



**3.  LOAN SECURITY. The requested loan will be secured. (Complete this section if checked)**

<input type="checkbox"/> All loan proceeds will be for purchase of collateral. Description of purchase money collateral: _____	<input type="checkbox"/> \$ _____ of the proceeds will be for purchase of collateral. Appraised value of purchase money collateral \$ _____
Brief description of non-purchase money collateral: _____  Appraised value \$ _____	Description of current property insurance on non-purchase money collateral Type: _____ Deductible: _____ Coverage: _____ Term: _____ Liens on collateral (List any collateral with liens on it, the amount of underlying debt, the names and addresses of collateral's lienholders) _____
<input type="checkbox"/> Non-Applicant owners of collateral. Attach a separate list with name(s), address(es), and phone number(s) of any other owner(s) of the collateral.	

**4.  LOAN GUARANTY. The requested loan will be guaranteed. (Complete this section if checked)**

Legal name _____	
Address _____  Phone No: _____	<input type="checkbox"/> Guarantor or affiliate were declared bankrupt within the last 10 years. <input type="checkbox"/> There are outstanding judgments against Guarantor. (Attach Summary) <input type="checkbox"/> On a separate sheet, list each threatened or pending lawsuit, arbitration, or other proceeding and its amount claimed.
<input type="checkbox"/> Guarantor Financial Statements. If checked, Guarantor is an entity and will provide financial statements upon request by Lender.	
<input type="checkbox"/> Security. Brief description of collateral to secure this guaranty _____  Appraised value of guaranty collateral \$ _____	Description of current property insurance on existing collateral Type: _____ Deductible: _____ Coverage: _____ Term: _____ Liens on collateral (List any collateral with liens on it, the amount of underlying debt, and the names and addresses of collateral's lienholders): _____
<input type="checkbox"/> Non-Guarantor owners of collateral. If checked, attach a separate list with the name(s), address(es), and phone number(s) of any other owner(s) of the collateral.	

**NOTICE - JOINT CREDIT:**

We intend to apply for joint credit. (initials) \_\_\_\_\_

**CREDIT DENIAL NOTICE.** If your gross revenues were \$1,000,000 or less in your previous fiscal year, or you are requesting trade credit, a factoring agreement, or similar types of business credit in this Commercial Loan Application, and if your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement please contact (Name, address, and telephone number of the person or office from which the statement of reasons can be obtained):

within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement. The notice that follows describes additional protections extended to you.

**EQUAL CREDIT OPPORTUNITY NOTICE:** The federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (providing the applicant has the capacity to enter into a binding contract), because all or a part of the applicant's income derives from any public assistance program, or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is:

**SIGNATURES.** By signing below, Loan Applicant submits this application and the information provided on all accompanying financial statements and schedules for the purpose of obtaining credit and represents that the information submitted is accurate and complete. Loan Applicant acknowledges that representations made in this application will be relied on by Lender in evaluating this application and, if approved, in extending credit. Loan Applicant represents that none of the parties named in this application have relied on advice from the Lender in applying for or receiving any credit. Loan Applicant acknowledges that Lender has not made any commitment to approve this application and extend credit, unless otherwise agreed to in writing. Lender is authorized to conduct any inquiries it decides are necessary to verify the accuracy of the information contained in this application and to use any reasonable method to determine the creditworthiness of the Loan Applicant. Lender is also authorized to answer any questions from others about Lender's credit experience with the parties in this application. Loan Applicant will promptly notify Lender of any subsequent changes which would affect the accuracy of this application, and will provide all documents and information that Lender decides are necessary to complete this application. Loan Applicant authorizes Lender to retain this application, whether or not Lender approves any extension of credit. Any intentional misrepresentation of the information contained herein could result in criminal action under federal law.

In addition, each individual signing below authorizes the Creditor to check their individual credit account and employment history and have a credit reporting agency prepare a consumer credit report on them.

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

By X \_\_\_\_\_ for Applicant Title \_\_\_\_\_ Date \_\_\_\_\_

By X \_\_\_\_\_ for Applicant Title \_\_\_\_\_ Date \_\_\_\_\_

*For Internal Use Only*

CREDIT APPLICATION

Closed End, Secured/Unsecured Credit

IMPORTANT: Please read these directions before completing this Application and check [X] the appropriate box below.

FOR CREDITOR USE

TYPE OF CREDIT REQUEST

DATE CLASS NO. ACCOUNT NO. APPROVED [ ] By DECLINED [ ] By

IMPORTANT: Check [X] the appropriate boxes below and complete the applicable sections: [ ] Secured [ ] Individual Credit - relying solely on my income or assets [ ] Unsecured [ ] Individual Credit - relying on my income or assets as well as income on assets from other sources [ ] JOINT CREDIT - We intend to apply for joint credit. (Initial) Applicant (Initial) Co-Applicant

AMOUNT REQUESTED \$ PAYMENT DATE DESIRED PROCEEDS OF CREDIT TO BE USED FOR [ ] Some or all of the proceeds will be used for post secondary education. HOW LONG?

SECTION A - INFORMATION REGARDING APPLICANT

FULL NAME (Last, First, Middle) BIRTHDATE D.L. # SOCIAL SECURITY NO.

PRESENT ADDRESS (Street, City, State & Zip) RENT [ ] OWN [ ] RESIDENTIAL PHONE HOW LONG AT PRESENT ADDRESS?

PREVIOUS ADDRESS (Street, City, State & Zip) RENT [ ] OWN [ ] CELL PHONE HOW LONG AT PREVIOUS ADDRESS?

PRESENT EMPLOYER (Company Name & Address) E-MAIL ADDRESS

HOW LONG WITH PRESENT EMPLOYER? YOUR POSITION OR TITLE NAME OF SUPERVISOR BUSINESS PHONE EXT

PREVIOUS EMPLOYER (Company Name & Address) HOW LONG WITH PREVIOUS EMPLOYER?

YOUR PRESENT GROSS SALARY OR COMMISSION \$ PER YOUR PRESENT NET SALARY OR COMMISSION \$ PER NO. DEPENDENTS AGES OF DEPENDENTS

Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation. Alimony, child support, separate maintenance received under: [ ] Court Order [ ] Written Agreement [ ] Oral Understanding

OTHER INCOME \$ PER SOURCE(S) OF OTHER INCOME

Is any income listed in this section likely to be reduced before the credit requested is paid off? [ ] No [ ] Yes (Explain in detail, use separate sheet if necessary)

Have you ever received credit from us? [ ] No [ ] Yes - When? Checking Account Number Where? Balance Savings Account Number Where? Balance

OFFICE: NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU RELATIONSHIP TELEPHONE NO. (include Area Code)

VERIFICATION OF IDENTIFICATION - Borrower: \*Form of Identification provided: Date of Issue: \*Identification issued by/at: \*Expiration Date of ID: \*Identification Official Number: \*Identification verified through: Name and address of someone who will always know your location: [ ] OFAC/Gov. Lists [ ] Additional Documentation Attached

SECTION B - INFORMATION REGARDING JOINT APPLICANT OR OTHER PARTY

Complete only if: for joint credit, for individual credit relying on income or assets from other sources, or applicant is married and resides in a community property state.

FULL NAME (Last, First, Middle) BIRTHDATE D.L. # SOCIAL SECURITY NO.

RELATIONSHIP TO APPLICANT (if Any) PRESENT ADDRESS (Street, City, State & Zip) RENT [ ] OWN [ ] RESIDENTIAL PHONE HOW LONG AT PRESENT ADDRESS?

PRESENT EMPLOYER (Company Name & Address) CELL PHONE E-MAIL ADDRESS

HOW LONG WITH PRESENT EMPLOYER? YOUR POSITION OR TITLE NAME OF SUPERVISOR BUSINESS PHONE EXT

PREVIOUS EMPLOYER (Company Name & Address) HOW LONG WITH PREVIOUS EMPLOYER?

YOUR PRESENT GROSS SALARY OR COMMISSION \$ PER YOUR PRESENT NET SALARY OR COMMISSION \$ PER NO. DEPENDENTS AGES OF DEPENDENTS

Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation. Alimony, child support, separate maintenance received under: [ ] Court Order [ ] Written Agreement [ ] Oral Understanding

OTHER INCOME \$ PER SOURCE(S) OF OTHER INCOME

Is any income listed in this section likely to be reduced before the credit requested is paid off? [ ] No [ ] Yes (Explain in detail, use separate sheet if necessary)

Have you ever received credit from us? [ ] No [ ] Yes - When? Checking Account Number Where? Balance Savings Account Number Where? Balance

OFFICE: NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU RELATIONSHIP TELEPHONE NO. (include Area Code)

VERIFICATION OF IDENTIFICATION - Co-Borrower: \*Form of Identification provided: Date of Issue: \*Identification issued by/at: \*Expiration Date of ID: \*Identification Official Number: \*Identification verified through: Name and address of someone who will always know your location: [ ] OFAC/Gov. Lists [ ] Additional Documentation Attached

SECTION C - MARITAL STATUS

Complete only if: for joint or secured credit, or applicant resides in a community property state or is relying on property located in such a state as a basis for repayment of the credit requested.

APPLICANT [ ] Married [ ] Separated [ ] Unmarried (including single, divorced, and widowed) OTHER PARTY [ ] Married [ ] Separated [ ] Unmarried (including single, divorced, and widowed)

**SECTION D - ASSET AND DEBT INFORMATION**

If Section B has been completed, this Section should be completed, giving information about both the Applicant and Joint Applicant or Other Person. Please mark Applicant related information with an "A." If Section B was not completed, only give information about the Applicant in this Section.

**ASSETS OWNED** (Use separate sheet if necessary.)

DESCRIPTION OF ASSETS	VALUE	SUBJECT TO DEBT? Yes/No	NAME(S) OF OWNER(S)
CASH	\$		
AUTOMOBILES (Make, Model, Year)			
1. _____			
2. _____			
CERTIFICATE OF DEPOSIT(S) (Where)			
CASH VALUE OF LIFE INSURANCE (Issuer, Face Value)			
REAL ESTATE (Location, Date Acquired)			
MARKETABLE SECURITIES (Issuer, Type, No. of Shares)			
OTHER (List)			
<b>TOTAL ASSETS</b>	\$		

**OUTSTANDING DEBTS** (Include charge accounts, installment contracts, credit cards, rent, mortgages, etc. Use separate sheet if necessary)

CREDITOR	TYPE OF DEBT OR ACCT NBR	NAME IN WHICH ACCOUNT IS CARRIED	ORIGINAL DEBT	PRESENT BALANCE	MONTHLY PAYMENTS	PAST DUE? Yes/No
LANDLORD OR MORTGAGE HOLDER	<input type="checkbox"/> Rent Payment <input type="checkbox"/> Mortgage		(Omit Rent) \$	(Omit Rent) \$	\$	
<b>TOTAL DEBTS</b>			\$	\$	\$	

**CREDIT REFERENCES (Paid Off Accounts)**

	DATE PAID OFF

MY AUTO INSURANCE AGENT IS: (Name & Address)

Are you a co-maker, endorser, or guarantor on any loan or contract?  No  Yes - For Whom? \_\_\_\_\_ To Whom? \_\_\_\_\_

Are there any unsatisfied judgements against you?  No  Yes - Amount \$ \_\_\_\_\_ If "Yes," To Whom Owed? \_\_\_\_\_

Have you been declared bankrupt in the last 14 years?  No  Yes - Where? \_\_\_\_\_ Year? \_\_\_\_\_

OTHER OBLIGATIONS (For example, liability to pay alimony, child support, separate maintenance. Use separate sheet, if necessary.)

**SECTION E - SECURED CREDIT** (Complete only if credit is to be secured.) Briefly describe the property to be given as security:

PROPERTY DESCRIPTION

NAMES & ADDRESSES OF ALL CO-OWNERS OF THE PROPERTY

IF THE SECURITY IS REAL ESTATE, GIVE THE FULL NAME OF YOUR SPOUSE (if any):

**SIGNATURES**

Everything that I have stated in this Application is correct to the best of my knowledge. I understand that you will retain this Application whether or not it is approved. You are authorized to check my credit and employment history and to answer questions about your credit experience with me. It is illegal to receive credit by wrongfully stating income, assets, or other information on this form. I understand that I must update credit information at your request if my financial condition changes.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ OTHER SIGNATURE (Where Applicable) \_\_\_\_\_ DATE \_\_\_\_\_