



Originating Officer: _____

Branch: _____

BUSINESS CREDIT APPLICATION**TYPE OF CREDIT:**

- ☐ Line of Credit (\$250 annual fee) ☐ Commercial Mortgage (Fees to be determined)
☐ Term Loan/Lease (\$250 application fee) ☐ Business Overdraft Protection (\$50 annual fee)

Amount Requested: _____

Term: _____

Purpose of Credit Request (use of proceeds): _____

BUSINESS INFORMATION:

Business Name: _____ Taxpayer ID #: _____
Street Address (Main office): _____ Tel.# Business: _____ Home #: _____
City: _____ County: _____ State: _____ Zip: _____ Fax #: _____ Cell #: _____
Date Business Established: _____ Length of current ownership?: _____ Email address: _____
State of Incorporation: _____ No. of employees: _____ Website: _____
Corporate Structure (check one): ☐ C Corporation ☐ S Corporation ☐ Sole Proprietorship ☐ Partnership
☐ Limited Liability Co. (LLP/LLC) ☐ Other _____ Insurance Agent: _____

Describe your business: _____

| Depository Bank | Type of Account | Account No. | Average Balance |
|-----------------|-----------------|-------------|-----------------|
| 1. _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ |

MANAGEMENT/SHAREHOLDER INFORMATION:

(Information required on all partners, members, officers, guarantors, and directors holding 15% or more of outstanding common stock.)

| Name | Social Security No. | Street, City, State, Zip | Date of Birth | Title | % Owned |
|-------|---------------------|--------------------------|---------------|-------|---------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

BUSINESS FINANCIAL INFORMATION:Your primary business location is (check one): ☐ Owned ☐ Leased

Monthly Rent \$ _____ Lease expiration date: _____ Monthly Mortgage payment \$ _____ Mortgage holder: _____

| | Land/Building | Machinery/ Equipment | Furniture/ Fixtures | Accounts Receivable | Inventory | Other |
|-------------------------------------|--|--|--|--|--|--|
| Estimated market value (as of ____) | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| To be pledged as collateral: | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Collateral owned by business: | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Please include information on all equipment leases, commercial loans, credit lines and mortgage payables. Indicate with an asterisk (*) any debts to be paid with loan proceeds. Use additional sheets if necessary.

| Name/Address of Noteholder | Type of debt (ie: Term, Revolving) | Original Date | Original Amount | Current Balance | Monthly Payment | Collateral Pledged |
|----------------------------|---------------------------------------|---------------|-----------------|-----------------|-----------------|--------------------|
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |

If you answer yes to any of the following, please provide an explanation on a separate sheet.

| | | |
|---|------------------------------|-----------------------------|
| Are you or the company an endorser, guarantor or co-maker of any obligations not listed on this application? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Is the business, its managers or owners party to any pending claims or lawsuits of any nature? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Are there any claims pending regarding tax disputes, environmental or other regulatory disputes? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Has your business, any officer of your business or you individually, ever filed for bankruptcy or receivership? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Has your business reported a loss in the past three fiscal years? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Are you or your business currently delinquent on any payroll, federal, state, property or sales taxes? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

PERSONAL FINANCIAL STATEMENT:

(Please complete a separate sheet for each owner/guarantor/shareholder owning 15% or more of the business)

Name: _____ Social Security #: _____
 Home telephone: _____ Email address: _____ Primary Depository Bank: _____

| ASSETS | | LIABILITIES | |
|---------------------------|--|---|--|
| Cash, on hand & in Banks | | Notes Payable TTC | |
| Marketable Securities | | Notes Payable other Banks | |
| Other Securities | | Installment Loans | |
| Real Estate Owned | | Amounts owed to Relatives or Friends | |
| Mortgages owed to me | | Life Insurance Loans | |
| Cash Value Life Ins. | | Revolving Credit Card Debt | |
| Automobiles | | Unpaid Taxes & Interest | |
| Other Assets – Itemize: | | Mortgages (Schedule 1 below) | |
| | | Other Liabilities – Itemize on separate sheet | |
| | | Total Liabilities | |
| | | Net Worth (Assets – Liabilities) | |
| Total Assets | | Total Liabilities + Net Worth | |
| Monthly Salary | | | |
| Face Value Life Insurance | | Total Monthly Credit Card Payments: | |

Schedule 1: Real Estate Owned

| Location/Description | % Ownership | Title in name of | Purchase Price/Year | Market Value | Mortgage Holder | Balance | Mo. Payment |
|----------------------|-------------|------------------|---------------------|--------------|-----------------|---------|-------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Are the assets & liabilities on this statement jointly owned? ☐ Yes ☐ No

Name of Co-Owner: _____ Social Security No.: _____

If you answer yes to any of the following, please provide an explanation on a separate sheet.

Are you a defendant in any legal suit or action?

☐ YES ☐ NO

Are there any unsatisfied judgments against you?

☐ YES ☐ NO

Have you ever been through bankruptcy or made settlement with creditors?

☐ YES ☐ NO

Do you own or pay rent on your primary residence?

☐ Own ☐ Rent

Mo. Pmt.: _____

For the purpose of obtaining and maintaining credit from TOMPKINS TRUST COMPANY from time to time through reliance on the foregoing financial statement, the undersigned warrants that the representations made in this statement are true and accurately show the financial condition of the undersigned as of the date below. The undersigned agrees to promptly notify the bank in writing of any change in financial condition shown by this statement which would affect the responsibility of the undersigned, whether such change results in the impairment of assets, increase in liabilities, insolvency of the undersigned, commitment of an act of bankruptcy by the undersigned or recovery of judgment against the undersigned. Also in the absence of such notice the undersigned expressly agrees that the bank in granting or continuing credit may continue to rely on this statement as true and accurate and of the same force and effect as if given at the time additional credit is given or existing credit is continued. If such notice be given your bank, or if such change occur, and such notice be not given or if any warranties made herein are at any time broken or unfulfilled, then all obligations of the undersigned held by the bank shall immediately become due and payable, without demand or notice, and may be charged against any credit balance of the undersigned with the bank. I authorize you to obtain such credit information on a continuous basis as you may require, to share such information with third parties as may be necessary in processing and reviewing my credit request and to answer questions about your credit experience with me or my business. The proceeds of the requested loan will be used for business purposes and not for personal, family or household purposes. Applicant/Signor (s) is aware that any knowing or willful false statements for purposes of influencing the actions of the Bank can be a violation of Federal law. This application and any accompanying documentation remain the Bank's property.

Business Name: _____

Owner/Guarantor Signature: _____

Date: _____

☐ Copy of Driver's License attached

Owner/Guarantor Signature: _____

Date: _____

☐ Copy of Driver's License attached☐ 2 years personal tax returns attached☐ 2 years business tax returns attached**Disclosure of Appraisal Notice**

If the collateral, which will secure this loan, is a first lien on a 1-4 family residence, we may order an appraisal to determine the property's value and charge you for this appraisal. We will promptly give you a copy of any appraisal, even if your loan does not close. You can pay for an additional appraisal for your own use at your own cost.

Member FDIC

