



The people in your corner.

Business Loan Application

Dated:	Lender:		
NOTICE TO APPLICANT: IF YOU ARE MARRIED YOU MAY APPLY FOR A SEPARATE ACCOUNT.			
IMPORTANT INFORMATION ABOUT APPLYING FOR A LOAN			
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 or business that opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, if applicable, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.			
<input type="checkbox"/> JOINT CREDIT: The applicants intend to apply for joint credit. (Please initial) _____			
LOAN REQUEST			
ACCOUNT NUMBER: APPLICATION TYPE: <input type="checkbox"/> New <input type="checkbox"/> Renewal/Change <input type="checkbox"/> Other: TYPE <input type="checkbox"/> Line of Credit <input type="checkbox"/> Term Loan <input type="checkbox"/> Commercial Real Estate <input type="checkbox"/> Other:			
APPLICANT INFORMATION			
FULL LEGAL BUSINESS NAME (Or Individual Name If Proprietor or Single Member LLC.)			
ADDRESS	MAILING ADDRESS (If Different From Address)		
DBA OR ASSUMED NAME (If Applicable)	DISREGARDED ENTITY NAME (If Applicable)		
TELEPHONE NUMBER	CELL PHONE	TAX ID NUMBER	DATE ESTABLISHED
TYPE OF ORGANIZATION: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> Limited Liability Company ("LLC") <input type="checkbox"/> Organization/Association		STATE WHERE ORGANIZED	DATE OF BIRTH, (If Indiv., Sole Prop, or Single Member LLC.)
GUARANTORS / AUTHORIZED REPRESENTATIVE(S)			
NAME OF GUARANTOR 1		TELEPHONE NUMBER	SOCIAL SECURITY/TAX ID NUMBER
HOME ADDRESS	DATE OF BIRTH	TITLE/POSITION	% OF OWNERSHIP %
<input type="checkbox"/> Personal Financial Statement Enclosed <input type="checkbox"/> Personal Credit Report Enclosed			
AUTHORIZED REPRESENTATIVE <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, party will sign as both an Authorized Representative and Guarantor.)			
Complete for Secured Credit or if you reside in a Community Property State (AK, AZ, CA, ID, LA, NM, NV, TX, WA, WI) <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried			
NAME OF GUARANTOR 2		TELEPHONE NUMBER	SOCIAL SECURITY/TAX ID NUMBER
HOME ADDRESS	DATE OF BIRTH	TITLE/POSITION	% OF OWNERSHIP %
<input type="checkbox"/> Personal Financial Statement Enclosed <input type="checkbox"/> Personal Credit Report Enclosed			
AUTHORIZED REPRESENTATIVE <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, party will sign as both an Authorized Representative and Guarantor.)			
Complete for Secured Credit or if you reside in a Community Property State (AK, AZ, CA, ID, LA, NM, NV, TX, WA, WI) <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried			
NAME OF GUARANTOR 3		TELEPHONE NUMBER	SOCIAL SECURITY/TAX ID NUMBER
HOME ADDRESS	DATE OF BIRTH	TITLE/POSITION	% OF OWNERSHIP %
<input type="checkbox"/> Personal Financial Statement Enclosed <input type="checkbox"/> Personal Credit Report Enclosed			
AUTHORIZED REPRESENTATIVE <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, party will sign as both an Authorized Representative and Guarantor.)			
Complete for Secured Credit or if you reside in a Community Property State (AK, AZ, CA, ID, LA, NM, NV, TX, WA, WI) <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried			
NAME OF GUARANTOR 4		TELEPHONE NUMBER	SOCIAL SECURITY/TAX ID NUMBER
HOME ADDRESS	DATE OF BIRTH	TITLE/POSITION	% OF OWNERSHIP %
<input type="checkbox"/> Personal Financial Statement Enclosed <input type="checkbox"/> Personal Credit Report Enclosed			
AUTHORIZED REPRESENTATIVE <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, party will sign as both an Authorized Representative and Guarantor.)			
Complete for Secured Credit or if you reside in a Community Property State (AK, AZ, CA, ID, LA, NM, NV, TX, WA, WI) <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried			

Dated:	Lender:		
AUTHORIZED REPRESENTATIVE(S) FOR BUSINESS ENTITY			
This section is used to identify any additional Authorized Representatives who are not Guarantors, but who have designated authority to act on behalf of the business entity and who have been granted such authority in the Authorization Designation for the member business entity.			
NAME OF AUTHORIZED REPRESENTATIVE 1		TITLE/POSITION	
HOME ADDRESS		OWNERSHIP PERCENTAGE (If Any) %	
		DATE OF BIRTH	
NAME OF AUTHORIZED REPRESENTATIVE 2		TITLE/POSITION	
HOME ADDRESS		OWNERSHIP PERCENTAGE (If Any) %	
		DATE OF BIRTH	
NAME OF AUTHORIZED REPRESENTATIVE 3		TITLE/POSITION	
HOME ADDRESS		OWNERSHIP PERCENTAGE (If Any) %	
		DATE OF BIRTH	
NAME OF AUTHORIZED REPRESENTATIVE 4		TITLE/POSITION	
HOME ADDRESS		OWNERSHIP PERCENTAGE (If Any) %	
		DATE OF BIRTH	
TYPE(S) OF LOAN(S) / CREDIT LIMIT REQUESTED			
A	AMOUNT \$	REPAYMENT PROGRAM	
		PURPOSE	
B	AMOUNT \$	REPAYMENT PROGRAM	
		PURPOSE	
C	AMOUNT \$	REPAYMENT PROGRAM	
		PURPOSE	
COLLATERAL OFFERED BY APPLICANT OR GUARANTOR(S)			
<input type="checkbox"/> Accounts Receivable	<input type="checkbox"/> Real Estate	<input type="checkbox"/> Farm Products	<input type="checkbox"/> Cross Collateral
<input type="checkbox"/> Inventory	<input type="checkbox"/> Equipment	<input type="checkbox"/> Life Insurance	<input type="checkbox"/> Other:
<input type="checkbox"/> All Assets	<input type="checkbox"/> General Intangibles	<input type="checkbox"/> Leases and Rents	
<input type="checkbox"/> Titled Vehicles	<input type="checkbox"/> Investment Property	<input type="checkbox"/> Fixtures	
<input type="checkbox"/> Deposit Accounts	<input type="checkbox"/> Chattel Paper	<input type="checkbox"/> Instruments	
LOAN SECURITY (Leave this section blank for unsecured credit requests)			
COLLATERAL DESCRIPTION:			
VALUE OF COLLATERAL	AMOUNT OF LIEN(S)/SECURITY INTEREST		STATE FILED
REAL PROPERTY ADDRESS		COLLATERAL ADDRESS	
COLLATERAL OWNER		ASSESSED VALUE \$	
NUMBER OF UNITS		YEAR BUILT	
INSURANCE POLICY NUMBER		COVERAGE AMOUNT \$	
INSURANCE COMPANY		AGENT NAME	
AGENT TELEPHONE NUMBER			

Dated:	Lender:
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STATE LAW NOTICE(S)

Notice to Nebraska Residents: A credit agreement must be in writing to be enforceable under Nebraska law. To protect you and us from any misunderstandings or disappointments, any contract, promise, undertaking, or offer to forebear repayment of money or to make any other financial accommodation in connection with this loan of money or grant or extension of credit, or any amendment of, cancellation of, waiver of, or substitution for any or all of the terms or provisions of any instrument or document executed in connection with this loan of money or grant or extension of credit, must be in writing to be effective.

Notice to Ohio Residents: The Ohio laws against discrimination require that all creditors make credit equally available to all creditworthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law.

Notice to Wisconsin Residents (Individual/Sole Prop/Single Member Borrowers and Guarantors. Not applicable to Authorized Representatives): (1) No provision of any marital property agreement, unilateral statement under Section 766.59, or court decree under Section 766.70 will adversely affect the rights of the Lender unless the Lender is furnished a copy of the agreement, statement or decree, or has actual knowledge of its terms, before the credit is granted or the account is opened. (2) Please sign if you are not applying for this account or loan with your spouse. The credit being applied for, if granted, will be incurred in the interest of the marriage or family of the undersigned.

<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> Signature for Wisconsin Residents Only Date <div style="display: flex; justify-content: space-between; align-items: center; margin-top: 10px;"> X (Seal) </div> </div> <div style="border: 1px solid black; padding: 2px;"> Signature for Wisconsin Residents Only Date <div style="display: flex; justify-content: space-between; align-items: center; margin-top: 10px;"> X (Seal) </div> </div>	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> Signature for Wisconsin Residents Only Date <div style="display: flex; justify-content: space-between; align-items: center; margin-top: 10px;"> X (Seal) </div> </div> <div style="border: 1px solid black; padding: 2px;"> Signature for Wisconsin Residents Only Date <div style="display: flex; justify-content: space-between; align-items: center; margin-top: 10px;"> X (Seal) </div> </div>
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EQUAL CREDIT OPPORTUNITY ACT

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, or age (provided that the applicant has the capacity to enter into a binding contract); because all or 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 checked below:

☐ **Consumer Financial Protection Bureau, 1700 G Street NW, Washington, DC 20552**
☐ **National Credit Union Administration, Office of Consumer Financial Protection, 1775 Duke Street, Alexandria, VA 22314**
☐ **Federal Trade Commission, Consumer Response Center, 600 Pennsylvania Avenue NW, Washington, DC 20580**

If your application for business credit is denied, you have the right to a written statement of the specific reason for the denial. To obtain the statement, please contact the Lender identified below 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.

Lender:

Address:

Lender Phone Number:

☐ If checked, phone number above is Toll-free.

Dated:	Lender:
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CREDIT MONITORING

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 undersigned further certify they are duly authorized to apply for the extension of credit on behalf of the applicant and bind the applicant to the terms of the credit. 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 Applicant's credit standing, or the credit standing of any general partner, LLC member/manager, owner, officer, or director acting as a personal Guarantor in connection with this credit request. Lender is authorized to obtain credit reports and any other information from any credit reporting agency and other sources for the purpose of reviewing this Application for credit, verifying information provided to Lender, and for any other purposes or uses as permitted by law. Applicant understands that Lender has the right to deny the request made in this Application entirely or to offer Applicant alternative credit amount(s) and/or term(s) than Applicant requested herein. Lender is hereby authorized to share the information provided by the undersigned with third parties in connection with obtaining credit, including for purposes of underwriting this credit request as reasonably necessary. Lender is further authorized to answer any questions from third parties concerning the undersigned's experience with the Lender.

Beneficial ownership authorization and consent: Each applicant hereunder specifically consents and authorizes FinCEN to disclose applicant's beneficial ownership information to Lender for use in accordance and for compliance with applicable law.

<div>Authorized Representative Signature</div> <div>X</div> <div>Date</div> <div>(Seal)</div>	<div>Authorized Representative Signature</div> <div>X</div> <div>Date</div> <div>(Seal)</div>
<div>Authorized Representative Signature</div> <div>X</div> <div>Date</div> <div>(Seal)</div>	<div>Authorized Representative Signature</div> <div>X</div> <div>Date</div> <div>(Seal)</div>
<div>Guarantor Signature</div> <div>X</div> <div>Date</div> <div>(Seal)</div>	<div>Guarantor Signature</div> <div>X</div> <div>Date</div> <div>(Seal)</div>
<div>Guarantor Signature</div> <div>X</div> <div>Date</div> <div>(Seal)</div>	<div>Guarantor Signature</div> <div>X</div> <div>Date</div> <div>(Seal)</div>