



Business Real Estate Loan Application Package

Whether you need a loan for your main office or a conventional commercial real estate loan for an investment property, Vibra's professional lending team is ready to help. Vibra bankers are committed to going the extra mile to make sure your needs are met.

Vibra Bank

530 Broadway
Chula Vista, CA 91910

Telephone: **619.422.5300**
Fax: **619.422.5311**

Branch Hours:
Monday thru Friday
9:00am to 5:00pm



IMPORTANT DISCLOSURES

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.

NOTICE TO APPLICANT OF RIGHT TO RECEIVE COPY OF APPRAISAL

You have the right under the Equal Credit Opportunity Act and its implementing regulation (Reg. B), as well as under section 11423 of the California Business and Professions Code, to a copy of the appraisal report obtained by this bank in support of your application for credit.

In order to obtain a copy of your appraisal report, we must receive your written request for a copy no later than 90 days after we notify you regarding the action taken on your credit application, including notice of an incomplete application and the fee for the appraisal has been paid in full. If you withdraw your application, you must make your request for an appraisal report within 90 days of the withdrawal and the fee for the appraisal has been paid. Pursuant to Reg. B and applicable state law, Vibra Bank reserves the right to charge a fee for requested copies of the appraisal. Please address your letter to the officer processing your loan request at: VIBRA Bank, 530 Broadway, Chula Vista, CA 91910 (619) 422-5300.

THE HOUSING FINANCIAL DISCRIMINATION ACT OF 1977 - FAIR LENDING NOTICE

It is illegal to discriminate in the provision of or in the availability of financial assistance because of the consideration of:

1. Trends, characteristics or conditions in the neighborhood or geographic area surrounding a housing accommodation, unless the financial institution can demonstrate in the particular case that such consideration is required to avoid an unsafe and unsound business practice; or
2. Race, color, religion, sex, marital status, national origin or ancestry.

It is illegal to consider the racial, ethnic, religious or national origin composition of a neighborhood or geographic area surrounding a housing accommodation or whether or not such composition is undergoing change, or is expected to undergo change, in appraising a housing accommodation or in determining whether or not, or under what terms and conditions, to provide financial assistance.

These provisions govern financial assistance for the purpose of the purchase, construction, rehabilitation or refinancing of one-to-four-unit family residences occupied by the owner and for the purpose of the home improvement of any one-to-four-unit family residence. If you have questions about your rights, or if you wish to file a complaint, contact the management of this financial institution or:

Department of Financial Institutions
300 South Spring Street, Suite 15513
Los Angeles, Ca 90013-1204

Federal Deposit Insurance Corporation
1100 Walnut St, Box #11
Kansas City, MO 64106

NOTICE OF PROHIBITION AGAINST DISCRIMINATION

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter in to a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is the Federal Deposit Insurance Corporation Consumer Response Center, 1100 Walnut Street, Box #11, Kansas City, MO 94106.

REPORTING INFORMATION TO CREDIT BUREAUS

We may report information about your account to credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.

FOR BUSINESS LOAN APPLICANTS ONLY

If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact the bank's Compliance Officer at 530 Broadway, Chula Vista, CA 91910 or (619) 422-5300 within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement.

NOTICE: The federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is: FDIC, Consumer Response Center, 1100 Walnut St, Box #11, Kansas City, MO 64106.

Dear valued customer,

Thank you for your interest in applying for a **Business Real Estate Loan** with Vibra Bank. Please complete and return all of the enclosed forms together with financial statements and other documents requested of you. If you have any questions regarding the nature of the financial or other information we require to consider the credit worthiness of your loan request, please contact us at telephone number (619) 422-5300 for assistance.

Upon receipt of your completed loan application, including all of the required financial information and other requisite documents, your loan request will receive our immediate attention. As a valued customer of Vibra Bank, we will endeavor to provide you with credit decision as quickly as possible.

Application

- Business Loan Application *(Bank form provided)*
- Authorization To Obtain Credit Information *(Bank form provided)*

Business Financial Documents – Provide if Applicable *Must be as of the same date and correspond to one another.

- Business Financial Statements* - 3 Years of Fiscal Year-End
- Business Tax Returns - 3 Years Required
- Accounts Receivable, Payable & Inventory Reports*
- Business Plan/Monthly Profit & Loss & Cash Flow Projections *(Bank Form provided)*
- Business Debt Schedule* *(Bank form provided)*
- Business Financial Statement - Interim Year-To-Date *(Provide prior year if available)*
- Current Rent Roll, copies of Current Leases *(Bank form provided)*
- Real Estate Schedule *(Bank form provided)*

Personal Financial Documents Required of Each General Partner, Guarantor & Owner of 20% or more of Applicant Business

- Personal Tax Returns – 3 Years Required *(W-2's & K-1's)* All must be signed for certification purposes.
- Personal Financial Statement (Provide separate form for each person owning at least 20% of business and for guarantors *(Bank form provided)*)

Real Estate Documents

- Purchase Agreement and/or Letter of Intent *(If applicable)*
- Copies of Escrow Instruction / Property Description / Title Report *(If available)*

The following items will also be needed to finalize the application process:

Business Documents

- Corporate/Entity Documentation such as Articles & by-Laws/Operating Agreement, etc.
- Business History *(Bank form provided)*
- Copy of Business License/Trade Name Certificate
- Management Resume for Each Principal, Officer and Stockholder *(Bank form provided)*
- Business – New Customer Identification Documentation *(Bank form provided)*

Other Documents

- Consent to Transmit Customer Information *(Bank form provided)*
- Environmental Questionnaire (if applicable) *(Bank form provided)*
- Transcript of Tax Returns *(IRS Form 4506T provided)*
- Copy of Old Appraisal *(If available)*
- Copy of Title Policy *(If available)*
- Trust Documents (If applicable)

REAL ESTATE LOAN APPLICATION

Legal Business Name		Street Address		City	State	ZIP Code
Phone #	Business Tax ID #	Type of Business	<input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership	<input type="checkbox"/> LLC <input type="checkbox"/> Other:	
Nature of Business (Product/Service Provided)		Date Business Established	Current Owner Since	# of Employees Before Loan	# of Employees After Loan	

OWNERSHIP – List below all owners, principals and officers. (At a minimum, please include President and Secretary.)

Name	Title	Ownership Percentage
_____	_____	_____
_____	_____	_____
_____	_____	_____

AFFILIATES – List all business concerns in which the applicant or any individuals have any ownership interest. Attach current financial statements.

Company Name	Owner	Ownership Percentage
_____	_____	_____
_____	_____	_____

REFERENCES

Bank of Account/Contact Name	_____	Telephone Number	_____
Insurance Agent	_____	Telephone Number	_____
Accountant Name	_____	Telephone Number	_____
Attorney Name	_____	Telephone Number	_____
Trade Reference	_____	Telephone Number	_____
Trade Reference	_____	Telephone Number	_____
Landlord/Contact Name	_____	Telephone Number	_____

LOAN REQUEST

Amount Requested	Primary Use/Purpose of Loan
_____	_____

COLLATERAL

Description (if real estate, list address)	Value	Describe: Market Value or Purchase Price (Date)
_____	\$ _____	_____
_____	\$ _____	_____

OTHER INFORMATION - Please answer the following questions for the business and owner(s); attach an explanation for any "yes" answers.

	Business		Personal	
1. Are there any claims or lawsuits pending?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Are any Federal or State income, withholding, sales, or property taxes delinquent?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Are there any liabilities for amounts via leases, guaranties, commitments, or other?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Have there been any bankruptcies or judgments?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Are any assets held in a Trust?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Is title to be taken in the name of the Legal Business Name?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

If no, enter the name of proposed Borrowing Entity

CERTIFICATION AND SIGNATURES

The information contained in this application and in any other documents is provided to induce VIBRA Bank to extend or continue the extension of credit to the undersigned and/or to other entities upon the creditworthiness of the undersigned. The undersigned warrants and certifies that the information included herein or provided additionally is and will be true, correct, and complete for the business and the individual(s). It is understood that this may not complete the application process and that the Bank may need additional information to properly evaluate the credit request. The Bank may check credit and trade references in reviewing this application, and may also check the personal credit histories of the principal owners/officers. The undersigned authorizes the Bank to make such inquiries and gather such information as the Bank deems necessary and reasonable concerning any information provided to the Bank on and/or with this Application. The undersigned further agrees to notify the Bank promptly of any material change in such information, and agrees that the Bank may provide a copy of this Application to any affiliate or subsidiary.

Signature	Title	Date
_____	_____	_____



Business Loan

Authorization to Obtain Credit Report

I/We hereby authorize the release to VIBRA Bank (Bank) any and all information that may be requested from time to time for purposes related to our credit request/transaction with them.

I/We hereby authorize VIBRA Bank to obtain a consumer credit report about me/us, to obtain any and all information necessary in connection with the business loan application noted below and to disclose any of this information, as they deem necessary, to the Bank's affiliates and/or other third parties for purpose of evaluating the loan application.

I/We further authorize VIBRA Bank to make additional inquiries necessary to verify the accuracy of the statements made and to determine my/our creditworthiness.

I/We hereby certify that the statements and all supporting documents provided on behalf of the VIBRA Bank Business Credit Application are valid and correct to the best of my/our knowledge.

I/We acknowledge that all loan commitments must be in writing and nothing that has been or may be stated verbally in the future shall be construed as a commitment.

Business Applicant : _____

Principal Name: _____

Social Security Number: _____

Residence Address _____

Signature: _____ Date: _____

PROJECTED PROFIT / LOSS STATEMENT

Company Name: _____

Signature: _____

	1 st Month	2 nd Month	3 rd Month	4 th Month	5 th Month	6 th Month	7 th Month	8 th Month	9 th Month	10 th Month	11 th Month	12 th Month	Annual Total
Gross Sales or Receipts													
Less Cost of Goods Sold													
Gross Profit													
Less Expenses:													
Salaries & Wages (to others)													
Salaries paid to Officers													
Payroll Taxes													
Accounting/Legal													
Advertising													
Travel/Auto													
Office Supplies													
Dues & Subscriptions													
Telephone													
Utilities													
Repairs & Maintenance													
Miscellaneous													
Rent													
Insurance													
Licenses & Permits													
Interest Expense													
Taxes													
Other													
Other													
Total Expenses													
Net Profit													

Note: Projections are required on loans for start-up businesses, expansion of an existing business or when historical income does not support repayment of the current application.

ASSUMPTIONS TO PROJECTIONS

Gross Receipts:

COGS:

Assumption Expenses:

For Hotel/Motel Applicants

	Last Year	1 year Prior	2 years Prior
ADR:	\$	\$	\$
Occupancy Rate:	%	%	%

BUSINESS DEBT SCHEDULE

As of (date*): _____ Business Name: _____

Creditor	Original Amount	Original Date	Present Balance**	Interest Rate	Maturity Date	Monthly Payment	Security	Current or Past Due

Please include lines of credit that currently have a zero balance.
 Indicate by an asterisk (*) any loans to be paid off with proceeds of the proposed loan.
 * Must be same date as the current interim financial statement provided
 ** Individual and total balances must match the current interim balance sheet

Signature: _____ Title: _____ Date: _____

RENT ROLL



Date		PROPERTY ADDRESS:											
UNIT No.	TENANT NAME (Include Vacant Units)	BED / BATH (if applicable)	SIZE (SF) Net Rentable	MONTHLY RENT	MONTHLY CAM	ADDITIONAL INCOME	LEASE COMMENCE	LEASE EXPIRATION	EXTENSION OPTIONS	LEASE TYPE	EXPENSES PAID BY	COMMENTS*	

Certified to be true and correct:

* Please provide the following, if applicable: (Attach additional sheets if necessary)
Cancellation Options, Percentage Rent, TI Allowance, TI Reimbursement, Rent Control,
Low Income Rent/Restrictions.

Signature Date

Note: If you want to receive this form in excel format please contact your lending officer at (619) 422-5300

SCHEDULE OF REAL ESTATE OWNED



Date: _____

PROPERTY DESCRIPTION						LOAN INFORMATION						PROPERTY CASH FLOW INFORMATION					LEASING/IMPROVEMENTS			
PROPERTY ADDRESS <small>(Please include subject property)</small>	PROPERTY TYPE <small>(SFR, Retail, Apts, Comm)</small>	SQ FT OR # OF UNITS	ACQUISITION DATE	% OWNED	ESTIMATED REAL ESTATE MARKET VALUE <small>(Total Property)</small>	ESTIMATED REAL ESTATE MARKET VALUE <small>(Your %)</small>	LIEN POSITION	LOAN BALANCE (1st) <small>(Total Loan)</small>	LOAN BALANCE (1st) <small>(Your %)</small>	1ST MORTGAGE LENDER LOAN NUMBER	MATURITY DATE	CURRENT INTEREST RATE <small>(Fixed/ Variable)</small>	RECOURSE / NON-RECOURSE	ANNUAL GROSS RENTAL INCOME (a)	ANNUAL NET OPERATING INCOME (a-b=c)	ANNUAL DEBT SERVICE (d)	ANNUAL CASHFLOW (c-d)	ANNUAL CASHFLOW (Your %)	CURRENT OCCUPANCY (%)	CAPITAL ITEMS
		# OF TENANTS	ACQUISITION COST	FORM OF OWNERSHIP				LOAN BALANCE (2nd) <small>(Total Loan)</small>	LOAN BALANCE (2nd) <small>(Your %)</small>	2ND MORTGAGE LENDER LOAN NUMBER				ANNUAL OPERATING EXPENSES (b)						MAJOR LEASE EXPIRATIONS <small>SQ. FT. & YEAR</small>
							1st Trust Deed													
							2nd Trust Deed													
							1st Trust Deed													
							2nd Trust Deed													
							1st Trust Deed													
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							2nd Trust Deed													
					TOTAL REAL ESTATE MARKET VALUE							TOTAL REAL ESTATE LOAN BALANCE							YOUR TOTAL ANNUAL CASHFLOW	

Certified to be true and correct:

Signature _____ Date _____

NOTE: If you want to receive this form in excel format please contact your lending officer at (619) 422-5300



PERSONAL FINANCIAL STATEMENT

PLEASE COMPLETE FULLY - Describe any unusual assets or liabilities & do not use for business information.

I intend to apply for Individual Credit Applicant's Initials _____
 We intend to apply for Joint Credit Applicant's Initials _____ Co-Applicant's Initials _____

Name _____
 Address _____ Occupation _____

NOTICE: California is a "Community Property" state, which generally means that all property, goods, salaries and debts acquired, earned or contracted after marriage belong, by law, to the marital community. "Sole and Separate Property" is generally defined as those goods, property, income and debts acquired prior to marriage or by gift or inheritance after marriage.

PLEASE READ CAREFULLY:

This Financial Statement, unless otherwise marked below, is to be considered as the assets, liabilities and income of both spouses (marital community) to be relied upon in connection with credit extended by Vibra Bank to that marital community. Credit may be extended on one signature, unless, under applicable State law or Bank reasonably believes, both signatures are required. An applicant, if married, may apply for a separate account.

This Financial Statement is to be considered as my sole and separate assets and income there from and all debts for which I am obligated by my signed promise to pay and does not contain information on assets, income, or creditworthiness of spouse or marital community.

FINANCIAL CONDITION AS OF _____

PERSONAL INFORMATION					
APPLICANT			CO-APPLICANT		
Name			Name		
Employer			Employer		
Address of Employer			Address of Employer		
Business Phone No.	No. of Years with Employer	Title/Position	Business Phone No.	No. of Years with Employer	Title/Position
Name of previous employer & position (if w/ current employer less than 3 yrs)		# of Years	Name of previous employer & position (if w/ current employer less than 3 yrs)		# of Years
Home Address			Home Address		
Home Phone No.	Social Security No.	Date of Birth	Home Phone No.	Social Security No.	Date of Birth
Name, Phone No. of your Accountant			Name, Phone No. of your Accountant		
Name, Phone No. of your Attorney			Name, Phone No. of your Attorney		
Name, Phone No. of your Investment Advisor/Broker			Name, Phone No. of your Investment Advisor/Broker		
Name, Phone No. of your Insurance Advisor			Name, Phone No. of your Insurance Advisor		

Cash Income & Expenditures Statement For Year Ended _____ (Omit cents)

ANNUAL INCOME	AMOUNT (\$)	ANNUAL EXPENDITURES	AMOUNT (\$)
Salary (Applicant)		Federal Income and Other Taxes	
Salary (Co-Applicant)		State Income and Other Taxes	
Bonuses & Commissions (Applicant)		Rental Payments, Co-op or Condo Maintenance	
Bonuses & Commissions (Co-Applicant)		Mortgage Payments	Residential
Rental Income			Investment
Interest Income		Property Taxes	Residential
Dividend Income			Investment
Capital Gains		Interest & Principal Payments on Loans	
Partnership Income		Insurance	
Other Investment Income		Investments &/or Partnership Contributions	
Other Income (List) **		Alimony/Child Support	
		Tuition	
		Other Living Expenses	
		Medical Expenses	
		Other Expense (List)	
TOTAL INCOME →	\$	TOTAL EXPENDITURES →	\$

**Income from alimony, child support, or separate maintenance income need not be revealed if the applicant or co-applicant does not wish to have it considered as a basis for repaying this obligation.

Any significant changes expected in the next 12 months? YES NO (If yes, attach information)

Except as specifically disclosed, all assets listed in this financial statement are held in Applicant's personal name, and none have been placed in trust.

Balance Sheet as of _____ (Omit cents)

ASSETS	AMOUNT (\$)	LIABILITIES	AMOUNT (\$)
Cash in VIBRA Bank (including money market accounts, CDs)		Notes Payable to VIBRA Bank	
Cash in Other Institutions (List) (including money market accounts, CDs)		Secured	
		Unsecured	
		Notes Payable to Others (Schedule E)	
		Secured	
Readily Marketable Securities (Schedule A)		Unsecured	
Non-Readily Marketable Securities (Schedule A)		Accounts Payable (including credit cards)	
Accounts and Notes Receivable		Margin Accounts	
Net Cash Surrender Value of Life Insurance (Schedule B)		Notes Due: Partnership (Schedule D)	
Residential Real Estate (Schedule C)		Taxes Payable	
Real Estate Investments (Schedule C)		Mortgage Debt (Schedule C)	
Partnership / PC Interests (Schedule D)		Life Insurance Loans (Schedule B)	
IRA, Keogh, Profit Sharing & Other Vested Retirement Accts.		Other Liabilities (List):	
Deferred Income (number of years deferred _____)			
Personal Property (including automobiles)			
Other Assets (List):			
TOTAL ASSETS	\$	TOTAL LIABILITIES	\$
		NET WORTH	\$

CONTINGENT LIABILITIES	AMOUNT (\$)
Are you a guarantor, co-maker, or endorser for any debt of an individual, corporation, or partnership? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you have any outstanding letters of credit or surety bonds? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are there any suits or legal actions pending against you? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you have any past or present judgments against you? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you contingently liable on any lease or contract? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are any of your tax obligations past due? Yes <input type="checkbox"/> No <input type="checkbox"/>	
What would be your total estimated tax liability if you were to sell your major assets? Yes <input type="checkbox"/> No <input type="checkbox"/>	

* If yes for any of the above, please attach your explanation.

SCHEDULE A - ALL SECURITIES (Including Non-Money Market Mutual Funds)

NO. OF SHARES (STOCK) OR FACE VALUE (BONDS)	DESCRIPTION	OWNER()	WHERE HELD	COST (\$)	CURRENT MARKET VALUE (\$)	PLEGDED	
						YES	NO
READILY MARKETABLE SECURITIES (Including U.S. Governments and Municipals)*							
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
NON-READILY MARKETABLE SECURITIES (Closely Held, Thinly Traded, or Restricted Stock)							
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

* If not enough space, attach a separate schedule or brokerage statement and enter totals only.

SCHEDULE B - INSURANCE

LIFE INSURANCE (Use additional sheet if necessary)

INSURANCE COMPANY	FACE AMOUNT OF POLICY (\$)	TYPE OF POLICY	BENEFICIARY	CASH SURRENDER VALUE (\$)	AMOUNT BORROWED (\$)	OWNERSHIP
DISABILITY INSURANCE		COMPANY		APPLICANT		CO-APPLICANT
Monthly Distribution if Disabled	\$					
Number of Years Covered						

SCHEDULE C - PERSONAL RESIDENCE & REAL ESTATE INVESTMENTS, MORTGAGE DEBT (majority ownership only)

PERSONAL RESIDENCE PROPERTY ADDRESS	LEGAL OWNER	PURCHASE		MARKET VALUE (\$)	PRESENT LOAN BALANCE (\$)	INTEREST RATE (%)	FIXED OR ADJ.	LOAN MATURITY DATE	MONTHLY PAYMENT (\$)	LENDER
		YEAR	PRICE (\$)							

SCHEDULE D - PARTNERSHIPS (Less Than Majority Ownership for Real Estate Partnerships)*

TYPE OF INVESTMENT	LIMITED OR GENERAL PARTNER	DATE OF INITIAL INVESTMENT	COST (\$)	PERCENT OWNED (%)	CURRENT MARKET VALUE (\$)	BALANCE DUE ON PARTNERSHIPS: NOTES, CASH CALL (\$)	FINAL CONTRIBUTION DATE
Business Professional (Indicate Name):							
Investments (Including Tax Shelters):							

* **NOTE:** For investments which represent a material portion of your total assets, please include the relevant financial statements or tax returns, or in the case of partnership investments or S-corporations, Schedule K-1s.

SCHEDULE E - NOTES PAYABLE

DUE TO	TYPE OF LOAN	AMOUNT OF LOAN (\$)	SECURED		COLLATERAL	INTEREST RATE (%)	MATURITY	MONTHLY PAYMENT (\$)	UNPAID BALANCE (\$)
			YES	NO					
			<input type="checkbox"/>	<input type="checkbox"/>					
			<input type="checkbox"/>	<input type="checkbox"/>					
			<input type="checkbox"/>	<input type="checkbox"/>					
			<input type="checkbox"/>	<input type="checkbox"/>					

PLEASE ANSWER THE FOLLOWING QUESTIONS:

- Income tax returns filed through (date): _____
Are any returns currently being audited or contested? YES NO If yes, what year(s)? _____
- Have (either of) you or any firm in which you are a major owner ever declared bankruptcy? YES NO
If yes, please provide details: _____
- Have you drawn a will and/or created a Family Trust? YES NO
If yes, please attach the name of the executor(s) and year will was drawn, and copy of Trust as Bank may require.
- Have you ever been convicted of a crime, other than a misdemeanor? YES NO (If yes, please attach explanation)
- Number of dependents (excluding self) and relationship to applicant: _____
- Have you ever had a financial plan prepared for you? YES NO
- Did you include three years federal and state tax returns? YES NO
- Do (either of) you have a line of credit or unused credit facility at any other institution(s)? YES NO
If so, please indicate where, how much, and name of banker:

- Do you anticipate any substantial inheritances? YES NO If yes, please explain:

REPRESENTATIONS AND WARRANTIES

The information contained in this statement is provided to induce you to extend or to continue the extension of credit to the undersigned or to others upon the guarantee of the undersigned. The undersigned acknowledge and understand that you are relying on the information provided herein in deciding to grant or continue credit or to accept a guarantee thereof. Each of the undersigned represents, warrants and certifies that the information provided herein is true, correct and complete. Each of the undersigned agrees to notify you in writing of any change in name, address, or employment and of any material change (1) in the undersigned's capacity to perform its (or their) obligations to you or (2) in the financial condition of any of the undersigned. In the absence of such notice or a new and full written statement, this should be considered as a continuing statement and substantially correct. You are authorized to make all inquiries you deem necessary to verify the accuracy of the information contained herein and to determine the creditworthiness of the undersigned. The undersigned authorize any person or consumer reporting agency to give you any information it may have on the undersigned. Each of the undersigned authorizes you to answer questions about your credit experience with the undersigned. As long as any obligation or guarantee of the undersigned to you is outstanding, the undersigned shall supply annually an updated financial statement. This personal financial statement and any other financial or other information that the undersigned give you shall be your property.

Date

Your Signature

Date

Co-Applicant's Signature (if you are requesting the financial accommodation jointly)

FOR BANK USE

BANK CERTIFICATION: This is a copy of the original statement, properly signed, in the credit files of the Bank.

Date

Bank Officer

BUSINESS HISTORY

(Attach separate page(s) if necessary)

Business Name _____

(please attach copies of all entity documents)

Nature of Business

Types of Products/Services

Future Plans For Growth/Expansion

How Will This Loan Benefit Your Company

Will the Funding of This Loan Create New Employment Opportunities? Yes No
If So, State How

Customer Profile

List Key Customers	List Major Competitors
Major Suppliers	Geographical Sales Area

MANAGEMENT RESUME

(Provide one for each 20% business property owner and for each officer, principal, director and partner)

First Name:	Complete Middle Name:	Maiden Name:	Last Name:
Social Security Number:		Drivers License #:	
Date of Birth:	City State or County of Birth:		
U.S. Citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO	In NO, Alien ID #:	(Provide a copy of front & back of Alien ID Card.)	
Home Address:	City:	State & Zip:	
Lived there from:	to		
Previous Address:	City:	State & Zip:	
Lived there from:	to		
Home Phone:	Business Phone:	E-mail Address:	
Spouses First Name:	Complete Middle Name:	Maiden Name:	Last Name:
Are you a U.S. Government Employee? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If YES, what agency/position?			
If the answer to any of the following three questions is yes, please provide a separate, detailed exhibit explaining the incident(s)			
Are you presently under indictment or on probation?			<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever been charged with and/or arrested for any criminal offense other than a minor motor vehicle violation? This includes offenses which have been dismissed discharged or not prosecuted.			<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever been convicted, placed on pre-trial diversion or placed on any form of probation, including adjudication without pending probation, for any criminal offense other than a minor motor vehicle violation?			<input type="checkbox"/> YES <input type="checkbox"/> NO

Military Service Background

Branch:	From: to	Rank at Discharge:	Honorable Discharge? <input type="checkbox"/> YES <input type="checkbox"/> NO
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Education (College or Technical Training)

Institution Name and Location	Dates Attended		Major	Degree/Certificate
	From	To		
	From	To		

Business Experience (List chronologically, beginning with present employment. Add pages if necessary.)

1. Company Name:	From:	To:
Address:		
Position/Responsibilities:		
2. Company Name:	From:	To:
Address:		
Position/Responsibilities:		
3. Company Name:	From:	To:
Address:		
Position/Responsibilities:		
Signature:	Title:	Date:

BUSINESS - NEW CUSTOMER IDENTIFICATION DOCUMENTATION

Name of Business or Individual: _____ DBA: _____
 Business Address: _____ City, State, ZIP: _____
 Mailing Address: _____ City, State, ZIP: _____
 Tax ID #: _____ Business Phone #: _____
 Describe Type Of Business: _____

Documentary Verification for the following Form of Organization (Attach copies of documentation)

Corporation Association Limited Liability Company (LLC)
 Limited Liability Partnership (LLP) Guardianship estate Joint Venture
 General Partnership Sole Proprietorship Formal Trust Decedent's estate

AUTHORIZED SIGNERS

Name: _____ Corporate Title: _____
 Social Security #: _____ E-Mail Address: _____
 Street Address: _____ Mailing Address: _____
 City/State/Zip: _____ City/State/Zip: _____
 Home Phone#: _____ Cell Phone #: _____ Work Phone # _____
 Country of _____
 DOB: _____ Place of Birth: _____ Citizenship: _____
 Mother's _____
 Employer: _____ Occupation: _____ Maiden Name _____

Bank Use:

Primary ID Type: _____ # _____	Issued by _____	Exp date _____	Issued date _____
Secondary ID Type: _____ # _____	Issued by _____	Exp date _____	Issued date _____
			ID Verified By: _____

Name: _____ Corporate Title: _____
 Social Security #: _____ E-Mail Address: _____
 Street Address: _____ Mailing Address: _____
 City/State/Zip: _____ City/State/Zip: _____
 Home Phone#: _____ Cell Phone #: _____ Work Phone # _____
 Country of _____
 DOB: _____ Place of Birth: _____ Citizenship: _____
 Mother's _____
 Employer: _____ Occupation: _____ Maiden Name _____

Bank Use:

Primary ID Type: _____ # _____	Issued by _____	Exp date _____	Issued date _____
Secondary ID Type: _____ # _____	Issued by _____	Exp date _____	Issued date _____
			ID Verified By: _____

ChexSystems: OFAC Check: Date: _____ Completed By: _____

ADDITIONAL AUTHORIZED SIGNERS

Name: _____ Corporate Title: _____
Social Security #: _____ E-Mail Address: _____
Street Address: _____ Mailing Address: _____
City/State/Zip: _____ City/State/Zip: _____
Home Phone#: _____ Cell Phone #: _____ Work Phone # _____
DOB: _____ Place of Birth: _____ Country of Citizenship: _____
Employer: _____ Occupation: _____ Mother's Maiden Name _____

Bank Use:						
Primary ID Type:	_____	#	_____	Issued by	_____	Exp date _____ Issued date _____
Secondary ID Type:	_____	#	_____	Issued by	_____	Exp date _____ Issued date _____
						ID Verified By: _____

Name: _____ Corporate Title: _____
Social Security #: _____ E-Mail Address: _____
Street Address: _____ Mailing Address: _____
City/State/Zip: _____ City/State/Zip: _____
Home Phone#: _____ Cell Phone #: _____ Work Phone # _____
DOB: _____ Place of Birth: _____ Country of Citizenship: _____
Employer: _____ Occupation: _____ Mother's Maiden Name _____

Bank Use:						
Primary ID Type:	_____	#	_____	Issued by	_____	Exp date _____ Issued date _____
Secondary ID Type:	_____	#	_____	Issued by	_____	Exp date _____ Issued date _____
						ID Verified By: _____

Name: _____ Corporate Title: _____
Social Security #: _____ E-Mail Address: _____
Street Address: _____ Mailing Address: _____
City/State/Zip: _____ City/State/Zip: _____
Home Phone#: _____ Cell Phone #: _____ Work Phone # _____
DOB: _____ Place of Birth: _____ Country of Citizenship: _____
Employer: _____ Occupation: _____ Mother's Maiden Name _____

Bank Use:						
Primary ID Type:	_____	#	_____	Issued by	_____	Exp date _____ Issued date _____
Secondary ID Type:	_____	#	_____	Issued by	_____	Exp date _____ Issued date _____
						ID Verified By: _____

ChexSystems: OFAC Check: Date: _____ Completed By: _____

CONSENT TO TRANSMIT CUSTOMER INFORMATION

To comply with Federal Law, the VIBRA Bank (“Bank”) has adopted a Customer Information Security Policy, which prohibits the Bank from sending your customer information via email to you as the customer or any source you may request that is outside of the Bank’s protected network system. The basis for this restriction is that the use of email outside of the Bank’s protected network system could be subject to interception by unintended third parties. These unauthorized third parties may compromise email communications to you. It is therefore, our policy not to communicate with customers electronically.

WAIVER AND CONSENT

By signing this consent form where indicated below:

1. You are waiving the protections afforded to you by Federal Law, including, but not limited to the protections afforded to you by the Bank’s Customer Information Security Policy;
2. You are requesting and agreeing that we may send emails to you which may contain information about you and your account(s);
3. You are authorizing the Bank to accept emails from third party vendors (such as title and appraisal companies) that are necessary to your application for real estate secured credit from the Bank;
4. Furthermore, you are authorizing the Bank to email such information to any necessary underwriting authorities for the closing of your real estate secured credit.

You understand that any such information contained in emails sent by the Bank to you is susceptible to unauthorized interception, but by signing below where indicated, you are indicating you are willing to incur that risk, and your consent to the Bank’s actions as authorized herein.

By executing this consent form, you hereby agree to indemnify, hold harmless, release and forever discharge the Bank and all of the Bank’s respective parent companies, subsidiaries and affiliates of and from any and all claims, complaints, causes of action, suits, liabilities, damages, losses, and costs/expenses of any nature whatsoever, and judgments threatened made or entered by any person against the Bank, known or unknown, fixed or contingent which one may now or hereafter have against the Bank with regards to this agreement or any communication between yourself and the Bank through the use of email.

This document is entirely voluntary and its execution or non-execution will have no effect on your relationship with the Bank other than as stated herein. If you do not wish to give your consent to the electronic transmission of your information outside of the Bank’s secure network system then please do not sign this document.

By executing this document you expressly represent that you have the requisite authority to act on behalf of the entity for which you are signing.

The terms and conditions of this Consent to Transmit Customer Information shall remain binding and enforceable until such time as the Bank receives written notice from you of your revocation of said consent.

Borrower(s) Name: _____

Authorized Signer:

Signature _____

Name _____

Title: _____ Date _____

ENVIRONMENTAL QUESTIONNAIRE AND DISCLOSURE STATEMENT

Applicant

Address and Location of Property City State ZIP Code Assessor's Parcel Number

The purpose of this questionnaire is to provide information about the past and present ownership and uses of the real property upon which lender will rely in deciding whether to extend credit. Please respond fully to all "unknown" or "not applicable". If space is inadequate to answer, please attach additional pages as needed. If applicant has an interest (leasehold or fee interest) and conducts business at multiple locations, a separate disclosure statement should be supplied for each location.

1. The present owner(s) of the property:

2. The present occupant of the property is:

3. Date of last transfer of ownership: ____ / ____ / _____. Was a pre-acquisition site assessment or environmental audit required? Yes No . If so, include a copy of the report.

4. To the extent known, please identify the prior uses of the property and the prior owner(s) of the site during the past 50 years:

DATE (MM/DD/YYYY)	OWNER	USE

5. The present and previous uses(s) of the adjacent properties:

6. Has the real property or any adjacent property ever been used for industrial, manufacturing, refining, processing, or agricultural purposes? Yes No . If so, please describe.

7. When were buildings on the premises constructed? ____ / ____ / ____.

8. If buildings or improvements on premises were constructed prior to 1978, was asbestos used for insulation or other purposes? Yes No .

9. Have any asbestos test or surveys been performed on site? Yes No . If so, please attach copies of results.

10. Are electrical transformers, switchers, capacitors, or other comparable devices on the premises? Yes No . If so, have they been inspected for the presence of PCBs or other hazardous toxic substances? Yes No . If inspection reports have been made include copies.

11. Have there been any leaks, spills, or fires on site involving PCB electrical equipment? Yes No . If yes, please describe.

12. Are there now, or have there ever been, underground storage tanks located on the site? Yes No . If so, indicate the number of tanks and the contents and age of each tank.

13. Have any of the following measures been provided for the underground tanks and their associated piping:

- | | | | | | |
|--------------------------|-----------------------|--------------------------|---------------------------|--------------------------|-------------------------|
| <input type="checkbox"/> | Integrity testing | <input type="checkbox"/> | Cathodic protection | <input type="checkbox"/> | Other (please describe) |
| <input type="checkbox"/> | Leak detection system | <input type="checkbox"/> | Overfill spill protection | _____ | |
| <input type="checkbox"/> | Secondary containment | <input type="checkbox"/> | Inventory reconciliation | | |

14. Has a leak or a potential leak ever been detected in these tanks? Yes No .

15. Does your business use chemicals or substances which require permits or licenses to own, use or remove from the property? Yes No .

16. Are there any above or below ground pipelines on site used to transfer chemicals? Yes No . If so, please describe.

17. Have the pipelines been inspected or tested for leaks? Yes No . If yes, please indicate the results.

18. Are there chemicals and wastes currently stored on site, or have they been stored in the past? Yes No . If so, check all applicable categories of storage methods:

- | | | | | | |
|--------------------------|-------------|--------------------------|------------|--------------------------|------------------------------------|
| <input type="checkbox"/> | Drums | <input type="checkbox"/> | Containers | <input type="checkbox"/> | Surface impoundments/ponds/lagoons |
| <input type="checkbox"/> | Pits | <input type="checkbox"/> | Sumps | <input type="checkbox"/> | Above ground tanks |
| <input type="checkbox"/> | Waste piles | | | | |

19. Are there disposal facilities or dumpsites, storing or use of hazardous waste/toxic materials, within a 2000-foot radius of the property? Yes No . If yes, please describe.

20. If the answer to question 18 is in the affirmative, disclose whether the Environmental Protection Agency or State Department of Health Services (or other environmental authority) requires a permit for your occupancy of this property.

21. Have there been or is there physical evidence of any spills, leaks, or other releases of any toxic/hazardous chemicals/substances on the property or adjoining property(s)? Yes No .

22. Are all appropriate licenses and permits current and are you presently in compliance with all regulations for continued utilization of licenses/permits? Yes No . If not, and are subject to pending suspension or revocation action, please describe the basis for and copies of suspension/revocation action.

23. Please attach copies of permits/licenses involving chemicals or substances used or removed on the premises, including waste disposal permits.

24. Are there any past, current or pending regulatory actions by federal, state or local environmental agencies alleging non-compliance with regulations? Yes No . If so, please describe.

25. Is there any past, current or pending law suits or administrative proceedings naming the facility for alleged environmental damages? Yes No . If so, please describe.

26. Has the facility or any nearby property ever been listed, proposed or investigated as a federal or state Superfund site? Yes No . If so, please describe.

27. Has the facility ever been involved in site investigations, cleanup action programs or other regulatory requirements regarding potential or known contamination on site? Yes No . If so, please describe.

I am familiar with the real property described in this questionnaire. By signing below, I represent and warrant to VIBRA Bank that the answers to the above questions are complete and accurate to the best of my knowledge. I also understand that VIBRA Bank will rely on the completeness and accuracy of my answers in assessing any environmental risks associated with the property.

Borrower(s) Name: _____

Authorized Signer:

Signature _____

Name _____

Title: _____ Date _____

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 quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Order a Transcript" or call 1-800-908-9946. 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, individual taxpayer identification number, or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number or individual taxpayer identification number if joint tax return
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)	
4 Previous address shown on the last return filed if different from line 3 (see instructions)	
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.	

Caution. If the tax transcript is being mailed to a third party, ensure that you have filled in lines 6 through 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy. Once the IRS discloses your IRS transcript to the third party listed on line 5, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your transcript information, you can specify this limitation in your written agreement with the third party.

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 provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. 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 2010, filed in 2011, will not be available from the IRS until 2012. 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. _____

Check this box if you have notified the IRS or the IRS has notified you that one of the years for which you are requesting a transcript involved **identity theft** on your federal tax return

Caution. Do not sign this form unless all applicable lines have been completed.

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 the signature date.

		Phone 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

Section references are to the Internal Revenue Code unless otherwise noted.

What's New

The IRS has created a page on IRS.gov for information about Form 4506-T at www.irs.gov/form4506. Information about any recent developments affecting Form 4506-T (such as legislation enacted after we released it) will be posted on that page.

General Instructions

CAUTION. Do not sign this form unless all applicable lines have been completed.

Purpose of form. Use Form 4506-T to request tax return information. You can also designate (on line 5) a third party to receive the information. Taxpayers using a tax year beginning in one calendar year and ending in the following year (fiscal tax year) must file Form 4506-T to request a return transcript.

Note. If you are unsure of which type of transcript you need, request the Record of Account, as it provides the most detailed information.

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 addresses, send your request to the address based on the address of your most recent return.

Automated transcript request. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Order a Transcript" or call 1-800-908-9946.

Chart for individual transcripts (Form 1040 series and Form W-2 and Form 1099)

If you filed an individual return and lived in:	Mail or fax to the "Internal Revenue Service" at:
Alabama, Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address	RAIVS Team Stop 6716 AUSC Austin, TX 73301
Alaska, Arizona, Arkansas, 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	512-460-2272
Alaska, Arizona, Arkansas, 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
Connecticut, Delaware, District of Columbia, Florida, Georgia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia	559-456-5876
Connecticut, Delaware, District of Columbia, Florida, Georgia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia	RAIVS Team Stop 6705 P-6 Kansas City, MO 64108
Connecticut, Delaware, District of Columbia, Florida, Georgia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia	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, 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
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, Tennessee, Vermont, Virginia, West Virginia, Wisconsin	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, Tennessee, Vermont, Virginia, West Virginia, Wisconsin	RAIVS Team P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250
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, Tennessee, Vermont, Virginia, West Virginia, Wisconsin	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) or your individual taxpayer identification number (ITIN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

Line 3. Enter your current address. If you use a P. O. box, include it on this line.

Line 4. Enter the address shown on the last return filed if different from the address entered on line 3.

Note. If the address on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address.

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. Ensure that all applicable lines are completed before signing.

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 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, the District of Columbia, and U.S. commonwealths and possessions 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:

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.