

Company Name _____ **Doing Business As (DBA)** _____

Type of Business _____

Is your business a franchise? YES NO **(If answer YES, please include a copy of Franchise Agreement)**

Business Address _____ **Daytime Phone** _____

City _____ **County** _____ **State** _____ **Zip Code** _____ **Fax** _____

Sole-Proprietor Partnership Corporation LLC Other **Check One Only** **Business Tax ID #** _____

Date Business Established _____ **How many employees do you have?** _____ **How many employees will you hire?** _____
(SBA Loan Requests Only)

Business Bank Name _____ **Address** _____ **City** _____ **State** _____ **Zip Code** _____

OWNER / PRINCIPALS		
Names	% Ownership	Title
_____	%	_____
_____	%	_____
_____	%	_____
_____	%	_____
_____	%	_____

Has your business, or have any principals of the business, been involved in a bankruptcy or insolvency proceeding?
 YES NO

Have you ever applied for government financing? If so, please provide the following:

Name of the agency	Original Balance	Current/Past Due
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Bankruptcy Explanation if you checked Yes above:

DEBT SCHEDULE - Please provide the name of the agency, original amount, original date, balance and if loan is current

Name of the Creditor	Original Amount	Original Date	Balance	Current/Past Due
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List all related or affiliated companies	How is it related?	How will this loan benefit your business?
_____	_____	
_____	_____	
_____	_____	

The following section relates to your planned use for funds from this loan request. Please be as specific as possible. In those instances where funds are expected to be used in different ways, it is important to be accurate in breaking out anticipated expenditures by category. If you are using the "other" category below, please provide a complete description of the planned use.

Project Items (Use of Proceeds)	Project Amount
Land Acquisition	
New Construction/Expansion Repair	
Acquisition and/or Repair of Machinery and Equipment	
Inventory	
Working Capital (Including Accounts Payable)	
Acquisition of Existing Business	
Payoff SBA Loan	
Payoff Bank Loan (Non SBA Associated)	
Other Debt Payment (Non SBA Associated)	
All Other	
Total Project Cost	
Less Borrower's Injection (Down Pmt.)	
Total Loan Requested	

Source of Injection - Describe the nature of the down payment or equity injection:

Other Important Project Details:

Collateral - Non Real Estate

Type	Description	Market Value	Lien Holder	Balance	Value

Collateral - Real Estate

Collateral - Personal Property

PERSONAL HISTORY - 1

Complete all sections, using full first, middle and maiden names - no initial. If an item is not applicable, indicate. Duplicate form as needed. You may include additional relevant information on a separate exhibit.

PERSONAL INFORMATION

First Name	Middle Name	Maiden Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Social Security Number	Date of Birth	Place of Birth	U.S. Citizen ? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="text"/>	If NO, give alien reg. # <input type="text"/>
Residence Phone	Business Phone		
<input type="text"/>	<input type="text"/>		
Residence Address	City	State	Zip Code From To
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Previous Address	City	State	Zip Code From To
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<input type="checkbox"/> SBA Loan-Spouse info required.	Spouse's First Name	Middle Name	Last Name
<input type="checkbox"/> Non SBA Loan	Spouse's Social Security Number	<input type="text"/>	<input type="text"/>

Are you employed by the U.S. Government? Yes No
If YES, What Agency / Position

Have you ever been convicted, charged with or arrested for any criminal offense other than a minor motor vehicle violation? Yes No

Have you ever been involved in bankruptcy or insolvency proceeding? Yes No

Are you or your business involved in any pending or prior law suit? Yes No

If you answer YES to any of the above, please furnish details in a separate exhibit

EDUCATION - College or Technical Training

Institution Name and Location	Dates Attended From/To	Graduated ?
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

MILITARY SERVICE BACKGROUND

Branch	From	To	Honorable Discharge?
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Rank at Discharge	Major Assignment / Accomplishment		
<input type="text"/>	<input type="text"/>		

WORK EXPERIENCE - List chronologically, beginning with present employment

1) Company Name / Location	From	To	Title
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Duties <input type="text"/>			
2) Company Name / Location	From	To	Title
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Duties <input type="text"/>			

PERSONAL HISTORY - 2

Complete all sections, using full first, middle and maiden names - no initial. If an item is not applicable, indicate. Duplicate form as needed. You may include additional relevant information on a separate exhibit.

PERSONAL INFORMATION

First Name	Middle Name	Maiden Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Social Security Number	Date of Birth	Place of Birth	U.S. Citizen ? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="text"/>	If NO, give alien reg. # <input type="text"/>
Residence Phone	Business Phone		
<input type="text"/>	<input type="text"/>		
Residence Address	City	State	Zip Code From To
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Previous Address	City	State	Zip Code From To
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<input type="checkbox"/> SBA Loan-Spouse info required.	Spouse's First Name	Middle Name	Last Name
<input type="checkbox"/> Non SBA Loan	Spouse's Social Security Number	<input type="text"/>	<input type="text"/>

Are you employed by the U.S. Government? Yes No
 If YES, What Agency / Position

Have you ever been convicted, charged with or arrested for any criminal offense other than a minor motor vehicle violation?
 Yes No

Yes No

Are you or your business involved in any pending or prior law suit? Yes No

If you answer YES to any of the above, please furnish details in a separate exhibit

EDUCATION - College or Technical Training

Institution Name and Location	Dates Attended From/To	Graduated ?
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

MILITARY SERVICE BACKGROUND

Branch	From	To	Honorable Discharge?
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Rank at Discharge	Major Assignment / Accomplishment		
<input type="text"/>	<input type="text"/>		

WORK EXPERIENCE - List chronologically, beginning with present employment

1) Company Name / Location	From	To	Title
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Duties <input type="text"/>			
2) Company Name / Location	From	To	Title
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Duties <input type="text"/>			

PERSONAL HISTORY - 3

Complete all sections, using full first, middle and maiden names - no initial. If an item is not applicable, indicate. Duplicate form as needed. You may include additional relevant information on a separate exhibit.

PERSONAL INFORMATION

First Name	Middle Name	Maiden Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Social Security Number	Date of Birth	Place of Birth	U.S. Citizen ? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="text"/>	If NO, give alien reg. # <input type="text"/>
Residence Phone	Business Phone		
<input type="text"/>	<input type="text"/>		
Residence Address	City	State	Zip Code From To
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Previous Address	City	State	Zip Code From To
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<input type="checkbox"/> SBA Loan-Spouse info required.	Spouse's First Name	Middle Name	Last Name
<input type="checkbox"/> Non SBA Loan	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Spouse's Social Security Number	<input type="text"/>	

Are you employed by the U.S. Government? Yes No
If YES, What Agency / Position

Have you ever been convicted, charged with or arrested for any criminal offense other than a minor motor vehicle violation? Yes No

Have you ever been involved in bankruptcy or insolvency proceeding? Yes No

Are you or your business involved in any pending or prior law suit? Yes No

If you answer YES to any of the above, please furnish details in a separate exhibit

EDUCATION - College or Technical Training

Institution Name and Location	Dates Attended From/To	Graduated ?
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

MILITARY SERVICE BACKGROUND

Branch	From	To	Honorable Discharge?
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Rank at Discharge	Major Assignment / Accomplishment		
<input type="text"/>	<input type="text"/>		

WORK EXPERIENCE - List chronologically, beginning with present employment

1) Company Name / Location	From	To	Title
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Duties <input type="text"/>			
2) Company Name / Location	From	To	Title
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Duties <input type="text"/>			

PERSONAL HISTORY - 4

Complete all sections, using full first, middle and maiden names - no initial. If an item is not applicable, indicate. Duplicate form as needed. You may include additional relevant information on a separate exhibit.

PERSONAL INFORMATION

First Name	Middle Name	Maiden Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Social Security Number	Date of Birth	Place of Birth	U.S. Citizen ? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="text"/>	If NO, give alien reg. # <input type="text"/>
Residence Phone	Business Phone		
<input type="text"/>	<input type="text"/>		
Residence Address	City	State	Zip Code From To
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Previous Address	City	State	Zip Code From To
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<input type="checkbox"/> SBA Loan-Spouse info required.	Spouse's First Name	Middle Name	Last Name
<input type="checkbox"/> Non SBA Loan	Spouse's Social Security Number	<input type="text"/>	<input type="text"/>

Are you employed by the U.S. Government? Yes No
If YES, What Agency / Position

Have you ever been convicted, charged with or arrested for any criminal offense other than a minor motor vehicle violation? Yes No

Have you ever been involved in bankruptcy or insolvency proceeding? Yes No

Are you or your business involved in any pending or prior law suit? Yes No
If you answer YES to any of the above, please furnish details in a separate exhibit

EDUCATION - College or Technical Training

Institution Name and Location	Dates Attended From/To	Graduated ?
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

MILITARY SERVICE BACKGROUND

Branch	From	To	Honorable Discharge?
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Rank at Discharge	Major Assignment / Accomplishment		
<input type="text"/>	<input type="text"/>		

WORK EXPERIENCE - List chronologically, beginning with present employment

1) Company Name / Location	From	To	Title
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Duties <input type="text"/>			
2) Company Name / Location	From	To	Title
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Duties <input type="text"/>			

PERSONAL HISTORY - 5

Complete all sections, using full first, middle and maiden names - no initial. If an item is not applicable, indicate. Duplicate form as needed. You may include additional relevant information on a separate exhibit.

PERSONAL INFORMATION

First Name	Middle Name	Maiden Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Social Security Number	Date of Birth	Place of Birth	U.S. Citizen ? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="text"/>	If NO, give alien reg. # <input type="text"/>
Residence Phone	Business Phone		
<input type="text"/>	<input type="text"/>		
Residence Address	City	State	Zip Code From To
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Previous Address	City	State	Zip Code From To
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<input type="checkbox"/> SBA Loan-Spouse info required. <input type="checkbox"/> Non SBA Loan	Spouse's First Name	Middle Name	Last Name
	<input type="text"/>	<input type="text"/>	<input type="text"/>

Are you employed by the U.S. Government? Yes No
 If YES, What Agency / Position

Have you ever been convicted, charged with or arrested for any criminal offense other than a minor motor vehicle violation? Yes No

Have you ever been involved in bankruptcy or insolvency proceeding? Yes No

Are you or your business involved in any pending or prior law suit? Yes No

If you answer YES to any of the above, please furnish details in a separate exhibit

EDUCATION - College or Technical Training

Institution Name and Location	Dates Attended From/To	Graduated ?
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

MILITARY SERVICE BACKGROUND

Branch	From	To	Honorable Discharge?
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Rank at Discharge	Major Assignment / Accomplishment		
<input type="text"/>	<input type="text"/>		

WORK EXPERIENCE - List chronologically, beginning with present employment

1) Company Name / Location	From	To	Title
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Duties <input type="text"/>			
2) Company Name / Location	Spouse's Social Security Number	From	To Title
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Duties <input type="text"/>			



Business History

Please write about each of the business elements listed below. Include any brochures, advertising materials or printed history of the business if available. (Use separate attachments if necessary)

General information:

Describe business operations and Industry:

Date business originally acquired by the seller and reason for selling:

Description of Products or Services:

If a manufacturer, describe the products you plan to make. If you are a retailer, discuss the various types of goods to be sold. If you are a service business, describe the services offered.

Sales/Marketing Activity:

Who will or do you sell to? (*retailers, wholesalers, the public*)

List your key customers.

How are your sales made?

Who are your suppliers and what are their credit sales terms?

How do you determine the price of your products or services?

How will or do you advertise? What promotional activities will you or do you conduct to generate sales?



Business History

(Continued)

Competition: Briefly list and describe your major competitors.

--

What advantage will or does your business have over your competitor's operation?

--

What is the approximate distance of your competitors, relative to your current/proposed location?

--

Location: If a retail business, describe the area and the customer base.

--

Describe your business locations' advantages and disadvantages.

--

Facilities: Describe the type and condition of the building, if applicable.

--

What improvements are needed, if any?

--



**IMPORTANT NOTICE CONCERNING YOUR RIGHT
TO RECEIVE A COPY OF THE APPRAISAL REPORT WE OBTAIN
IN CONNECTION WITH YOUR LOAN APPLICATION**

You have a right under the law to receive a copy of any appraisal report we obtain in connection with your application for a loan to be secured by real property. If you wish to receive a copy of the appraisal, you must send your request to:

**First Utah Bank
3826 South 2300 East
Salt Lake City, Utah 84109
Attention: Loan Operations Department**

To be eligible to receive a copy of the appraisal, you must reimburse us for the expense incurred in obtaining the report. We will advise you of the cost when we receive your request.

Your request must be received by us no later than 90 days after (1) the lender has provided notice of the action taken on the application, including a notice of incompleteness, or (2) the application has been withdrawn.

Please note that any appraisal we obtain in connection with your loan application will be for the purpose of assisting us in determining whether to extend credit to be secured by the appraised property, and if so, upon what terms. Depending upon the amount and nature of the loan you have requested and other factors, that appraisal may be conducted by a certified appraiser, a licensed appraiser, or someone who is neither licensed nor certified. The appraisal report should not be relied upon by you or anyone else to determine the value, description or condition of the property. If you wish professional assistance in determining those matters, you should retain your own appraiser or other advisor.

BUSINESS BANKING
www.firstutahbank.com



LOAN SUBMISSION CHECKLIST (All applicable items must be included with your application)

BUSINESS INFORMATION:

- 3 Years of business tax returns (including K-1 Statements and all other Schedules)
- 3 Years of business financial statements
- Signed IRS Form 4506-T (See attached)
- Current interim business financial statement (dated within last 90 days)
- Business debt schedule that reconciles to the interim business balance sheet (see attached Debt Schedule)
- Copy of current Lease Agreement (if applicable)
- Current A/R & A/P Aging (dated within last 90 days)
- Current bank statements (dated within last 90 days)
- List of the collateral being used to secure the loan

PERSONAL INFORMATION (For all Personal Borrowers and Guarantors):

- 3-Years personal tax returns (including all schedules and K-1 statements)
- Current personal financial statement (dated within last 90 days)
- 30-days of pay stubs containing year-to-date income
- 1-month current bank statements
- Borrower(s)/Guarantor(s) resumes
- Copy of the Trust Agreement (If applicable)

OTHER INFORMATION REQUIRED:

- If the business is a corporation, a copy of the Articles of Incorporation
- If the business is an LLC, a copy of the Articles of Organization and Operating Agreement
- If the business is a partnership, a copy of the Partnership Agreement

SPECIFIC LOAN TYPE REQUIRED ITEMS:

Start-up Businesses

- Signed projections (3 years with the 1st year on a detailed month-to-month basis)
- Assumptions for projections

Refinancing Requests

- Copy of most recent loan statement
- Copy of Promissory Note

Investment Property

- Current Rent Roll (dated within last 90 days)
- Copy of current leases

IMPORTANT

READ BEFORE SIGNING THIS APPLICATION

The information contained in this application is provided for the purpose of obtaining or maintaining credit with you on behalf of the undersigned persons, firms, or corporations in whose behalf the undersigned may either verbally or jointly with others, execute a guarantee in your favor. Each undersigned understands that you are relying on the information provided herein in deciding to grant or continue credit. You are authorized to make all inquiries (including credit inquiries) you may deem necessary to verify the accuracy of the statements made herein and to determine our credit-worthiness. You are authorized to answer questions about your credit experience with us.

By signing below, each such person authorizes First Utah Bank to obtain business and consumer credit bureau reports. Lender will provide the name and address of each credit bureau from which lender obtained credit reports if any of the persons signing below asks for such information in writing.

Applicant Signature: _____ Date:

Print Name: _____

Co-applicant Signature: _____ Date:

Print Name: _____



IMPORTANT
READ THESE INSTRUCTIONS BEFORE COMPLETING THIS APPLICATION
(Please mark only one box)

If you are applying for an individual account in your own name, and are relying on your own income and assets and not the income or assets of another person as the basis for repayment of the credit requested check this box.

If you are applying for a joint account or an account that you and another person will use, check this box and complete all information about the joint applicant or user.
WE INTEND TO APPLY FOR JOINT CREDIT:

_____ Applicant

_____ Co-Applicant

If you are applying for an individual account, 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, check this box, and complete all sections to the extent possible about the person on whose alimony, support or maintenance payments or income or assets you are relying.