

COMMERCIAL LOAN APPLICATION

CREDIT REQUESTED			
Amount Requested	Term of Credit Requested	Loan Type	Credit Request <input type="checkbox"/> Applicant Only <input type="checkbox"/> Joint With Co-Applicant(s)
Market Survey	Purpose of Credit Request	App #	We intend to apply for joint credit: Applicant _____ Co-Applicant _____

COMPLETION INSTRUCTIONS FOR APPLICANT

Complete the Applicant information for the first Applicant. Mark the appropriate box to indicate whether the Applicant is applying as a Borrower, Guarantor, Cosigner, Grantor (of collateral), or Other for a different capacity. If the Applicant is a married individual, he or she may apply for individual credit. **(Do Not complete Marital Status question below if application is for individual unsecured credit)**

APPLICANT INFORMATION:

Applicant is a: Borrower Guarantor Cosigner Grantor Other _____

Name of Applicant (Business Name or Last Name if Individual)	Applicant First Name (If individual)	SSN/TIN#
Assumed Business Names (If Any)	Filing Dates	Filing Locations
		DBA Name

<p>Check Appropriate Box</p> <p><input type="checkbox"/> If you are applying for individual credit and are relying on your own income or assets and not the income or assets of another person as the basis for repayment of the credit requested, do not complete the section for marital status.</p> <p><input type="checkbox"/> If you are applying for individual credit, but are relying on income from alimony, child support, or separate maintenance or on the income or assets of another person as the basis for repayment of the credit requested, complete all sections to the extent possible, providing information about the person whose alimony, support or maintenance payments or income or assets you are relying.</p> <p><input type="checkbox"/> If you are applying for joint credit with another applicant, complete all sections and attach joint application.</p>	<p>Marital Status (If Individual Borrower)</p> <p><input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Separated</p>
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Street Address	City	ST	Zip Code
Mailing Address	City	ST	Zip Code
Principal Office Address (if not listed above)	City	ST	Zip Code

State of Organization	Applicant is: <input type="checkbox"/> An Individual <input type="checkbox"/> A Proprietorship <input type="checkbox"/> A Partnership <input type="checkbox"/> A Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> An Association <input type="checkbox"/> A Trust <input type="checkbox"/> A Gov't Entity <input type="checkbox"/> A LLC
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SCHEDULE OF COLLATERAL OFFERED BY THIS APPLICANT

Description	Value	Total Liens	Ownership Status for This Applicant	Creditor Name
		\$	<input type="checkbox"/> Purchase Money <input type="checkbox"/> Presently Owned	
		\$	<input type="checkbox"/> Purchase Money <input type="checkbox"/> Presently Owned	
		\$	<input type="checkbox"/> Purchase Money <input type="checkbox"/> Presently Owned	
		\$	<input type="checkbox"/> Purchase Money <input type="checkbox"/> Presently Owned	
		\$	<input type="checkbox"/> Purchase Money <input type="checkbox"/> Presently Owned	
		\$	<input type="checkbox"/> Purchase Money <input type="checkbox"/> Presently Owned	

Use Additional Sheet if Necessary

SCHEDULE OF ASSETS

Description	Value	Subject to Debt
Total:	\$ <input style="width: 100%;" type="text"/>	

Use Additional Sheet if Necessary

SCHEDULE OF LIABILITIES

Description	Type	Current Balance
Total:	\$ <input style="width: 100%;" type="text"/>	

Use Additional Sheet if Necessary

SCHEDULE OF EXPENSES			
Description	Type	Amount	Per
Annualized Total:		\$	

Use Additional Sheets If Necessary

INCOME SCHEDULE			
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.			
Description	Type	Annualized Amount	
Annualized Total:		\$	

Use Additional Sheets If Necessary

FINANCIAL AND INCOME STATEMENT SUMMARY			
Total Assets: \$ _____	Total Annual Income: \$ _____		
Total Liabilities: \$ _____	Total Annual Expenses: \$ _____		
Net Worth: \$ _____	Net Annual Cash Flow: \$ _____		

RELATIONSHIP INFORMATION - APPLICANT'S HISTORY WITH LENDER

New Customer
 Existing Customer

Customer Since(MM-YYYY): _____
 Last Tax Return Date on File(YYYY): _____

Last Financial Statement Date(MM-DD-YYYY): _____
 Last Credit Report Date(MM-DD-YYYY): _____
 Last Credit Bureau: _____

Liabilities with Lender

Direct: \$ _____
 Contingent: \$ _____
 Total: \$ _____

Deposits with Lender

DDA Avg: \$ _____
 Other Avg: \$ _____
 Total Avg: \$ _____

Total Credit With Lender

New Credit: \$ _____
 Proposed Total: \$ _____

AUTHORIZED SIGNERS FOR THIS APPLICANT

Name	Title	Authorized	SSN #
Street Address		City	ST Zip Code
Name	Title	Authorized	SSN #
Street Address		City	ST Zip Code
Name	Title	Authorized	SSN #
Street Address		City	ST Zip Code
Name	Title	Authorized	SSN #
Street Address		City	ST Zip Code
Name	Title	Authorized	SSN #
Street Address		City	ST Zip Code
Name	Title	Authorized	SSN #
Street Address		City	ST Zip Code
Use Additional Sheet If Necessary			

APPLICANT SIGNATURES

I/We hereby apply for the loan or credit described in this application on behalf of the applicant business. I/We certify that I/we made no misrepresentation in this loan application or in any related documents, that all information is true and complete, and that I/we did not omit any important information. I/We agree that any property securing the loan or credit will not be used for any illegal or restricted purpose. Lender is authorized to verify with other parties and to make any investigation of my/our credit, either directly or through any agency employed by the Lender for that purpose. Lender may disclose to any other interested parties information as to Lender's experiences or transactions with my/our account. I/We understand that Lender will retain this application and any other credit information Lender receives, even if no loan or credit is granted. These representations and authorizations extend not only to Lender, but also to any insurer of the loan and to any investor to whom Lender may sell all or any part of the loan. I/We further authorize Lender to provide any such insurer or investor any information and documentation that they may request with respect to my/our application, credit or loan.

APPLICANT:

By: _____
 By: _____
 By: _____

By: _____
 By: _____
 By: _____

FOR LENDER'S USE ONLY

Use Additional Sheet If Necessary				
Officer No. / Name	Approved By	Concurrence By (If Needed)	Committee Date	Decision Date
Department	Application Date	Application No.	Commitment No.	Loan No.

Decision and Comments: Approved Denied Incomplete Counteroffer Conditional Approval Withdrawal Other: _____