

Business Credit Application

*Financing options for all
your business needs.*

HSBC 
The world's local bank

BUSINESS CREDIT APPLICATION CHECKLIST

	Line of Credit	Term Loan	Term Loan (For Business Vehicle)	MasterCard BusinessCard®*	Letter of Credit	Endnotes
<input type="checkbox"/> A completed Business Credit Application	✓	✓	✓	✓	✓	1, 3
<input type="checkbox"/> Corporate/Partnership Resolution to Borrow	✓	✓	✓	✓	✓	1, 2
<input type="checkbox"/> For customers with a total commercial loan relationship with HSBC of up to \$100,000, including this request: Previous year business tax return	✓	✓	✓	✓	✓	1
<input type="checkbox"/> For customers with a total commercial loan relationship with HSBC of \$100,001-\$350,000, including this request: Previous 2 years of business tax returns	✓	✓	✓	✓	✓	1
<input type="checkbox"/> For customers with a total commercial loan relationship with HSBC of \$350,001-\$2,000,000, including this request:	✓	✓	✓	✓	✓	1, 5
• Completed Personal Financial Statement, previous 3 years of CPA reviewed financial statements OR previous 3 years compilation statements and 3 years of business tax returns						
• Interim financial statements, if year-end statements are more than 6 months old						
• Accounts receivable and payable aging						
• 3 months bank statements	✓	✓	✓	✓		
<input type="checkbox"/> IRS Form 4506-T	✓	✓	✓	✓	✓	1, 5, 6
<input type="checkbox"/> Equipment invoice (if applicable)		✓				
<input type="checkbox"/> Copy of vehicle title or invoice (with VIN number)			✓			
<input type="checkbox"/> Separate Letter of Credit Application				✓		

1

For Bank Use Only:

<input type="checkbox"/> Small Business Customer Profile	✓	✓	✓	✓	✓	✓	4
<input type="checkbox"/> Small Business Credit Memorandum	✓	✓	✓	✓	✓	✓	4

¹ Document must be signed and dated.

² Required for applications where the total commercial loan relationship with HSBC including this request is greater than \$350,000.

³ Loan requests considered with a SBA guarantee or in business less than 2 years may require submission of one or more of the following documents; a.) A signed and dated Corporate/Partnership Resolution to Borrow, b.) A signed and dated Personal Financial Statement for all principals, partners and sole proprietors, c.) A signed and dated pro forma balance sheet, d.) 3 years of signed and dated tax returns for the existing business, e.) Interim signed and dated financial statements if business tax returns are more than 6 months old, f.) 3 years of signed and dated tax returns on the seller (when the applicant is purchasing a business), g.) 3 years of signed and dated personal tax returns for each guarantor/principal, h.) If applicable - Equipment invoice, Purchase offer, Copy of leases, Contractor's estimates, Copy of vehicle title or invoice, i.) A signed and dated business plan (to include information on management experience, location, competition, feasibility, equity contribution (proof and source) and a breakdown of how the funds will be utilized, j.) Resume, k.) Signed and dated financial projections.

⁴ Required for applications where the total commercial loan relationship with HSBC including this request is greater than \$350,000.

⁵ Included in this Application Package.

⁶ Not required for start-up business that have not yet filed an income tax return.

*NEW YORK RESIDENTS may contact the New York State Banking Department to obtain a comparative listing of credit card rates, fees and grace periods. New York State Banking Department, 1-800-518-8866.

OHIO RESIDENTS: 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 the law.

VERMONT RESIDENTS authorize the Bank to obtain consumer credit reports, for any legitimate purpose regarding this acceptance/application and/or any account established hereunder, including but not limited to reviewing, modifying, renewing and/or collecting any such account.

WISCONSIN RESIDENTS ONLY: Wisconsin law provides that no agreement, court order or individual statement applying to marital property will adversely affect a creditor's interest unless prior to the time credit is granted, the creditor is furnished with a copy of the agreement, court order or statement, or has actual knowledge of the adverse provision.

BUSINESS CREDIT APPLICATION**FOR BUSINESS PURPOSES ONLY**

As part of this application you will be required to complete IRS Form 4506-T which will allow HSBC to verify the financial information provided with this application. You authorize HSBC to complete any missing or incorrect information on Form 4506-T from information you provided in this application or supporting documentation.

▶ INFORMATION ABOUT YOUR BUSINESS

Applicant Legal Business Name

(Sole Proprietors should use their individual names and not their trade names)

Trade Name (DBA)

Tax ID #

Business Mailing Address

City

State

Zip

Business Phone

Fax #

Business Email Address

Enter the address of the actual location that will benefit from the granting of this credit request if different from the business mailing address. (Must be the street, city and postal zip code. If a route is provided, it must be accompanied by a street number (e.g. 4365 Route 79). A P.O. Box is NOT acceptable.)

Number and Street

City

State

Zip

Please indicate if your business is For Profit Not for Profit Please indicate if your business is home-based Yes No

Business Structure Sole Proprietorship Professional Service Corporation Partnership Limited Liability Partnership Limited Liability Company Other* _____ Corporation Professional Services Limited Company

* If more than one individual is applying for credit, by signing below the applicants agree that they are applying for joint credit.

Organized in the State of

Number of Years This Business Has Been in Operation

Gross Sales Most Recent Tax Return Filed: \$

Month End Most Recent Tax Return Filed: 12/31 9/30 6/30 3/31 Other Start-up BusinessYear Most Recent Tax Return Filed: 2006 2007 2008Business Tax Form Filed: Form 1040 Form 1065 Form 1120 Other

Describe what type of service or product your business provides:

Continued on next page

OWNERS AND GUARANTORS

(All owners and partners must sign as a guarantor.
Ownership percentage must total 100%. Attach separate sheet if necessary.)

Are you an HSBC Premier Customer? Yes No
(Businesses owned by HSBC Premier Customers receive a discount on Business Lines of Credit and Term Loans)

Title (optional): Mr. Mrs. Ms. Miss First Name Last Name

Date of Birth Social Security Number

Present Home Address - Number and Street

City State Zip Telephone Number

Net Worth (exclude value of your businesses) \$ Equity in Residence \$

Title % Ownership

of Years You Have Owned This Business Annual Salary \$

Personal Cash / Investments (Cash and US Government and marketable securities excluding retirement plans)
\$ Any Jointly Owned Yes No

U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No Non-U.S. Citizen must complete the following:		
Country of Citizenship	*Visa Expiration Date (if applicable)	
Please complete one of the following:		
Resident Alien Card Number (Green Card)		
Passport Number	Country of Issuance	Expiration Date

Carefully detach at perforation

Are you an HSBC Premier Customer? Yes No
(Businesses owned by HSBC Premier Customers receive a discount on Business Lines of Credit and Term Loans)

Title (optional): Mr. Mrs. Ms. Miss First Name Last Name

Date of Birth Social Security Number

Present Home Address - Number and Street

City State Zip Telephone Number

Net Worth (exclude value of your businesses) \$ Equity in Residence \$

Title % Ownership

of Years You Have Owned This Business Annual Salary \$

Personal Cash / Investments (Cash and US Government and marketable securities excluding retirement plans)
\$ Any Jointly Owned Yes No

U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No Non-U.S. Citizen must complete the following:		
Country of Citizenship	*Visa Expiration Date (if applicable)	
Please complete one of the following:		
Resident Alien Card Number (Green Card)		
Passport Number	Country of Issuance	Expiration Date

*Note: The Visa Expiration Date is required for credit purposes only.

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▶ LINE OF CREDIT (Payments are interest only. 30 day annual out of debt period. Primary business checking account required. Annual fee.)

New Request Line Increase Amount Requested (min. \$25,000) \$ _____

Purpose of Request Working Capital

Refinance Check here if refinanced debt is currently secured by residential property

Other _____

Automatically deduct my monthly payment from my HSBC Checking Account Number

▶ TERM LOAN Fixed Interest Rate Variable Interest Rate

Purpose of Request Equipment Purchase

Refinance Check here if refinanced debt is currently secured by residential property

Other _____

Amount Requested \$ _____ Term Requested (1-7 years) _____

Automatically deduct my monthly payment from my HSBC Checking Account Number

▶ MASTERCARD BUSINESSCARD® New Request Line Increase Amount Requested \$ _____

Would You Like to Enroll in HSBC BusinessCard Rewards?¹ Yes No

Please issue cards to the individuals named below. **With multiple users the company will receive a monthly consolidated company level billing statement (Control Account) as well as individual cardholder memo.**

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	Cardholder 1	Cardholder 2	Cardholder 3
Authorized User/ Employee Name			
Home Phone Number			
Social Security Number			
Card Limit	\$ _____	\$ _____	\$ _____
Cash Access ²	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Billing Type	<input type="checkbox"/> Consolidated <input type="checkbox"/> Individual	<input type="checkbox"/> Consolidated <input type="checkbox"/> Individual	<input type="checkbox"/> Consolidated <input type="checkbox"/> Individual
Auto Payment ³	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
HSBC Business Checking Account Number for auto payment	<input type="text"/>	<input type="text"/>	<input type="text"/>
Overdraft Protection ⁴	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
HSBC Business Checking Account Number for Overdraft Protection	<input type="text"/>	<input type="text"/>	<input type="text"/>

¹ There is an annual fee of \$25 under the Consolidated option and a \$25 annual fee per individual Billing account.
² A Personal Identification Number (PIN) will automatically be assigned to each cardholder authorized for Cash Access.
³ Automatically deduct my minimum monthly payment from my HSBC Business Checking Account.
⁴ Please refer to Cardholder Agreement for Overdraft coverage amount. You will automatically receive Cash Access with Overdraft Protection.

▶ LETTER OF CREDIT (If approved, additional documentation may be required.) Amount Requested \$ _____

Letter of Credit Stand-By Commercial

Line for Letters of Credit Stand-By Commercial Standard Number of Days _____

▶ ACH (To facilitate electronic transactions, e.g. payroll) New Request Line Increase Amount Requested \$ _____

▶ ADDITIONAL INFORMATION (Provide details on an attached sheet if you answer YES to any of the following questions.)

Is the Business, Applicant(s) or any proposed Guarantor(s) party to a lawsuit or subject to outstanding judgments? Yes No

Has the Business, Applicant(s) or any proposed Guarantor(s) ever declared bankruptcy? Yes No

Are the Business, Applicant's or any proposed Guarantor's taxes past due? Yes No

Are any of the Business, Applicant's or any proposed Guarantor's credit obligations past due? Yes No

Is the Business, Applicant(s) or any proposed Guarantor(s) presently under indictment, on probation or parole, or ever been charged or convicted, for any criminal offense other than a minor motor vehicle violation? Yes No

The U.S. Small Business Administration ("SBA") offers a Patriot Express Loan Program for veterans and members of the military community. HSBC is an approved participating financial institution in this Program. Please ask your loan officer about your eligibility for the SBA's Patriot Express Loan Program.

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SIGNATURES (All owners and partners must sign. Attach separate sheet if necessary.)

We certify to the truth of our statements above and authorize the Bank to obtain personal credit reports, and the Bank and its affiliates to share credit information in connection with this Application and an Account established hereby, as well as any update, renewal, extension, review or collection thereof. If it does so, we will, upon request, be informed of that fact and each credit bureau's name and address. We authorize the Bank to verify with others information contained in this Application and to report its transactions with us, in the event of non-payment of any Account established hereunder. Our signatures are binding on us and the Business.

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 or entity that opens an account.

What this means for you: If you are a corporation, partnership, trust or entity, when you open an account we will ask you for your (i) name, (ii) address (either your principal place of business, a local office or other physical location), (iii) a U.S. taxpayer identification number, or if you are not organized or resident in the United States or filing U.S. income tax returns, the number and country of issuance of any other government-issued document certifying the existence of your organization, and (iv) such other information or documents that we consider necessary to identify you, such as articles of incorporation, a government-issued business license, a partnership agreement or a trust instrument.

If you are an individual, when you open an account we will ask for your (i) name, (ii) residential address, (iii) date of birth, (iv) social security or other U.S. taxpayer identification number, or, if you are not a citizen or resident of the United States, a passport number and country of issuance or the number and country of issuance or any other government issued document evidencing nationality or residence or bearing a photograph or similar safeguard, and (v) such other information or documents that we consider necessary to identify you.

If we are applying for a Line of Credit ("LOC") or Term Loan ("Loan"), or are offered a Revolving Credit Term Loan ("RCTL"), and we do not sign any other Note or borrowing agreement in connection with this Application, then this application constitutes our agreement. We further agree as follows:

If we are applying for an LOC or Loan and our application is approved, or we are offered an RCTL, THE BUSINESS WILL RECEIVE THE BUSINESS LENDING AGREEMENT ("Agreement"), AND UNDERSTANDS AND AGREES THAT ITS EXECUTION OF THE BUSINESS CREDIT APPLICATION WILL HAVE THE SAME BINDING EFFECT AS IF IT HAD EXECUTED THE AGREEMENT. The Business agrees that its obligation shall be as set forth in Part I and Part II of the Agreement. By signing below, we also give you a Security Interest in the Collateral and whatever is received when the Collateral is disposed of. The Security Interest secures payment of any and all Debt. The terms "Security Interest", "Collateral" and "Debt" are defined in the Agreement.

If an LOC, RCTL, or LOAN is approved by the Bank, the terms of approval will be as contained in the Acceptance Letter that the Bank will send the Business, together with the Agreement. We may also request a copy of the agreement from our branch representative. The effective date of our Agreement will be the date of the Acceptance Letter. If we decide not to accept the LOC, Loan or RCTL, we will advise the Bank. If we obtain funds under the LOC, Loan or RCTL, that will confirm our acceptance of the terms in the Agreement and Acceptance letter.

If we are applying for an LOC or Loan, or are offered an RCTL, and sign any other Note or borrowing agreement in connection with this Application, then that Note or borrowing agreement and any other documentation we sign will take the place of the Agreement.

If we are applying for a BusinessCard, the Business agrees that its obligations will be as set forth in the MasterCard BusinessCard Cardholder Agreement and that it will be liable for any indebtedness incurred by authorized users/employees who may use the BusinessCard.

The Business agrees that it will be liable for any indebtedness incurred by authorized users/employees who may use the RCTL or LOC.

EACH PERSON SIGNING BELOW ACKNOWLEDGES RECEIPT OF THE BUSINESS LENDING AGREEMENT, AND UNDERSTANDS AND AGREES THAT THEIR EXECUTION OF THIS BUSINESS CREDIT APPLICATION WILL HAVE THE SAME LEGAL EFFECT AS IF HE/SHE HAD EXECUTED THE AGREEMENT. EACH PERSON SIGNING BELOW PERSONALLY GUARANTIES ALL OF THE INDEBTEDNESS INCURRED ON ANY LOC, RCTL, LOAN OR OTHER FACILITY YOU MAKE AVAILABLE TO THE BUSINESS EVEN THOUGH A TITLE MAY BE INCLUDED BELOW ANY NAME. OUR OBLIGATIONS AS A GUARANTOR SHALL BE AS SET FORTH IN PART III – UNCONDITIONAL CONTINUING GUARANTY OF THE AGREEMENT.

If we sign any other Guaranty Agreement in connection with this Application, then that Guaranty Agreement will take the place of Part III of the Agreement. If you, in your sole discretion, determine that a Guaranty is not necessary, you will advise me of that fact in writing.

WE UNDERSTAND THE BANK HAS NOT YET AGREED TO MAKE CREDIT AVAILABLE TO THE BUSINESS AND THE BANK HAS THE SOLE RIGHT TO DECIDE WHETHER TO DO SO. Additional information and/or documentation, including Government Monitoring Information may be required by the Bank for further processing if the proceeds are intended for certain types of loans related to a dwelling. This information is being requested by the federal government in order to monitor the lender's compliance with equal credit opportunity, fair housing, and home mortgage disclosure laws. You are not required to furnish this information, but are encouraged to do so. We understand that if any information we have supplied to the Bank on the Application (or any additional information given to the Bank) is determined to be false or misleading, the Bank shall be under no obligation to establish an Account or advance any funds.

Continued on next page

SIGNATURES - continued

We agree to furnish you with any written authorization you may require to enable you to verify financial information on the Business by obtaining transcripts of tax returns from the Internal Revenue Service.

Each person signing below for the Business applying for credit certifies that all necessary action has been taken to authorize the Business to execute this Business Credit Application and that he/she individually has full authority to act on behalf of the Business and thereby bind the Business. It is only necessary for one of the persons signing below to sign any additional documentation. The foregoing authorization supercedes any other resolution or other authorization, whether given to the Bank before or in the future, except in the following three situations: (i) our total lending relationship exceeds \$350,000, (ii) a Loan that will be guaranteed by the SBA (excluding SBA Express), or (iii) a commercial mortgage loan for the purchase or improvement of real estate. In those three situations only, a separate resolution or other authorizing document will apply.

(All owners and partners must sign. Attach separate sheet if necessary.)

1. Authorized Signature (and as Guarantor)

Authorized Signer Name (please print) _____ Date _____

2. Authorized Signature (and as Guarantor)

Authorized Signer Name (please print) _____ Date _____

3. Authorized Signature (and as Guarantor)

Authorized Signer Name (please print) _____ Date _____

4. Authorized Signature (and as Guarantor)

Authorized Signer Name (please print) _____ Date _____

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FOR BANK USE ONLY

SIGNATURE(S) VERIFIED: _____
HSBC REPRESENTATIVE (PLEASE PRINT): _____
EMPLOYEE ID #: _____
BRANCH #: _____
PROVENIR APPLICATION #: _____

Form **4506-T**

(Rev. January 2010)

Department of the Treasury
Internal Revenue Service

Request for Transcript of Tax Return

OMB No. 1545-1872

▶ Request may be rejected if the form is incomplete or illegible.

Tip. Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can also call 1-800-829-1040 to order a transcript. If you need a copy of your return, use **Form 4506, Request for Copy of Tax Return**. There is a fee to get a copy of your return.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number if joint tax return
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code	
4 Previous address shown on the last return filed if different from line 3	
5 If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax information.	

Caution. If the transcript is being mailed to a third party, ensure that you have filled in line 6 and line 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy.

6 Transcript requested. Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▶

a Return Transcript, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120A, Form 1120H, Form 1120L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days

b Account Transcript, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 30 calendar days.

c Record of Account, which is a combination of line item information and later adjustments to the account. Available for current year and 3 prior tax years. Most requests will be processed within 30 calendar days

7 Verification of Nonfiling, which is proof from the IRS that you **did not** file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days

8 Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript. The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2007, filed in 2008, will not be available from the IRS until 2009. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 45 days

Caution. If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

9 Year or period requested. Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, **either** husband or wife must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note.** For transcripts being sent to a third party, this form must be received within 120 days of signature date.

Telephone number of taxpayer on line 1a or 2a

Sign Here

Signature (see instructions)	Date
Title (if line 1a above is a corporation, partnership, estate, or trust)	
Spouse's signature	Date

General Instructions

Purpose of form. Use Form 4506-T to request tax return information. You can also designate a third party to receive the information. See line 5.

Tip. Use Form 4506, Request for Copy of Tax Return, to request copies of tax returns.

Where to file. Mail or fax Form 4506-T to the address below for the state you lived in, or the state your business was in, when that return was filed. There are two address charts: one for individual transcripts (Form 1040 series and Form W-2) and one for all other transcripts.

If you are requesting more than one transcript or other product and the chart below shows two different RAVS teams, send your request to the team based on the address of your most recent return.

Automated transcript request. You can call 1-800-829-1040 to order a transcript through the automated self-help system. Follow prompts for "questions about your tax account" to order a tax return transcript.

Chart for individual transcripts (Form 1040 series and Form W-2)

If you filed an individual return and lived in:	Mail or fax to the "Internal Revenue Service" at:
Florida, Georgia, North Carolina, South Carolina	RAIVS Team P.O. Box 47-421 Stop 91 Doraville, GA 30362 770-455-2335
Alabama, Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, or A.P.O. or F.P.O. address	RAIVS Team Stop 6716 AUSC Austin, TX 73301 512-460-2272
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming	RAIVS Team Stop 37106 Fresno, CA 93888 559-456-5876
Arkansas, Connecticut, Delaware, District of Columbia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, Ohio, Pennsylvania, Rhode Island, Vermont, Virginia, West Virginia	RAIVS Team Stop 6705 P-6 Kansas City, MO 64999 816-292-6102

Chart for all other transcripts

If you lived in or your business was in:	Mail or fax to the "Internal Revenue Service" at:
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Tennessee, Texas, Utah, Washington, Wyoming, a foreign country, or A.P.O. or F.P.O. address	RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409 801-620-6922
Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia, Wisconsin	RAIVS Team P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250 859-669-3592

Line 1b. Enter your employer identification number (EIN) if your request relates to a business return. Otherwise, enter the first social security number (SSN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

Line 6. Enter only one tax form number per request.

Signature and date. Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a. If you completed line 5 requesting the information be sent to a third party, the IRS must receive Form 4506-T within 120 days of the date signed by the taxpayer or it will be rejected.

Individuals. Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506-T exactly as your name appeared on the original return. If you changed your name, also sign your current name.

Corporations. Generally, Form 4506-T can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer.

Partnerships. Generally, Form 4506-T can be signed by any person who was a member of the partnership during any part of the tax period requested on line 9.

All others. See Internal Revenue Code section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

Documentation. For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the Letters Testamentary authorizing an individual to act for an estate.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. You are not required to request any transcript; if you do request a transcript, sections 6103 and 6109 and their regulations require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, and the District of Columbia for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506-T will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form**, 10 min.; **Preparing the form**, 12 min.; and **Copying, assembling, and sending the form to the IRS**, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-T simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224. Do not send the form to this address. Instead, see *Where to file* on this page.

PERSONAL FINANCIAL STATEMENT

Applicant: _____ Birthdate: / / _____
 Home Telephone Number: () _____
 Address: _____ Years There: _____
 City: _____
 State: _____ Zip: _____
 Present Employer: _____
 Your Position: _____ Years There: _____
 Business Telephone Number: () _____
 Employer's Address: _____
 City: _____
 State: _____ Zip: _____

Co-Applicant: _____ Birthdate: / / _____
 Home Telephone Number: () _____
 Address: _____ Years There: _____
 City: _____
 State: _____ Zip: _____
 Present Employer: _____
 Your Position: _____ Years There: _____
 Business Telephone Number: () _____
 Employer's Address: _____
 City: _____
 State: _____ Zip: _____

Please complete the following chart: (In all cases, use the word NONE where no amount is entered.)

Assets	Jointly Owned?	Amount	Liabilities & Net Worth	Jointly Owed?	Amount
Cash on Hand and with HSBC/ Other Financial Institutions	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	Loan/Line/Lease Balances	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Cash Value Life Insurance (See Schedule A)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	Credit Card Debt	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Real Estate (See Schedule C)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	Accounts Payable	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
US Government & Marketable Securities (See Schedule B)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	Mortgages on Real Estate	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Retirement/Trust Accounts	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	Other Liabilities – Itemize (include leases)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Automobiles & Other Personal Property	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$			
Other Assets – Itemize		\$	Total Liabilities		\$
			Net Worth		\$
TOTAL		\$	TOTAL		\$

Carefully detach at perforation

SCHEDULE A – LIFE INSURANCE (Excluding Health, Accident or Special Benefit. Attach separate sheet if necessary.)

Face Amount	Name of Insurance Company	Owner of Policy	Beneficiary	Type of Policy	Cash Value	Loans Against Policy	Give Name of Assignee, if any
\$					\$	\$	
\$					\$	\$	

SCHEDULE B – US GOVERNMENT & MARKETABLE SECURITIES (Attach separate sheet if necessary.)

Number of Shares or Bonds	Name of Security	Where Traded	In Whose Name Registered	Statement Date	Valuation as of Statement	If Pledged or Loaned, State to Whom
					\$	
					\$	
					\$	
TOTAL:					\$	

SCHEDULE C – REAL ESTATE OWNED (Attach separate sheet if necessary.)

LAND AND BUILDINGS OWNED AND MORTGAGES PAYABLE

PROPERTY #1

Location	Description of Buildings	Name of Owner(s) of Record	Date Purchased	Cost	Current Market Value	Taxes in Arrears
				\$	\$	\$

	Mortgage Amount	Held By	Interest Rate	Maturity Date	Amount Due within 1 Year	Terms of Payment on Balance	Mortgage Interest in Arrears
1st	\$				\$		\$
2nd	\$				\$		\$

PROPERTY #2

Location	Description of Buildings	Name of Owner(s) of Record	Date Purchased	Cost	Current Market Value	Taxes in Arrears
				\$	\$	\$

	Mortgage Amount	Held By	Interest Rate	Maturity Date	Amount Due within 1 Year	Terms of Payment on Balance	Mortgage Interest in Arrears
1st	\$				\$		\$
2nd	\$				\$		\$

PROPERTY #3

Location	Description of Buildings	Name of Owner(s) of Record	Date Purchased	Cost	Current Market Value	Taxes in Arrears
				\$	\$	\$

	Mortgage Amount	Held By	Interest Rate	Maturity Date	Amount Due within 1 Year	Terms of Payment on Balance	Mortgage Interest in Arrears
1st	\$				\$		\$
2nd	\$				\$		\$

TOTAL: \$ _____ (as shown on Liabilities & Net Worth section above)

Are any of the above properties covered by a collateral mortgage and/or privately held mortgage **NOT SHOWN** in the mortgage schedule? Yes No

If yes, give amount and by whom held:

Carefully detach at perforation

ADDITIONAL INFORMATION (Attach separate sheet if necessary.)

ANNUAL INCOME (Income from alimony, maintenance and child support need not be revealed if you choose not to rely on such income.)

Salary: \$ _____	Other Income: \$ _____
Number of Dependents: _____	Ages of Dependents: _____
Are you the endorser, guarantor or accommodation maker for others (including obligations due to HSBC)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, state amount: \$ _____ And for whom? _____	
Have you any liability on real estate mortgage loans covering property NOT SHOWN on this statement? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, give details: _____	
Are there any suits, foreclosures or unsatisfied judgments against you, or have you ever gone through bankruptcy or made a general assignment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If so, give details: _____	
Do you have a will? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, who is the executor? _____	

IF YOU RESIDE IN A COMMUNITY PROPERTY STATE: ALASKA (IF SELECTED), ARIZONA, CALIFORNIA, IDAHO, LOUISIANA, NEW MEXICO, NEVADA, TEXAS, WASHINGTON OR WISCONSIN, PLEASE COMPLETE THE FOLLOWING:

Marital Status: Married Unmarried (Including single, divorced, widowed) Separated

IF MARRIED, YOU MAY APPLY FOR A SEPARATE ACCOUNT. COMPLETE THE SECTION BELOW, ABOUT YOUR SPOUSE, IF YOU ARE MARRIED AND YOUR SPOUSE IS NOT A CO-APPLICANT:

Carefully detach at perforation

First Name: _____	Middle Initial: _____	Last Name: _____
Social Security Number: _____	Birthdate: / / (mm/dd/yy)	
Address: _____		
City: _____	State: _____	Zip: _____
Present Employer: _____	Phone Number: () _____	Gross Annual Salary: \$ _____
Other Income: (Income from alimony, maintenance and child support need not be revealed if you choose not to rely on such income.)		
\$ _____		
Source(s): _____		

SIGNATURE

To HSBC:

I give you this statement knowing it will be relied on by you from time to time. This statement is a true and complete description of my financial condition as of this date. You may rely upon it until I tell you of any material change in it or until I give you a new statement. It shall be an event of default if anything in this statement turns out to have been false as of the date of this statement. You can obtain a credit report about me in connection with this statement and any update, renewal, extension, review or collection of it. If you obtain a credit report you will tell me the name and address of the credit bureau if I ask you to. You may verify what I have stated in this statement and exchange with others information about your credit and deposit transactions with me.

Applicant Signature: _____	Date: _____	Social Security Number: _____
Co-Applicant Signature: _____	Date: _____	Social Security Number: _____



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