

BUSINESS LOAN APPLICATION

| Company Information | | | | | | | | | |
|--|-------------------|---|-------------|-----------|--|--|--|--|--|
| Company Name: | | Real Estate Holding Company | y (if any): | | | | | | |
| | | | | | | | | | |
| Address | | | | | | | | | |
| Street | | City Stat | | | | | | | |
| Business Telephone | Primary | v Contact E-Mail | Business | Facsimile | | | | | |
| Type of Business | | | | | | | | | |
| • Corporation • Limited Lia | bility Company | Sole Proprietor O General Par | tnership 0 | Other | | | | | |
| Date Business Started | | | | | | | | | |
| - | | | | | | | | | |
| Number of Employees: Before Loan Estimated After Loan | | | | | | | | | |
| Affiliates | | | | | | | | | |
| Does the above business or its p | rincipals own 20% | or more of another business? | ∘Yes ∘ | No | | | | | |
| If Yes, please provide the follow | ing information. | | | | | | | | |
| Name of Affiliate/Subsidiary | | # of | Employees | | | | | | |
| Name of Affiliate/Subsidiary | | # of | Employees | | | | | | |
| | | Project Costs | | | | | | | |
| Real Estate Purchase | \$ | Inventory | | \$ | | | | | |
| New Building Construction | \$ | Working Capital | | \$ | | | | | |
| Building/Tenant Improvements | \$ | Acquisition of Existing Business | | \$ | | | | | |
| Machinery/Equipment\$Debt Refinance (include copy of notes being paid off)\$ | | | | | | | | | |
| Furniture/Fixtures | \$ | Other: | | \$ | | | | | |
| | \$ | | | | | | | | |
| Less Equity Injection | | Source: \circ Savings \circ Gift \circ Debt | \$ | | | | | | |
| Less Other Funds to be us | \$ | | | | | | | | |
| | \$ | | | | | | | | |

| Management/ Ownership (100% of ownership must be shown) | | | | | | | | | | |
|---|----------------|-------|------------------------|--------------|--|--|--|--|--|--|
| Name | Position/Title | % | Social Security Number | Home Address | | | | | | |
| | | Owned | | | | | | | | |
| | | | | | | | | | | |
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Please attach an additional sheet if necessary providing similar details.



Authorization & Disclosure

- The undersigned certifies that all statements in this Loan Application and on each additional document submitted with the Loan Application are true and correct to the best of my/our knowledge.
- I/we hereby authorize Investors Community Bank (Bank) to conduct any inquiries the Bank deems necessary to verify the accuracy of the information contained in this application and to use any reasonable method to determine the creditworthiness of the Loan Applicant(s), owners, and guarantors. I/we agree to notify the Bank immediately of any material change of my/our financial condition.
- The undersigned acknowledges that the Loan Application and all additional supporting information included in this application will remain the property of Investors Community Bank.
- If a loan structure is approved and is guaranteed by the US Small Business Administration, Borrower acknowledges that they do not have to employ an Agent or representative (including Bank) to assist with SBA loan application, but in the event they do employ such an agent, fees may be charged related to such services.
- The undersigned acknowledges that the credit being applied for, if granted, will be incurred in the best interest of my marriage or family. I/We understand that the Bank may be required by law to give notice of this credit transaction to my spouse.
- The undersigned agree to reimburse the Bank for any costs the Bank incurs in determining the creditworthiness of the Loan Applicant regardless of whether credit is approved or denied.

All owners, partners, stockholders with 20% or more ownership interest, and guarantors must sign this form.

| Signature | Title | Do you intend to apply for joint credit? | Date |
|-----------|-------|--|------|
| | | \circ Yes \sim No | |
| | | \circ Yes \circ No | |
| | | \circ Yes \circ No | |
| | | \circ Yes $_{\overline{\text{Initial}}} \circ \text{No}$ | |
| | | \circ Yes \circ No | |
| | | \circ Yes $_{\overline{\text{Initial}}}$ \circ No | |
| | | \circ Yes \circ No | |



| | | f sole proprietorshi stock (if a corporat | | | | | er, director, and owner of the company) | |
|------------------------|---|--|-----------------|------------|---------------|--------------|---|--|
| Name (First, Mi | Å | | | | | | urity Number | |
| Gender*: • Ma | le o Female | Race*: | | | | Ethnicity * | | |
| | | tical purposes only. | It has no bea | aring on t | | | | |
| Date of Birth | | Place of Birth (City, State, Country) | | | | | | |
| | | | | | | | | |
| Residence Addr | ess (Street, City | y, State, & Zip) | | | From: | | To: Present | |
| Previous Reside | nce Address (o | mit if more than 10 |) years ago) | | From: | | To: | |
| Telephone Num | ber | | | | E-mail Ad | dress | | |
| Spouse's Name | (First, Middle, | Last) | | | | Spouse's | Social Security Number | |
| Educational Ba | ckground | | | | | | | |
| Name of Institut | 0 | Dates Attended | 1 | Major I | | | Degree Received | |
| Name of Institut | ion | Dates Attended | 1 | Major | | Γ | Degree Received | |
| Work Experience | | | | | | | | |
| Company From: To: | | | | | | o: | | |
| Address | | | I | | | I | | |
| Position / Job I | Duties | | | | | | | |
| | | | | _ | | | - | |
| Company | | | ł | From: | | 1 | `o: | |
| Address | | | | | | | | |
| Position / Job I | Duties | | | | | | | |
| Background In | formation | | | | | | | |
| ∘ Yes ∘ No | Are you a U.S. | Citizen? If no, plea | ise provide cop | by of Lega | al Permanent | Residence ca | ard. | |
| \circ Yes \circ No | • | Service? If yes, Bran | | | | | | |
| ∘ Yes ∘ No | Business Advis | sory Council, SCORE | E or ACE, any | Federal A | Agency, or In | vestors Com | | |
| | F YOU ANSWER "YES" TO ANY OF THE FOLLOWING QUESTIONS, FURNISH DETAILS ON A SEPARATE SHEET | | | | | | | |
| \circ Yes \circ No | Are you presently subject to an indictment, criminal information, arraignment, or other means by which formal criminal charges are brought in any jurisdiction? | | | | | | | |
| ∘ Yes ∘ No | | arrested in the past 6 | | ny crimina | al offense? | | | |
| ∘ Yes ∘ No | guilty; 3) plead nolo contendere 4) been placed on pretrial diversion; or 5) been placed on any form of parole or | | | | | | | |
| | probation (including probation before judgment) Are you or your business currently involved in any pending judgments, claims, or lawsuits? | | | | | | | |
| ○ Yes ○ No ○ Yes ○ No | | our business been inv | | | | | | |
| Signature | | | Title | in upicy 0 | i moorveney] | proceedings: | Date | |
| Signatul | | | 11110 | | | | Dur | |



| | | (if sole proprietorsh s stock (if a corpora | | | | | er, director, and owner of | | | |
|------------------------|---|--|---------------|----------------|-----------------|---------------|-------------------------------|--|--|--|
| Name (First, Mi | | | ttion, minter | | company or | | urity Number | | | |
| Gender*: • Ma | le o Female | Race*: | | | | Ethnicity *: | | | | |
| | | tatistical purposes | only. It ha | _ s no bear | ing on the c | <i>,</i> | | | | |
| voluntary. | | F F F | •j• -• -•• | | | | | | | |
| Date of Birth | Place of Birth (City, State, Country) | | | | | | | | | |
| | | | | | | | | | | |
| Residence Addr | ess (Street, Ci | ty, State, & Zip) | | | From: | | To: Present | | | |
| Previous Reside | us Residence Address (omit if more than 10 years ago)From:To: | | | | | | | | | |
| | 1 | | | | T '1 A 1 | 1 | | | | |
| Telephone Num | ber | | | | E-mail Ad | dress | | | | |
| Spouse's Name | (First, Middle | , Last) | | | I | Spouse's S | Social Security Number | | | |
| Educational Ba | ckground | | | | | | | | | |
| Name of Institut | | Dates Attended | | Major | | D | egree Received | | | |
| Name of Institut | ion | Dates Attended | | Major | | D | egree Received | | | |
| Work Experien | Ce | | | | | | | | | |
| Company From: To: | | | | | | | | | | |
| f j | | | | | | | | | | |
| Address | | | | | | | | | | |
| Position / Job I | Duties | | | | | | | | | |
| | | | | | | | | | | |
| Company | | | | From: | | T | 0: | | | |
| Address | | | | | | I | | | | |
| Position / Job I | Duties | | | | | | | | | |
| Background In | formation | | | | | | | | | |
| \circ Yes \circ No | | S. Citizen? If no, plea | ase provide o | opy of Leg | al Permanent | Residence ca | rd. | | | |
| \circ Yes \circ No | | Service? If yes, Brai | - | opj of Leg | Dates of Se | | to | | | |
| \circ Yes \circ No | - | - | | ousehold w | | | s Administration, Small | | | |
| | Business Adv | isory Council, SCOR | E or ACE, an | y Federal A | Agency, or In | vestors Comm | nunity Bank? | | | |
| | | F THE FOLLOWING Q | | | | | | | | |
| \circ Yes \circ No | Are you presently subject to an indictment, criminal information, arraignment, or other means by which formal criminal charges are brought in any jurisdiction? | | | | | | | | | |
| ∘ Yes ∘ No | | n arrested in the past | | | al offense? | | | | | |
| ∘ Yes ∘ No | For any crimi | nal offense – other that | an a minor m | otor vehicle | e violation -H | | : 1) been convicted, 2) plead | | | |
| | | | | | liversion; or : | 5) been place | ed on any form of parole or | | | |
| | | cluding probation before | | | indomente | laima ar 1- | zouito? | | | |
| ○ Yes ○ No ○ Yes ○ No | | our business currently your business been inv | | | | | | | | |
| Signature | Trave you of y | | Title | unki upic y 0 | 1 monvency | | Date | | | |
| orginature | Title | | | | | | Date | | | |



| | | | | | | er, director, and owner of | | |
|--|---|-----------------------|--------------------------|---------------|----------------|-------------------------------|--|--|
| | <u> </u> | stock (If a corporat | tion, limited liability | company or | | | | |
| Name (First, Mi | ddle, Last) | | | | Social Secu | rity Number | | |
| Gender*: • Ma | le • Female | Race*: | | | Ethnicity *: | | | |
| | | | It has no bearing on | the credit de | | | | |
| Date of Birth | Place of Birth (City, State, Country) | | | | | | | |
| Residence Addr | ess (Street, Cit | y, State, & Zip) | | From: | | To: Present | | |
| Previous Reside | nce Address (o | mit if more than 10 | From: | | То: | | | |
| Telephone Num | ber | | | E-mail Ad | dress | | | |
| Spouse's Name | (First, Middle, | Last) | | · | Spouse's S | Social Security Number | | |
| Educational Ba | ckground | | | | | | | |
| Name of Institut | ion | Dates Attended | Major | | D | egree Received | | |
| Name of Institut | ion | Dates Attended | Major | | D | Degree Received | | |
| Work Experien | ice | | | | | | | |
| Company | | | | | | | | |
| Address | | | | | | | | |
| Position / Job I | Duties | | | | | | | |
| Company | | | From: | | Т | 0: | | |
| Address | | | | | | | | |
| Position / Job I | Duties | | | | | | | |
| Background In | form <u>ation</u> | | | | | | | |
| ∘ Yes ∘ No | | Citizen? If no, plea | se provide copy of Leg | al Permanent | Residence ca | rd. | | |
| ∘ Yes ∘ No | Prior Military | Service? If yes, Bran | ch: | Dates of Se | rvice: | to | | |
| ∘ Yes ∘ No | | | | | | | | |
| IF YOU ANSWER "YES" TO ANY OF THE FOLLOWING QUESTIONS, FURNISH DETAILS ON A SEPARATE SHEET | | | | | | | | |
| ∘ Yes ∘ No | | | | | | | | |
| ∘ Yes ∘ No | • | - | months for any crimin | | - | | | |
| \circ Yes \circ No | | | | | | : 1) been convicted, 2) plead | | |
| | guilty; 3) plead nolo contendere 4) been placed on pretrial diversion; or 5) been placed on any form of parole or probation (including probation before judgment) | | | | | | | |
| ∘ Yes ∘ No | | | nvolved in any pending | g judgments. | claims, or law | suits? | | |
| \circ Yes \circ No | | | olved in a bankruptcy of | | | | | |
| Signature | | | Title | | | Date | | |



| | | (if sole proprietorshi s stock (if a corporat | | | | | cer, director, and owner of | |
|---|--|--|-----------------------|------------|---------------|-------------|-----------------------------|--|
| Name (First, Mi | | | | | | | urity Number | |
| Gender*: • Ma | le o Female | Race*: | | | | Ethnicity * | k. | |
| | | istical purposes only. | It has no bearing | on th | | | | |
| Date of Birth | | | (City, State, Coun | | | | closure is voluntury. | |
| | | | | J / | | | | |
| Residence Addr | ess (Street, Ci | ty, State, & Zip) | | F | From: | | To: Present | |
| Previous Reside | nce Address (| From: | | То: | | | | |
| Telephone Num | ber | | | F | E-mail Add | lress | | |
| Spouse's Name | (First, Middle | , Last) | | | | Spouse's | Social Security Number | |
| Educational Ba | ekoround | | | | | | | |
| Name of Institut | | Dates Attended | Major | • | | 1 | Degree Received | |
| | | 2 4000 1 10000000 | 1.1.1.10 | 14)01 | | | | |
| Name of Institut | ion | Dates Attended | Major | Major I | | | Degree Received | |
| Work Experien | ice | | | | | | | |
| Company | Company From: To: | | | | | | | |
| Address | | | | | | | | |
| Position / Job I | Duties | | | | | | | |
| ~ | | | | | | - 1 | _ | |
| Company | | | From | | | | Го: | |
| Address | | | I | | | | | |
| Position / Job I | Duties | | | | | | | |
| | e | | | | | | | |
| Background In | | 6. Citizen? If no, plea | a provide copy of I | agal | Dormonant | Pasidanaa a | ord | |
| ○ Yes ○ No ○ Yes ○ No | | Service? If yes, Bran | 1 17 | U | Dates of Ser | | to | |
| \circ Yes \circ No | | | | | | | ss Administration, Small | |
| | Business Adv | isory Council, SCORE | E or ACE, any Feder | al Ag | gency, or Inv | vestors Com | nmunity Bank? | |
| | Business Advisory Council, SCORE or ACE, any Federal Agency, or Investors Community Bank? F YOU ANSWER "YES" TO ANY OF THE FOLLOWING QUESTIONS, FURNISH DETAILS ON A SEPARATE SHEET | | | | | | | |
| ∘ Yes ∘ No | No Are you presently subject to an indictment, criminal information, arraignment, or other means by which formal criminal charges are brought in any jurisdiction? | | | | | | | |
| \circ Yes \circ No | - | n arrested in the past 6 | | | | | | |
| • Yes • No For any <u>criminal</u> offense – other than a minor motor vehicle violation -Have you ever: 1) been convicted, 2) plead guilty; 3) plead nolo contendere 4) been placed on pretrial diversion; or 5) been placed on any form of parole or | | | | | | | | |
| - 17 | probation (including probation before judgment) es o No Are you or your business currently involved in any pending judgments, claims, or lawsuits? | | | | | | | |
| ○ Yes ○ No | | | | | - | | | |
| ∘ Yes ∘ No | Have you or y | our business been inv | | y or 1 | insolvency p | proceedings | | |
| Signature | | | Title | | | | Date | |



BUSINESS DEBT SCHEDULE

Company Name:_____

Note: Please asterisk (*) any debts that are to be refinanced with proposed credit request. Include copy of Note agreement and a recent loan statement.

This schedule should include Business Notes or Loans only, including capital leases. Do not list trade account payable or accrued liabilities.

| Creditor | Account Number | Loan Purpose | Original Amount | Original Date | Present Balance | Interest Rate | Monthly Payment | Maturity Date | Collateral/ Security | Current or Delinquent |
|----------|-------------------|-----------------|--------------------|------------------|--------------------|------------------|--------------------|------------------|-------------------------|--------------------------|
| | | | | | | | | | | |
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Has your business or any principal or affiliate ever requested previous Government Financing? (Including Govt. backed Student Loans)• Yes• NoIf Yes, please provide the following details.• Yes• No

| Name of Agency | Borrower's Name | Original Date | Original Amount | Present Balance | Current or Delinquent |
|----------------|-----------------|---------------|-----------------|-----------------|-----------------------|
| | | | | | |
| | | | | | |
| | | | | | |

Signature

Date



PROJECTIONS & ASSUMPTIONS

Estimated Projection and Forecast of Two Years' Earnings If Start-Up business or significant business expansion, year 1 will need to be monthly for a 12 month period Feel free to substitute this form with software or internal spreadsheet providing similar or greater detail.

Operating Company Name: _____ Year 1 Year 2 Assumptions Gross Receipts (Sales) \$_____ \$_____ Cost of Goods Sold \$_____ \$_____ \$_____ Gross Profit \$ Expenses Officer(s) Salaries \$____ \$_____ Employee(s) Wages \$_____ \$_____ Advertising \$_____ \$_____ Rent \$_____ \$_____ Depreciation \$_____ \$ _____ Supplies \$_____ \$_____ Utilities \$_____ \$ **Professional Fees** \$ \$_____ \$ _____ Interest \$ _____ Repairs/Maintenance \$_____ \$_____ Taxes \$_____ \$ Insurance \$ _____ \$_____ Bad Debts \$_____ \$_____ Other * \$_____ \$_____ **Total Expenses** \$ \$ Net Profit before Income Taxes \$_____ \$_____ Less: Income Taxes \$ \$ Less: Dividends or Withdrawals \$_ \$ Net Profit after Taxes \$ \$

* If sum is large please itemize.

I certify that the foregoing data fairly represents the projected financial outlook and assumptions utilized in making this representation.

Signature

Date