

Application ID# _____

Date: _____ / _____ / _____
Day Month Year

TELL US WHAT TYPE OF LOAN YOU ARE APPLYING FOR

Business Credit Line <input type="checkbox"/> Account Receivable Secured <input type="checkbox"/> Inventory Secured <input type="checkbox"/> Real Estate Secured <input type="checkbox"/> Unsecured	Business Term Loan <input type="checkbox"/> Real Estate Secured <input type="checkbox"/> Savings Secured <input type="checkbox"/> Equipment/Vehicle Secured <input type="checkbox"/> Other
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TELL US ABOUT YOUR BUSINESS

Complete Legal Name		Doing Business As	Tax ID No.
Business Street Address		City	State
Mailing Address, if different		City	State
Business Phone	Type of Business		Data Business Established (Month Year)
Business Contact Name		Phone	Under Current Management since (Month and Year)
Business Type <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Limited Partnership <input type="checkbox"/> S Corporation <input type="checkbox"/> Non-Profit Organization please check one) <input type="checkbox"/> General Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Other _____			
Is the business acting as an internet Casino or processing internet gambling transactions? <input type="checkbox"/> No <input type="checkbox"/> Yes			

TELL US ABOUT YOUR OTHER BANKING RELATIONSHIPS

Other Business Accounts – Name of Financial Institution: _____

<input type="checkbox"/> Checking – Average Balances \$ _____	<input type="checkbox"/> Line of Credit – Average Balances \$ _____
<input type="checkbox"/> Savings – Average Balances \$ _____	<input type="checkbox"/> Business Loan – Average Balances \$ _____
<input type="checkbox"/> Investment – Average Balances \$ _____	<input type="checkbox"/> Monthly Payments \$ _____

TELL US ABOUT WHO OWNS AND RUNS YOUR BUSINESS

List of name(s), title(s) of all owners, general partners, or corporate officers and check the box to indicate authorization to sign loan documents. All shareholders owning 20% or more of the stock must sign the personal guaranty which will be sent with the loan documents.

Name	Title	% of ownership	Authorized to sign	Will sign
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

PLEASE PROVIDE US WITH THE FOLLOWING FINANCIAL INFORMATION

INDIVIDUAL <input type="checkbox"/> Current personal financial statement on each principal, including real estate and other supporting schedules (Sign and date). <input type="checkbox"/> Previous three years personal tax returns on each principal, including all other supporting schedules (Sign and date). <input type="checkbox"/> If self-employed, provide financial data for business applicant. (Sign and date).	BUSINESS <input type="checkbox"/> Previous three fiscal year-end business financial statements (Sign and date). <input type="checkbox"/> Current interim financial statements (Sign and date). <input type="checkbox"/> Previous three fiscal year-end business tax returns (Not required if financial statements are audited) (Sign and date) <input type="checkbox"/> Each principal must also provide financial data requested for individual applicant (Sign and date).
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COLLATERAL INFORMATION

Please complete appropriate section for the secured loan request. Attach additional sheet if necessary.

REAL ESTATE SECURED

Unless otherwise noted, title stands in name of:

Description of Property and Address	Year Acquired	Cost & Improvements	Market Value			Mortgage or Liens		
			Land	Buildings	Total	Amount	Payable To	Pmt & Frequency

Name of Account Holder: _____ Account Number: _____ Account Balance _____ Maturity Date: _____	Type of Equipment/Vehicle: _____ Attach copy of: <input type="checkbox"/> Purchase Offer <input type="checkbox"/> Registration Certificate
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Purpose of the Loan (Please provide detail explanation of why are you requesting this loan):	Amount Requested:
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Source of Repayment (Please tell us what is the primary and secondary (if any) source to repay this loan):

Please provide guarantor(s) information (if applicable): Full name, home and work address, phone, relation to the borrower, and reason for being a guarantor

AGREEMENTS AND SIGNATURES

The business applicant named above certifies that all information provided is complete, true and correct and authorizes the bank to obtain credit reports to check the individual and/or business credit rating of both the business applicant and the individual owner(s) signing below. The business applicant also agrees to comply with the terms and conditions of the line agreement that will be sent to the business applicant if the credit is approved. Each person signing below certifies that he/she is signing on behalf of the business applicant in the capacity indicated next to the signer's name and that such signer is authorized to execute this credit application on behalf of the business applicant. Applicant also authorizes bank to obtain copies of its tax returns from the IRS and other taxing authorities and agrees to execute whatever forms the bank requests to obtain such information.

NOTE: If the business applicant is a corporation or a limited liability company, this application must be signed by the President or Chairman of the Board or any Vice President and one of the following: Secretary, Assistant Secretary, Chief Financial Officer or Assistant Treasurer. If the business applicant is a partnership, this application must be signed by all general partners. If the business applicant is a sole proprietorship, this application must be signed by the owner. If the business applicant is an unincorporated association, this application must be signed by all authorized members. If the business applicant is the trustee under a trust agreement, this application must be signed by all trustees. Each person signing this application must indicate the capacity in which he/she is signing in the space labeled "title".

Authorized Signature	Print Name	Title	Date