

<b>A</b>	Amount	Repayment Program
	\$	Purpose
<b>B</b>	Amount	Repayment Program
	\$	Purpose
<b>C</b>	Amount	Repayment Program
	\$	Purpose

**LENDER'S APPROVAL**

**(FOR LENDER'S USE ONLY)**

LOAN DETAIL								
Amount \$	Type	Term	Rate	Closing Fee				
Amount \$	Type	Term	Rate	Closing Fee				
LOAN FORMULA								
<b>S E C U R I T Y</b>	<input type="checkbox"/> Accounts and Inventory		<input type="checkbox"/> Mortgages <i>(Specify)</i>		<input type="checkbox"/> Guarantees <i>(Specify)</i>		<input type="checkbox"/> Subordination of Debt <i>(Specify)</i>	
	<input type="checkbox"/> Equipment		<input type="checkbox"/> Loss Payable Clause		<input type="checkbox"/> Terminations Required <i>(Specify)</i>		<input type="checkbox"/> Discharges Required <i>(Specify)</i>	
	<input type="checkbox"/> Other							
LOAN TO VALUE								
<b>REPORTING REQUIREMENTS:</b>	<input type="checkbox"/> Monthly Accounts Receivable Agings			<input type="checkbox"/> Monthly Inventory Reports				
	<input type="checkbox"/> Annual Financial Statement			<input type="checkbox"/> Interim Financial Statements				
	Type: _____			Type: _____				
	Frequency: _____			Frequency: _____				
<b>EXISTING RELATIONSHIP</b>	<b>CREDIT LINE USAGE HISTORY</b>	High \$	Low \$	Average \$		Off		
	<b>LOAN AND OVERDRAFT EXPERIENCE</b>	<input type="checkbox"/> Excellent		<input type="checkbox"/> Satisfactory		<input type="checkbox"/> Review With Investigator		
Customer Identification Program (CIP) Record Information <i>(Describe Additional Data Collected Pursuant to Institution's CIP)</i>								
Applicant: <input type="checkbox"/> Applicant Information Collected and Verified in Accordance with CIP <i>(initial)</i> _____								
<b>F I N A N C I A L  S T A T E M E N T  S U M M A R Y</b>	Type of Statement							
	Period Ended							
	Number of Months							
	Current Assets (\$000)							
	Current Liabilities (\$000)							
	Working Capital (\$000)							
	Total Liabilities (\$000)							
	Net Worth (\$000)							
	Sales (\$000)							
	Net Profit (\$000)							
	Gross Profit Margin (%)							
	Current Ratio (X)							
	Debt to Worth + Subdebt (X)							
	Receivable Turnover (days)							
	Inventory Turnover (days)							
ACCOUNTS RECEIVABLE AGING DATE (\$000) (%)	Total	Current	31 - 60	61 - 90	Over 90	Retentions		
DISBURSEMENT NUMBER								
<b>C L O S I N G  S T A T E M E N T</b>	<b>CHECK NUMBER</b>	<b>AMOUNT</b>		<b>PAYABLE TO</b>				
	(1)	\$						
	(2)	\$						
	(3)	\$						
	(4)	\$						
<b>NET PROCEEDS</b>								
<b>S I G N A T U R E S</b>	INTERVIEWER _____			CLOSED BY _____				
	INVESTIGATOR _____			REVIEWED BY _____				
	DECISION BY _____			OFFICE OR BRANCH _____				
	DISCOUNTED BY _____			TYPE CODE _____		OFFICER CODE _____		

# BUSINESS FINANCIAL STATEMENT

ASSETS		LIABILITIES AND CAPITAL	
Cash on Hand and in Banks	\$	Notes Payable: Banks	\$
Listed Securities (Schedule A)		Notes Payable: Others	
Accounts and Notes Receivable:		Current Portion: Long Term Debt	
Accounts: Current		Accounts Payable	
Accounts: Past Due (Over 90 Days)		Dividends Payable	
Notes		Reserve for Federal Taxes	
<b>TOTAL</b> ▶	\$	Accrued Expenses	
Less Reserve for Doubtful Accounts			
Inventory:			
Raw Materials			
Work in Process			
Finished Stock		Other	
Life Insurance: Cash Surrender Value		Loans on Life Insurance	
<b>TOTAL CURRENT ASSETS</b> ▶	\$	<b>TOTAL CURRENT LIABILITIES</b> ▶	\$
Land and Buildings (Schedule B):		Bonded Debt	
Land		Mortgages Payable	
Buildings		Long Term Debt	
Less Depreciation		Other	
Machinery and Equipment			
Less Depreciation			
Receivables: Officers & Employees (Schedule C)			
Unlisted Securities (Schedule A)		<b>TOTAL LIABILITIES</b> ▶	\$
Due from Subsidiaries & Affiliates (Schedule D)		Treasury Stock	
		Capital Stock: Common	
		Additional Capital Contributed	
		Retained Earnings	
Other			
		Net Worth (Proprietorship or Partnership)	
<b>TOTAL ASSETS</b> ▶	\$	<b>TOTAL LIABILITIES AND NET WORTH</b> ▶	\$
Are your books audited by a CPA? <input type="checkbox"/> Yes <input type="checkbox"/> No	Audited By		Date of Last Audit
Inventories Above Are: <input type="checkbox"/> Actual <input type="checkbox"/> Estimated	Inventoried By		Date of Inventory
Is this a sub chapter "S" Corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Rate of Depreciation Charged Against Buildings %	Rate of Depreciation Charged Against Machinery and Equipment %	
Are Any of Your Assets Pledged as Collateral for Loans, Advances or Other Liabilities? <input type="checkbox"/> Yes <input type="checkbox"/> No			
State Details (include description of property, name of creditor, original amount of credit, amount owing)			
<b>PROFIT AND LOSS STATEMENT</b>		<b>RECONCILIATION OF SURPLUS OR NET WORTH</b>	
<b>FROM TO</b>	\$	<b>FROM TO</b>	\$
Net Sales for Period		Surplus or Net Worth on	
Less Cost of Goods Sold		Additions:	
Gross Profit		Net Profit for Period	
Expenses:			
Salaries: Officers			
Salaries: Employees			
Taxes (excl. Income Tax)		<b>TOTAL ADDITIONS</b> ▶	\$
Bad Debts		Deductions:	
Depreciation		Net Loss for Period	
Other Expenses		Cash Dividend Paid	
Net Profit or Loss from Operations		Stock Dividend Paid	
Other Income from Business			
Net Profit or Loss (Before Income Tax)			
Income Tax		<b>TOTAL DEDUCTIONS</b> ▶	\$
Net Profit or Loss	\$	Surplus or Net Worth on Statement	\$

**EXISTING RELATIONSHIP SUMMARY (\$000)**

Customer Since:	Applicant	Related (Affiliate, Principals, etc.)	Total
Checking Account Balances			
Savings, Time and Certificate Balances			
General Loan Balance	Committed		
	Outstanding		
Installment Loan Balance	Committed		
	Outstanding		
Mortgage Loan Balances			
Open Letters of Credit			

**ASSET SCHEDULES**

**SCHEDULE A - STOCKS AND BONDS**

Name of Issuing Corporation and Type of Security	No. of Shares (If Stock) Face Value (If Bonds)	Registered in Name of	Market Value	Portion Pledged
<b>Listed</b>			\$	
<b>Unlisted</b>				

**SCHEDULE B - LAND AND BUILDINGS**

Description and Location	Owner of Record	Purchase Price	Present Value	Owing on Mortgage or Contract	Holder of Mortgage or Contract	Monthly Rent
		\$	\$	\$		\$

**SCHEDULE C - RECEIVABLES DUE FROM OFFICERS AND EMPLOYEES**

Name	Position	Amount	Original Date	Maturity	How Secured
		\$			
		\$			

**SCHEDULE D - DUE FROM SUBSIDIARIES AND AFFILIATES**

Name	Address	For Advances	Terms	For Merchandise	Terms
		\$		\$	
		\$		\$	

**CONTINGENT LIABILITIES**

Discounted Notes Receivable	\$	Notes Exchanged with Others	\$
Accommodation Paper		Actual or Threatened Litigation	
Endorsements for Others		As Guarantor or Bondsman	
Leases		Other Than Specified	

**INSURANCE CARRIED**

Plant and Equipment Insurance	\$	Life Insurance Payable To:	\$
Merchandise Insurance		Liability Insurance	
Use and Occupancy Insurance		Liability Insurance	

The information contained in this application is provided for the purpose of obtaining business (non-consumer) credit with the Lender on behalf of the undersigned. It is understood Lender will rely on the information provided in making its credit decision. The undersigned warrants and represents the information herein submitted is true and correct in all respects and Lender may consider this representation continuing until written notice to the contrary is received by the Lender from the undersigned. The Lender is authorized to make all inquiries it deems necessary to verify the accuracy of the statements herein made, or in its discretion, to further determine the undersigned's credit standing, or the credit standing of any general partner or LLC member/manager. The Lender is hereby authorized to answer any questions from third parties concerning the undersigned's experience with the Lender.

**SIGNATURES**

Name of Applicant \_\_\_\_\_

By  \_\_\_\_\_ Date \_\_\_\_\_

By  \_\_\_\_\_ Date \_\_\_\_\_

Its \_\_\_\_\_

Its \_\_\_\_\_

By  \_\_\_\_\_ Date \_\_\_\_\_

By  \_\_\_\_\_ Date \_\_\_\_\_

Its \_\_\_\_\_

Its \_\_\_\_\_