

## Commercial Loan Application

|                  |               |           |         |
|------------------|---------------|-----------|---------|
| Amount Requested | Term (months) | Loan Type | Purpose |
|------------------|---------------|-----------|---------|

|                                      |                                      |  |                              |                                 |
|--------------------------------------|--------------------------------------|--|------------------------------|---------------------------------|
| <b>Entity Type</b>                   |                                      |  |                              |                                 |
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Partnership | <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> LLC | <input type="checkbox"/> Other: |

|   |  |                                    |                                       |  |
|---|--|------------------------------------|---------------------------------------|--|
| <b>Credit Request</b><br><input type="checkbox"/> Applicant Only<br><input type="checkbox"/> Joint W/ Co-Applicant(s) | <b>We intend to apply for joint credit</b> | <input type="checkbox"/> Applicant | <input type="checkbox"/> Co-Applicant | <input type="checkbox"/> Supporting Applicant(s) |
|---|--|------------------------------------|---------------------------------------|--|

|  |  |
|--|--|
| <b>Business Name/ Sole Proprietor</b><br><small>*info for Sole Prop Only</small> | <b>Member - Partner - Officer - Agent Information</b><br><small>(if non Sole Proprietor)</small> |
|--|--|

|  |                          |  |                        |         |                                  |                          |                |  |                  |  |                |            |       |  |   |  |              |  |               |     |                 |          |                     |  |                  |  |                |            |       |  |   |              |  |               |     |                 |          |                     |  |                  |  |            |            |       |  |   |  |              |  |               |     |                 |          |                     |  |                  |  |            |            |       |  |
|--|--------------------------|--|------------------------|---------|----------------------------------|--------------------------|----------------|--|------------------|--|----------------|------------|-------|--|---|--|--------------|--|---------------|-----|-----------------|----------|---------------------|--|------------------|--|----------------|------------|-------|--|---|--------------|--|---------------|-----|-----------------|----------|---------------------|--|------------------|--|------------|------------|-------|--|---|--|--------------|--|---------------|-----|-----------------|----------|---------------------|--|------------------|--|------------|------------|-------|--|
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td colspan="2">Name</td></tr> <tr><td>*Date of Birth / Cert.</td><td>EIN/SSN</td></tr> <tr><td>*Driver's Lic. # / Certificate #</td><td>*Driver License Exp Date</td></tr> <tr><td colspan="2">Street Address</td></tr> <tr><td colspan="2">City, State, Zip</td></tr> <tr><td>Business Phone</td><td>Cell Phone</td></tr> <tr><td colspan="2">Email</td></tr> <tr><td colspan="2" style="text-align: center;"><b>Additional Member - Partner - Officer -Agent Information</b></td></tr> <tr><td colspan="2">Name / Title</td></tr> <tr><td>Date of Birth</td><td>SSN</td></tr> <tr><td>Driver's Lic. #</td><td>Exp Date</td></tr> <tr><td colspan="2">Home Street Address</td></tr> <tr><td colspan="2">City, State, Zip</td></tr> <tr><td>Business Phone</td><td>Cell Phone</td></tr> <tr><td colspan="2">Email</td></tr> </table> | Name                     |  | *Date of Birth / Cert. | EIN/SSN | *Driver's Lic. # / Certificate # | *Driver License Exp Date | Street Address |  | City, State, Zip |  | Business Phone | Cell Phone | Email |  | <b>Additional Member - Partner - Officer -Agent Information</b> |  | Name / Title |  | Date of Birth | SSN | Driver's Lic. # | Exp Date | Home Street Address |  | City, State, Zip |  | Business Phone | Cell Phone | Email |  | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td colspan="2">Name / Title</td></tr> <tr><td>Date of Birth</td><td>SSN</td></tr> <tr><td>Driver's Lic. #</td><td>Exp Date</td></tr> <tr><td colspan="2">Home Street Address</td></tr> <tr><td colspan="2">City, State, Zip</td></tr> <tr><td>Home Phone</td><td>Cell Phone</td></tr> <tr><td colspan="2">Email</td></tr> <tr><td colspan="2" style="text-align: center;"><b>Additional Member - Partner - Officer -Agent Information</b></td></tr> <tr><td colspan="2">Name / Title</td></tr> <tr><td>Date of Birth</td><td>SSN</td></tr> <tr><td>Driver's Lic. #</td><td>Exp Date</td></tr> <tr><td colspan="2">Home Street Address</td></tr> <tr><td colspan="2">City, State, Zip</td></tr> <tr><td>Home Phone</td><td>Cell Phone</td></tr> <tr><td colspan="2">Email</td></tr> </table> | Name / Title |  | Date of Birth | SSN | Driver's Lic. # | Exp Date | Home Street Address |  | City, State, Zip |  | Home Phone | Cell Phone | Email |  | <b>Additional Member - Partner - Officer -Agent Information</b> |  | Name / Title |  | Date of Birth | SSN | Driver's Lic. # | Exp Date | Home Street Address |  | City, State, Zip |  | Home Phone | Cell Phone | Email |  |
| Name   |                          |  |                        |         |                                  |                          |                |  |                  |  |                |            |       |  |   |  |              |  |               |     |                 |          |                     |  |                  |  |                |            |       |  |   |              |  |               |     |                 |          |                     |  |                  |  |            |            |       |  |   |  |              |  |               |     |                 |          |                     |  |                  |  |            |            |       |  |
| *Date of Birth / Cert.   | EIN/SSN                  |  |                        |         |                                  |                          |                |  |                  |  |                |            |       |  |   |  |              |  |               |     |                 |          |                     |  |                  |  |                |            |       |  |   |              |  |               |     |                 |          |                     |  |                  |  |            |            |       |  |   |  |              |  |               |     |                 |          |                     |  |                  |  |            |            |       |  |
| *Driver's Lic. # / Certificate #   | *Driver License Exp Date |  |                        |         |                                  |                          |                |  |                  |  |                |            |       |  |   |  |              |  |               |     |                 |          |                     |  |                  |  |                |            |       |  |   |              |  |               |     |                 |          |                     |  |                  |  |            |            |       |  |   |  |              |  |               |     |                 |          |                     |  |                  |  |            |            |       |  |
| Street Address   |                          |  |                        |         |                                  |                          |                |  |                  |  |                |            |       |  |   |  |              |  |               |     |                 |          |                     |  |                  |  |                |            |       |  |   |              |  |               |     |                 |          |                     |  |                  |  |            |            |       |  |   |  |              |  |               |     |                 |          |                     |  |                  |  |            |            |       |  |
| City, State, Zip   |                          |  |                        |         |                                  |                          |                |  |                  |  |                |            |       |  |   |  |              |  |               |     |                 |          |                     |  |                  |  |                |            |       |  |   |              |  |               |     |                 |          |                     |  |                  |  |            |            |       |  |   |  |              |  |               |     |                 |          |                     |  |                  |  |            |            |       |  |
| Business Phone   | Cell Phone               |  |                        |         |                                  |                          |                |  |                  |  |                |            |       |  |   |  |              |  |               |     |                 |          |                     |  |                  |  |                |            |       |  |   |              |  |               |     |                 |          |                     |  |                  |  |            |            |       |  |   |  |              |  |               |     |                 |          |                     |  |                  |  |            |            |       |  |
| Email  |                          |  |                        |         |                                  |                          |                |  |                  |  |                |            |       |  |   |  |              |  |               |     |                 |          |                     |  |                  |  |                |            |       |  |   |              |  |               |     |                 |          |                     |  |                  |  |            |            |       |  |   |  |              |  |               |     |                 |          |                     |  |                  |  |            |            |       |  |
| <b>Additional Member - Partner - Officer -Agent Information</b>  |                          |  |                        |         |                                  |                          |                |  |                  |  |                |            |       |  |   |  |              |  |               |     |                 |          |                     |  |                  |  |                |            |       |  |   |              |  |               |     |                 |          |                     |  |                  |  |            |            |       |  |   |  |              |  |               |     |                 |          |                     |  |                  |  |            |            |       |  |
| Name / Title   |                          |  |                        |         |                                  |                          |                |  |                  |  |                |            |       |  |   |  |              |  |               |     |                 |          |                     |  |                  |  |                |            |       |  |   |              |  |               |     |                 |          |                     |  |                  |  |            |            |       |  |   |  |              |  |               |     |                 |          |                     |  |                  |  |            |            |       |  |
| Date of Birth  | SSN                      |  |                        |         |                                  |                          |                |  |                  |  |                |            |       |  |   |  |              |  |               |     |                 |          |                     |  |                  |  |                |            |       |  |   |              |  |               |     |                 |          |                     |  |                  |  |            |            |       |  |   |  |              |  |               |     |                 |          |                     |  |                  |  |            |            |       |  |
| Driver's Lic. #  | Exp Date                 |  |                        |         |                                  |                          |                |  |                  |  |                |            |       |  |   |  |              |  |               |     |                 |          |                     |  |                  |  |                |            |       |  |   |              |  |               |     |                 |          |                     |  |                  |  |            |            |       |  |   |  |              |  |               |     |                 |          |                     |  |                  |  |            |            |       |  |
| Home Street Address  |                          |  |                        |         |                                  |                          |                |  |                  |  |                |            |       |  |   |  |              |  |               |     |                 |          |                     |  |                  |  |                |            |       |  |   |              |  |               |     |                 |          |                     |  |                  |  |            |            |       |  |   |  |              |  |               |     |                 |          |                     |  |                  |  |            |            |       |  |
| City, State, Zip   |                          |  |                        |         |                                  |                          |                |  |                  |  |                |            |       |  |   |  |              |  |               |     |                 |          |                     |  |                  |  |                |            |       |  |   |              |  |               |     |                 |          |                     |  |                  |  |            |            |       |  |   |  |              |  |               |     |                 |          |                     |  |                  |  |            |            |       |  |
| Business Phone   | Cell Phone               |  |                        |         |                                  |                          |                |  |                  |  |                |            |       |  |   |  |              |  |               |     |                 |          |                     |  |                  |  |                |            |       |  |   |              |  |               |     |                 |          |                     |  |                  |  |            |            |       |  |   |  |              |  |               |     |                 |          |                     |  |                  |  |            |            |       |  |
| Email  |                          |  |                        |         |                                  |                          |                |  |                  |  |                |            |       |  |   |  |              |  |               |     |                 |          |                     |  |                  |  |                |            |       |  |   |              |  |               |     |                 |          |                     |  |                  |  |            |            |       |  |   |  |              |  |               |     |                 |          |                     |  |                  |  |            |            |       |  |
| Name / Title   |                          |  |                        |         |                                  |                          |                |  |                  |  |                |            |       |  |   |  |              |  |               |     |                 |          |                     |  |                  |  |                |            |       |  |   |              |  |               |     |                 |          |                     |  |                  |  |            |            |       |  |   |  |              |  |               |     |                 |          |                     |  |                  |  |            |            |       |  |
| Date of Birth  | SSN                      |  |                        |         |                                  |                          |                |  |                  |  |                |            |       |  |   |  |              |  |               |     |                 |          |                     |  |                  |  |                |            |       |  |   |              |  |               |     |                 |          |                     |  |                  |  |            |            |       |  |   |  |              |  |               |     |                 |          |                     |  |                  |  |            |            |       |  |
| Driver's Lic. #  | Exp Date                 |  |                        |         |                                  |                          |                |  |                  |  |                |            |       |  |   |  |              |  |               |     |                 |          |                     |  |                  |  |                |            |       |  |   |              |  |               |     |                 |          |                     |  |                  |  |            |            |       |  |   |  |              |  |               |     |                 |          |                     |  |                  |  |            |            |       |  |
| Home Street Address  |                          |  |                        |         |                                  |                          |                |  |                  |  |                |            |       |  |   |  |              |  |               |     |                 |          |                     |  |                  |  |                |            |       |  |   |              |  |               |     |                 |          |                     |  |                  |  |            |            |       |  |   |  |              |  |               |     |                 |          |                     |  |                  |  |            |            |       |  |
| City, State, Zip   |                          |  |                        |         |                                  |                          |                |  |                  |  |                |            |       |  |   |  |              |  |               |     |                 |          |                     |  |                  |  |                |            |       |  |   |              |  |               |     |                 |          |                     |  |                  |  |            |            |       |  |   |  |              |  |               |     |                 |          |                     |  |                  |  |            |            |       |  |
| Home Phone   | Cell Phone               |  |                        |         |                                  |                          |                |  |                  |  |                |            |       |  |   |  |              |  |               |     |                 |          |                     |  |                  |  |                |            |       |  |   |              |  |               |     |                 |          |                     |  |                  |  |            |            |       |  |   |  |              |  |               |     |                 |          |                     |  |                  |  |            |            |       |  |
| Email  |                          |  |                        |         |                                  |                          |                |  |                  |  |                |            |       |  |   |  |              |  |               |     |                 |          |                     |  |                  |  |                |            |       |  |   |              |  |               |     |                 |          |                     |  |                  |  |            |            |       |  |   |  |              |  |               |     |                 |          |                     |  |                  |  |            |            |       |  |
| <b>Additional Member - Partner - Officer -Agent Information</b>  |                          |  |                        |         |                                  |                          |                |  |                  |  |                |            |       |  |   |  |              |  |               |     |                 |          |                     |  |                  |  |                |            |       |  |   |              |  |               |     |                 |          |                     |  |                  |  |            |            |       |  |   |  |              |  |               |     |                 |          |                     |  |                  |  |            |            |       |  |
| Name / Title   |                          |  |                        |         |                                  |                          |                |  |                  |  |                |            |       |  |   |  |              |  |               |     |                 |          |                     |  |                  |  |                |            |       |  |   |              |  |               |     |                 |          |                     |  |                  |  |            |            |       |  |   |  |              |  |               |     |                 |          |                     |  |                  |  |            |            |       |  |
| Date of Birth  | SSN                      |  |                        |         |                                  |                          |                |  |                  |  |                |            |       |  |   |  |              |  |               |     |                 |          |                     |  |                  |  |                |            |       |  |   |              |  |               |     |                 |          |                     |  |                  |  |            |            |       |  |   |  |              |  |               |     |                 |          |                     |  |                  |  |            |            |       |  |
| Driver's Lic. #  | Exp Date                 |  |                        |         |                                  |                          |                |  |                  |  |                |            |       |  |   |  |              |  |               |     |                 |          |                     |  |                  |  |                |            |       |  |   |              |  |               |     |                 |          |                     |  |                  |  |            |            |       |  |   |  |              |  |               |     |                 |          |                     |  |                  |  |            |            |       |  |
| Home Street Address  |                          |  |                        |         |                                  |                          |                |  |                  |  |                |            |       |  |   |  |              |  |               |     |                 |          |                     |  |                  |  |                |            |       |  |   |              |  |               |     |                 |          |                     |  |                  |  |            |            |       |  |   |  |              |  |               |     |                 |          |                     |  |                  |  |            |            |       |  |
| City, State, Zip   |                          |  |                        |         |                                  |                          |                |  |                  |  |                |            |       |  |   |  |              |  |               |     |                 |          |                     |  |                  |  |                |            |       |  |   |              |  |               |     |                 |          |                     |  |                  |  |            |            |       |  |   |  |              |  |               |     |                 |          |                     |  |                  |  |            |            |       |  |
| Home Phone   | Cell Phone               |  |                        |         |                                  |                          |                |  |                  |  |                |            |       |  |   |  |              |  |               |     |                 |          |                     |  |                  |  |                |            |       |  |   |              |  |               |     |                 |          |                     |  |                  |  |            |            |       |  |   |  |              |  |               |     |                 |          |                     |  |                  |  |            |            |       |  |
| Email  |                          |  |                        |         |                                  |                          |                |  |                  |  |                |            |       |  |   |  |              |  |               |     |                 |          |                     |  |                  |  |                |            |       |  |   |              |  |               |     |                 |          |                     |  |                  |  |            |            |       |  |   |  |              |  |               |     |                 |          |                     |  |                  |  |            |            |       |  |

|  |
|--|
| <b>Description of Collateral Offered</b> |
|--|

|  |
|--|
| <b>Applicant(s) and/or Supporting Applicant(s) to the Credit Request</b> |
|--|

|   |                               |               |                        |
|---|-------------------------------|---------------|------------------------|
| Applicant is: <input type="checkbox"/> Borrower <input type="checkbox"/> Guarantor <input type="checkbox"/> Cosigner <input type="checkbox"/> Grantor <input type="checkbox"/> Other: |                               |               |                        |
| Name  | Address                       | Phone         | Social Security Number |
| Date of Birth   | Driver's Lic. #               | Exp Date      |                        |
| Pledge Collateral   | Amount of Liens on Collateral | Creditor Name |                        |

|   |                               |               |                        |
|---|-------------------------------|---------------|------------------------|
| Applicant is: <input type="checkbox"/> Borrower <input type="checkbox"/> Guarantor <input type="checkbox"/> Cosigner <input type="checkbox"/> Grantor <input type="checkbox"/> Other: |                               |               |                        |
| Name  | Address                       | Phone         | Social Security Number |
| Date of Birth   | Driver's Lic. #               | Exp Date      |                        |
| Pledge Collateral   | Amount of Liens on Collateral | Creditor Name |                        |

|   |                 |          |                        |
|---|-----------------|----------|------------------------|
| Applicant is: <input type="checkbox"/> Borrower <input type="checkbox"/> Guarantor <input type="checkbox"/> Cosigner <input type="checkbox"/> Grantor <input type="checkbox"/> Other: |                 |          |                        |
| Name  | Address         | Phone    | Social Security Number |
| Date of Birth   | Driver's Lic. # | Exp Date |                        |

| Pledge Collateral  | Amount of Liens on Collateral | Creditor Name |                        |
|--|-------------------------------|---------------|------------------------|
|  |                               |               |                        |
| Applicant is: <input type="checkbox"/> Borrower <input type="checkbox"/> Guarantor <input checked="" type="checkbox"/> Cosigner <input type="checkbox"/> Grantor <input type="checkbox"/> Other: |                               |               |                        |
| Name   | Address                       | Phone         | Social Security Number |
|  |                               |               |                        |
| Date of Birth  | Driver's Lic. #               | Exp Date      |                        |
|  |                               |               |                        |
| Pledge Collateral  | Amount of Liens on Collateral | Creditor Name |                        |
|  |                               |               |                        |

**USA PATRIOT ACT DISCLOSURE NOTICE. 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.

## Applicants 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. I/We understand that Lender will retain this application and any other credit information Lender receives, even if no loan or credit is granted.

| Applicant | Title | Date |
|-----------|-------|------|
|           |       |      |

| Co-applicant | Title | Date |
|--------------|-------|------|
|              |       |      |

| Co-applicant | Title | Date |
|--------------|-------|------|
|              |       |      |

| Co-applicant | Title | Date |
|--------------|-------|------|
|              |       |      |

**I/We hereby agree to be a supporting applicant as listed on this application.**

| Supporting Applicant | Title | Date |
|----------------------|-------|------|
|                      |       |      |

| Supporting Applicant | Title | Date |
|----------------------|-------|------|
|                      |       |      |

| Supporting Applicant | Title | Date |
|----------------------|-------|------|
|                      |       |      |

| Supporting Applicant | Title | Date |
|----------------------|-------|------|
|                      |       |      |

| Supporting Applicant | Title | Date |
|----------------------|-------|------|
|                      |       |      |

| Supporting Applicant | Title | Date |
|----------------------|-------|------|
|                      |       |      |

| Supporting Applicant | Title | Date |
|----------------------|-------|------|
|                      |       |      |

| Supporting Applicant | Title | Date |
|----------------------|-------|------|
|                      |       |      |