



**BANGOR SAVINGS BANK  
BUSINESS LOAN APPLICATION AND AGREEMENT**

APP ID # \_\_\_\_\_

**BUSINESS INFORMATION (Please complete all areas of this section)**

Legal Name of Business Applicant or D/ B/ A		Business Phone Number (      )	Federal Tax ID#	
Company Address (No P.O. Boxes)		City	State	Zip
Mailing Address (if different)		City	State	Zip
Type of Organization: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> S. Corp. <input type="checkbox"/> C. Corp. <input type="checkbox"/> Non-Profit				
Description of Business				
Organized In which State?	Gross Annual Sales	Annual Net Income	Interest Paid YTD	Depreciation
Date Business Established	Date Business Purchased	Number of Employees	Existing Customer with Bangor Savings Bank <input type="checkbox"/> Yes <input type="checkbox"/> No	
Average Checking Account Balance \$	Bank Where Account is Held	Savings Account Balance \$	Bank Where Account is Held	

**Outstanding Business Loans, Including Those With Bangor Savings Bank: (Use Additional Sheets if Needed)**

Lender	Type of Loan	Current Balance	Monthly Payment	Secured By

**CREDIT REQUEST**

<input type="checkbox"/> Complete Overdraft Protection (\$2,500 - \$10,000)	\$
<input type="checkbox"/> Line of Credit (Minimum \$10,000)	\$
<input type="checkbox"/> Term Loan (Minimum \$5,000)	\$      Term
<input type="checkbox"/> Commercial Mortgage (Minimum \$25,000)	\$      Term
<input type="checkbox"/> Other: _____	\$

**COLLATERAL**

	Collateral Value	Value Based On	Name Title is held	Secure other loans
<input type="checkbox"/> All Business Assets	\$ _____	_____	_____	_____
<input type="checkbox"/> Accounts Receivable/ Inventory	\$ _____	_____	_____	_____
<input type="checkbox"/> Real Estate	\$ _____	_____	_____	_____
<input type="checkbox"/> Savings/ CDs	\$ _____	_____	_____	_____
<input type="checkbox"/> Other	\$ _____	_____	_____	_____
Please describe collateral for securing loan:				
Is the collateral being pledged owned by the business or the owners of the Business? <input type="checkbox"/> Yes <input type="checkbox"/> No				

## DECLARATIONS

Are you or is your business a party to, or threatened with any claim or lawsuit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you or has any business that you owned or operated ever declared bankruptcy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you or does your business owe any taxes for years prior to the current year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the business incurred a loss in any of the last 3 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the business under any agreement that would change the ownership of the business?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does this Business Applicant have any other credit applications pending?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**For loan requests of \$50,000 or less, please complete the following personal financial information section. If your request exceeds \$50,000 please complete our separate personal financial statement form and provide the following:**

Financial information past two years if request is less than \$250,000 , past three years if \$250,000 or greater to include:

- Year-end Business Tax Returns (All Schedules)
- Year-end Financials (Balance Sheet & Profit & Loss St.)
- Interim Business Balance Sheet and (YTD) Profit & Loss
- Personal Tax Returns (All Schedules)

## PERSONAL FINANCIAL INFORMATION – Company Owners 20 % or More and Other Guarantors (Use Additional Sheets if Needed)

1	Name	Title	% of Business Owned	Home Telephone ( )	Social Security Number	Date of Birth	
	Physical Street Address (No P.O. Boxes)			City	State	Zip	U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No
Drivers License #		State:	Occupation:	Date Issued:	Expiration Date:		
Employer			Years With Employer	Will You Continue With This Employment? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Total Annual Income * \$	Total other Personal Assets \$	Cash and Investments \$	Personal Liabilities \$	If Homeowner: Market Value \$	Total Mortgage Balance \$	Mortgage Payment \$	
<i>*Note: Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation</i>							

2	Name	Title	% of Business Owned	Home Telephone ( )	Social Security Number	Date of Birth	
	Physical Street Address (No P.O. Boxes)			City	State	Zip	U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No
Drivers License #		State:	Occupation:	Date Issued:	Expiration Date:		
Employer			Years With Employer	Will You Continue With This Employment? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Total Annual Income * \$	Total other Personal Assets \$	Cash and Investments \$	Personal Liabilities \$	If Homeowner: Market Value \$	Total Mortgage Balance \$	Mortgage Payment \$	
<i>*Note: Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation</i>							

**Purpose of Request:****PURPOSE OF LOAN [To be completed by lender]**

Review each option below and check appropriately:

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 1. Purchase – purchase of home or dwelling where the loan is secured by a dwelling                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Home Improvement – home improvement loan secured or unsecured                                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Refinance – payoff of existing loan secured by a dwelling and new loan also secured by a dwelling | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you have answered Yes to ANY of the above, have the customer read the disclosure and have the customer complete the form below. If the application is taken by telephone, you must read the disclosure below to the applicant and ask for the information. Note the applicant's responses. The applicant may provide multiple race categories. Record each one provided. If the customer chooses not to furnish the information in a face-to-face application, you must note the information based on visual observations or surnames. If a customer chooses not to provide the information in an application taken by telephone, you do not have to provide the information or collect it later. For customers that are not natural persons (e.g., business entities), enter the customer name and application date and write "NA" across the form.

**Information for Government Monitoring Purposes**

The following information is requested by the federal government for certain types of loans related to a dwelling 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. You may select one or more designations for "Race." The law provides that a lender may not discriminate on the basis of this information, or on whether you choose to furnish it. However, if you choose not to furnish the information and you have made this application in person, under federal regulations the lender is required to note ethnicity, race, and sex on the basis on visual observations or surname. If you do not wish to furnish the information, please check below.

**APPLICANT:**-----  
Name**DATE:** -----☐ I do not wish to furnish this information**Ethnicity:**

- ☐ Hispanic or Latino  
☐ Not Hispanic or Latino

**Race:**

- ☐ American Indian or Alaska Native  
☐ Asian  
☐ Black or African American  
☐ Native Hawaiian or Other Pacific Islander  
☐ White

**Sex:**

- ☐ Female  
☐ Male

**CO-APPLICANT:**-----  
Name**DATE:** -----☐ I do not wish to furnish this information**Ethnicity:**

- ☐ Hispanic or Latino  
☐ Not Hispanic or Latino

**Race:**

- ☐ American Indian or Alaska Native  
☐ Asian  
☐ Black or African American  
☐ Native Hawaiian or Other Pacific Islander  
☐ White

**Sex:**

- ☐ Female  
☐ Male

### Agreement and Signatures

By signing below, each principal, owner, guarantor, or co-borrower that will be personally liable for the debt (“You” or “I”) hereby authorizes Bangor Savings Bank (the “Bank”) to make or have made on each and any of them any credit, employment or investigative inquiry that the Bank determines appropriate for the extension of credit or the collection of amounts owed to the Bank. The Bank can furnish information concerning your account to consumer reporting agencies and others who may properly receive that information. Upon request, you will be informed whether or not a consumer report was requested, and if a report was requested, you will be informed of the name and address of the consumer-reporting agency that furnished the report. You further certify that the credit being applied for will be used for business purposes.

If you apply for and are approved for an overdraft protection line of credit, you may be approved up to the maximum amount which is available and for which you qualify. If the line of credit is approved, you will receive from the Bank a welcome letter and a credit agreement which will set forth the terms and conditions governing the credit line. Your credit limit, finance charges, monthly payment, and other terms pertaining to the credit line will be set forth in the credit agreement. These terms give the Bank certain rights upon default, including a right of setoff against accounts you may hold with the Bank, the right impose late fees and interest rate increases, the right to seek collection costs, and the right to terminate the credit line, this Agreement, and the credit agreement. You should carefully review the terms of the credit agreement before making draws on the credit line. **By making a draw on the credit line, you will be representing and agreeing that you have reviewed and will be bound by the terms of this application and agreement, the credit agreement, the welcome letter and any other supplemental agreement provided to you. You agree that no further signatures will be necessary to bind you to the credit agreement and/or any supplemental agreement.** If the line of credit is approved as secured, you may be required to sign additional documents evidencing a security interest before the line of credit is made available to you.

**BY SIGNING THIS AGREEMENT, YOU HEREBY EXPRESSLY AND VOLUNTARILY WAIVE THE RIGHT TO ANY JURY TRIAL IN ANY ACTION, PROCEEDING, OR COUNTERCLAIM INVOLVING THE BANK AS TO ANY MATTER, CLAIM OR CAUSE OF ACTION ARISING OUT OF OR IN ANY WAY RELATED TO THIS AGREEMENT OR THE CREDIT AGREEMENT.**

If property is used as collateral, it must be insured on the day of closing. The amount of insurance coverage must be equal to the lesser of the insurable value or the loan amount. You have the right of free choice in the selection of the agent and insurer through or by which the insurance is to be placed.

If the loan is secured by a first lien on a residential property, we will order an appraisal to determine the property’s value and charge you for this appraisal. We will, promptly after our review, provide 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. Regulation B requires delivery of the residential appraisal three days prior to closing. You may waive this three day requirement by completing a waiver form.

If a commercial appraisal is required, you have the right to a copy of the appraisal report used in connection with your application for credit. If you wish a copy, please write to us at P O Box 930, Bangor ME 04402-0930 Attn: Business Underwriting. We must hear from you no later than 90 days after we notify you about the action taken on your credit application or you withdraw your application.

**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 institution 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, business documents, and other information that will allow us to identify you. We may also ask to see your driver’s license or other identifying documents.

I represent and warrant that I am duly authorized to execute and enter into this application for the Applicant. Everything that I have stated and all financial information provided as part of this application is correct to the best of my knowledge. By signing below, I agree to be bound by this application and agreement, including, if requested and approved, all obligations hereunder, including the obligation to agree to review and be bound by the terms of the credit agreement before making draws on a line of credit.

COMPANY AND GUARANTOR SIGNATURES - (Please sign both places)		
Company Authorized Signer	Title	Date
Company Authorized Signer	Title	Date
Guarantor #1	Guarantor #2	Guarantor #3

<b>BANK USE ONLY</b>	<b>Officer #</b>	<b>Branch #</b>
<b>Lender Name (print or type):</b>	<b>Date Received by Lender:</b>	<b>Lender's Phone Extension:</b>
<b>Action:</b> <input type="checkbox"/> <b>Approved;</b> <input type="checkbox"/> <b>Approved with Changes;</b> <input type="checkbox"/> <b>Denied;</b> <input type="checkbox"/> <b>Withdrawn</b> <b>HMDA:</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>		
<b>Reason for Denial:</b> _____		

☐

**BANGOR SAVINGS BANK FINANCIAL GROUP**  
**CUSTOMER IDENTIFICATION POLICY (CIP) FORM for BUSINESS ENTITY**  
 (Required for All New Business Relationships)

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 or is added to an existing one.

What this means to you: When you open an account, have your name added to an existing one or are an authorized signer on a business account, we will ask you for your name, address, date of birth and other information that will allow us to identify you. We may also ask to see one or more identifying documents.

**I acknowledge:**

As either an owner on a new account, an additional owner on an existing account, or as an authorized signer on behalf of a business account, I acknowledge reviewing the above notification and certify that all information provided is valid and the identification documents presented by me represents my true identity. I also understand that by signing this document, Bangor Savings Bank may obtain information regarding my identity, credit history, and other banking history from a consumer-reporting agency. **I further understand if information in the credit report results in a decision to either disallow my signing authority on the account or disallow opening the account, Bangor Savings Bank will communicate this fact to owners and/or authorized signers on the (proposed) account. I further authorize Bangor Savings Bank to obtain such information at any time from one or more reporting agencies that it may choose as long as I am an authorized signer on the account.**

Authorized Signer for Business: \_\_\_\_\_ Date: \_\_\_\_\_

**BUSINESS NAME** \_\_\_\_\_ **TIN/EIN** \_\_\_\_\_

**MAILING ADDRESS** \_\_\_\_\_ **PHONE** \_\_\_\_\_ **EMAIL** \_\_\_\_\_

**CITY STATE ZIP** \_\_\_\_\_

**If Different than Mailing Address:**

**PHYSICAL ADDRESS** \_\_\_\_\_

**CITY STATE ZIP** \_\_\_\_\_

**WEBSITE ADDRESS** \_\_\_\_\_

**Type of Account:** ☐ Checking ☐ Savings ☐ Time Deposit/IRA ☐ Loan ☐ Safe Deposit Box  
☐ Trust ☐ Brokerage ☐ Bangor Insurance ☐ Bangor Payroll ☐ Merchant Services

**Indicate Nature of the Business** \_\_\_\_\_ **NAICS (www.naics.com)** \_\_\_\_\_

**Account #** \_\_\_\_\_ **CIF #** \_\_\_\_\_

**REQUIRED DOCUMENTATION / INFORMATION for BUSINESS (all fields must be completed for a specific line)**

		Required Documents		
		Business Papers	Resolutions	CIP/Questionnaire
<input type="checkbox"/>	Partnership	Partnership Agreement	Resolution (if auth. signers)	CIP/Q Part. + CIP Auth. Signers
<input type="checkbox"/>	Corporation	Articles of Incorporation	Resolution	CIP Auth. Signers
<input type="checkbox"/>	Limited Liability Company	Articles of Organization	Resolution (if auth. signers)	CIP/Q Owner + CIP Auth. Signers
<input type="checkbox"/>	Not-For-Profit	IRS or Paperwork Indicating NFP Status	Resolution	CIP Auth. Signers
<input type="checkbox"/>	Doing Business As (D/B/A) or Revocable Trust		Resolution (if auth. signers)	CIP/Q Bus. + CIP/Q Ind./ Trustees + CIP Auth. Signers (for DBA only)
<input type="checkbox"/>	Legal/Irrevocable Trust	Trust Agreement		CIP/Q Trustee(s)
<input type="checkbox"/>	Estate	Personal Rep. Papers		CIP/Q Per. Rep.(s)
<input type="checkbox"/>	Municipal		Resolution	CIP Auth. Signers
<input type="checkbox"/>	Association	Articles of Org. or Meeting Minutes where Officers are elected	Resolution	CIP Auth. Signers

☐ **Verification of registration & good standing status at [www.state.me.us](http://www.state.me.us) or obtain document listed above.**

**For Not-For-Profit organization, if opening a Business NOW account, must have IRS paperwork showing Not-For-Profit status or obtain verification at <http://apps.irs.gov/portal/site/pub78> (attach screen print).**

**LOAN SETTLEMENT ATTORNEY / LOAN CLOSING AGENT:** I have reviewed the original, un-expired identification document(s) and believe it reasonably establishes the true identity of the business named.

\_\_\_\_\_  
 Printed Name Signature Date

**BANK VERIFICATION:** I have reviewed the required documents and believe they reasonably establish the true identity of the business named.

Completed By: \_\_\_\_\_ Officer #: \_\_\_\_\_ Branch/Dept.: \_\_\_\_\_ Date : \_\_\_\_\_  
 Rev. 03/21/2011

**BANGOR SAVINGS BANK FINANCIAL GROUP  
CUSTOMER IDENTIFICATION POLICY (CIP) FORM**

**VERIFICATION OF AN AUTHORIZED SIGNER  
ON A BUSINESS ACCOUNT**

(Required for All New Relationships)

**BUSINESS ACCOUNT #:** \_\_\_\_\_

**CIF #:** \_\_\_\_\_

**ACCOUNT TITLE:** \_\_\_\_\_

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 or is added to an existing one.

What this means to you: When you open an account, have your name added to an existing one or are an authorized signer on a business account, we will ask you for your name, address, date of birth and other information that will allow us to identify you. We may also ask to see one or more identifying documents.

I acknowledge:

As either an owner on a new account, an additional owner on an existing account, or as an authorized signer on behalf of a business account, I acknowledge reviewing the above notification and certify that all information provided is valid and the identification documents presented by me represents my true identity. I also understand that by signing this document, Bangor Savings Bank may obtain information regarding my identity, credit history, and other banking history from a consumer-reporting agency. **I further understand if information in the credit report results in a decision to either disallow my signing authority on the account or disallow opening the account, Bangor Savings Bank will communicate this fact to owners and/or authorized signers on the (proposed) account. I further authorize Bangor Savings Bank to obtain such information at any time from one or more reporting agencies that it may choose as long as I am an authorized signer on the account.**

**NOTE:** If you cannot complete this form in the presence of a Bangor Savings Bank employee, then a notary public must verify your identification, document it in the Required Documentation section and complete the specific Notary Attestation box.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**AUTHORIZED SIGNER'S INFORMATION**

**NAME** \_\_\_\_\_ **SSN/EIN** \_\_\_\_\_ **DOB** \_\_\_\_\_

**HOME MAILING ADDRESS** \_\_\_\_\_ **PHONE** \_\_\_\_\_ **EMAIL** \_\_\_\_\_

**CITY STATE ZIP** \_\_\_\_\_ **OCCUPATION** \_\_\_\_\_

**If Different than Mailing Address:** \_\_\_\_\_ **EMPLOYER** \_\_\_\_\_

**HOME PHYSICAL ADDRESS** \_\_\_\_\_ **MOTHER'S MAIDEN NAME** \_\_\_\_\_

**CITY STATE ZIP** \_\_\_\_\_ **SEX** M ☐ F ☐

**REQUIRED DOCUMENTATION for AUTHORIZED SIGNER (all fields must be completed for a specific line)**

(Government Issued, Unexpired Picture ID, if applicable)

	Identification #	Date Issued	Exp. Date	Issued By
<input type="checkbox"/> ME Driver's License				N/ A
<input type="checkbox"/> ME State Issued Identification				N/ A
<input type="checkbox"/> Military ID				
<input type="checkbox"/> Other U. S. Driver's License				
<input type="checkbox"/> Canadian Driver's License				
<input type="checkbox"/> Passport				
<input type="checkbox"/> Elderly or Disabled – Utility Bill +	Utility bill <b>must</b> be w/ in 3 months and list St. Addr.			
<input type="checkbox"/> Elderly or Disabled – Medical Ins. Card			N/ A	
<input type="checkbox"/> SSN Card + Birth Certificate +			N/ A	
<input type="checkbox"/> Utility Bill for Address Verification	Utility bill <b>must</b> be w/ in 3 months and list St. Addr.			

**NOTARY ATTESTATION:** I have reviewed the original, un-expired identification document(s) and believe it reasonably establishes the true identity of the individual named.

County of \_\_\_\_\_ Date: \_\_\_\_\_

State of \_\_\_\_\_ Notary Public Signature \_\_\_\_\_

My Commission Expires: \_\_\_\_\_ Notary Public Printed Name \_\_\_\_\_

**BANK VERIFICATION:** I have reviewed the required documents and believe they reasonably establish the true identity of the individual named.

Completed By: \_\_\_\_\_ Officer #: \_\_\_\_\_ Branch/Dept.: \_\_\_\_\_ Date : \_\_\_\_\_  
Rev. 10/16/2012



# QUESTIONNAIRE for BUSINESS ENTITY

(Required for All New Business Relationships)

NAME \_\_\_\_\_ CIF# \_\_\_\_\_

ACCOUNT # \_\_\_\_\_ COUNTY OF BUS. ADDRESS \_\_\_\_\_

	YES	NO
<b># of Years in Business in Maine</b>		
Less than one year .....	<input type="checkbox"/>	<input type="checkbox"/>
1 to 5 years .....	<input type="checkbox"/>	<input type="checkbox"/>
> 5 years .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other Locations</b>		
Does this business have any other locations, affiliated offices, etc. located outside the state of Maine? .....	<input type="checkbox"/>	<input type="checkbox"/>
Does this business have any foreign locations (includes Canada)? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>Bank</b>		
Is the customer a financial institution? .....	<input type="checkbox"/>	<input type="checkbox"/>
If yes, is it a foreign bank? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>Wires/Automated Clearing House (ACH)</b>		
Does customer plan on initiating wires? .....	<input type="checkbox"/>	<input type="checkbox"/>
If yes, international wires? .....	<input type="checkbox"/>	<input type="checkbox"/>
Will customer originate ACH transactions? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>Cash Transactions/Monetary Instruments</b>		
If ATM on site, is the customer responsible for the cash replenishment servicing (as opposed to having a third party vendor responsible for the cash replenishment)? .....	<input type="checkbox"/>	<input type="checkbox"/>
Does the business generally handle large volumes of cash (defined as over \$5,000 cash deposited or withdrawn at bank per week)?..	<input type="checkbox"/>	<input type="checkbox"/>
Does the business offer currency exchange to their customers? .....	<input type="checkbox"/>	<input type="checkbox"/>
Does the business issue, sell or redeem monetary instruments (i.e., traveler's checks, any official checks, money orders, etc.) or stored value cards? .....	<input type="checkbox"/>	<input type="checkbox"/>
Are money transfer services (like Western Union) provided in any amount, <b>OR</b> are checks cashed, currency exchanged, or monetary instruments sold in amounts greater than \$1,000 for any one person on any day in one or more transactions? .....	<input type="checkbox"/> *	<input type="checkbox"/>
<b>Account Opening</b>		
Was the account opened by mail/internet/messenger? .....	<input type="checkbox"/>	<input type="checkbox"/>
Does the customer plan on having more than five authorized signers on their accounts? .....	<input type="checkbox"/>	<input type="checkbox"/>
Will the customer be opening multiple accounts at this time? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>Internet</b>		
Does the customer conduct business, i.e. sales, using the Internet?..	<input type="checkbox"/>	<input type="checkbox"/>
If yes, does it prohibit transactions in connection with unlawful Internet gambling?.....	<input type="checkbox"/>	<input type="checkbox"/> *

\*Answering these questions with the answer noted by a red asterisk requires further discussion prior to opening the account. Please contact Risk Management, Compliance or Retail Operations **prior** to opening the account.

**Bank Use Only:** \_\_\_\_\_

Form Received Br. #: \_\_\_\_\_ By: \_\_\_\_\_ Officer #: \_\_\_\_\_ Date: \_\_\_\_\_

Dept. Use Only: \_\_\_\_\_

Rev. 04/07/2011







Personal Financial Statement as of: \_\_\_\_\_  
Date

### Personal Information

***Applicant Name:***

Employer:

Employer Address:

# Years with Employer:

Business Phone #:

Position/Title:

Name of Previous Employer & Position:

# of Years:

Home Address:

Social Security #:

Date of Birth:

Home Phone #:

Legal Counsel & Address:

Accountant & Address:

Insurance Agent & Address:

Broker (Securities) & Address:

Trust Services & Address:

Payroll Services & Address:

***Co-Applicant Name:***

Employer:

Employer Address:

# Years with Employer:

Business Phone #:

Position/Title:

Name of Previous Employer & Position:

# of Years:

Home Address:

Social Security #:

Date of Birth:

Home Phone #:

Legal Counsel & Address:

Accountant & Address:

Insurance Agent & Address:

Broker (Securities) & Address:

Trust Services & Address:

Payroll Services & Address:

Cash & Income Expenditure Statement for the Year Ended \_\_\_\_\_

<b>Annual Income</b>	<b>Amount (\$)</b>	<b>Annual Expenditures</b>	<b>Amount (\$)</b>
Salary (applicant)		Federal Income & Other Taxes	
Salary (co-applicant)		State Income & Other Taxes	
Bonuses & Commissions (a)		Rental Payments, Co-op, or Condo Maintenance	
Bonuses & Commissions (a)		Mortgage Payments Residential	
Rental Income		Mortgage Payments Investment	
Interest Income		Property Taxes Residential	
Dividend Income		Property Taxes Investment	
Capital Gains		Interest & Principal payments on loans	
Partnership Income		Insurance	
Other Investment Income		Alimony / Child Support	
Other Income (list)**		Tuition	
		Other Living expenses	
		Medical expenses	
		Other expense (list)	
<b>Total Income \$</b>		<b>Total Expenditures \$</b>	

Any significant changes expected in the next 12 months? ☐ Yes ☐ No

(If yes attach information)

**\*\*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.**

**Applicant Name:** \_\_\_\_\_

**Balance Sheet as of:** \_\_\_\_\_  
Date

<b>Assets</b>	<b>Amount (\$)</b>	<b>Liabilities</b>	<b>Amount (\$)</b>
Cash in Bangor Savings Bank (include all accounts)		Notes Payable to Bangor Savings Bank	
Cash in Other Financial Institutions (include all accounts). Please list:		<i>Secured</i>	
		<i>Unsecured</i>	
		Notes Payable to other Financial Institutions (Schedule E)	
		<i>Secured</i>	
		<i>Unsecured</i>	
Readily Marketable Securities (Schedule A)		Credit Cards	
Non-Readily Marketable Securities (Schedule A)		Notes Due Partnership (Schedule D)	
Accounts & Notes Receivable		Taxes Payable	
Net Cash Surrender Value of Life Insurance (Schedule B)		Mortgage Debt (Schedule C)	
Residential Real Estate (Schedule C)		Life Insurance Loans (Schedule B)	
Real Estate Investments (Schedule C)		Other Liabilities (Please List):	
Partnerships/PC Interests (Schedule D)			
Retirement Accounts			
Deferred Income (# Years Deferred )			
Personal Property			
Other Assets (Please List):			
		<b>Total Liabilities</b>	<b>\$</b>
<b>Total Assets</b>	<b>\$</b>	<b>Net Worth</b>	<b>\$</b>

<b>Schedule A (All Securities)</b>							
# of Stocks or Bonds	Owner (s)	Description	Cost	Where Held	Current Market Value	Pledged YES NO	
<b>Readily Marketable Securities:</b>							
<b>Non-Readily Marketable Securities:</b>							

<b>Schedule B (Insurance)</b>						
Insurance Company	Type of Policy	Face Amount of Policy	Amount Borrowed	Ownership	Cash Surrender Value	Beneficiary

<b>Schedule C (Real Estate Investments, Mortgage Debt &amp; Personal Residence)</b>						
<b>Personal Residence:</b>						
Property Address	Legal Owner	Present Loan Bal.	Market Value	Loan Maturity Date	Monthly Payment	Lender

  

<b>Investment:</b>						
Property Address	Legal Owner	Present Loan Bal.	Market Value	Loan Maturity Date	Monthly Payment	Lender

<b>Schedule D (Partnerships)</b>						
Type of Investment	Cost	Date of Initial Investment	Balance Due on Partnership	% Owned	Current Market Value	Final Contribution Date
<b>Business:</b>						
<b>Investments:</b>						

<b>Schedule E (Notes Payable)</b>						
Due To	Amount of Line	Type of Facility	Unpaid Balance	Interest Rate	Monthly Payment	Collateral

**Please answer the following questions:**

	YES	NO	AMOUNT
What would be your total estimated tax liability if you were to sell your major assets?			\$
Are you a guarantor, co-maker or endorser for any debt of an individual, partnership or corporation?			
Are any of your tax obligations past due?			
Do you have any outstanding letters of credit or surety bonds?			
Are you contingently liable on any lease or contract?			
Are there any legal actions pending against you?			
Income tax returns filed through (date) _____. Are any returns currently being audited? If yes, what years?			
Have you drawn a will? If yes, please give the name of the executor(s) and the year drawn.			
Do you have a line of credit or unused credit facility at any other institution(s)? If yes, please indicate where, name of banker and how much?			
Did you include two years of federal and state tax returns?			
Do you anticipate any substantial inheritances? If yes, please explain:			
Have you ever had a financial plan prepared for you?			
Have you or any firm in which you were a major owner ever declared bankruptcy? If yes, please explain:			
Number of dependents (exclude self) and relationship to applicant:			

## Representations and Warranties

The information contained in this document 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 immediately and in writing of any changes in name, address, or employment and of any material adverse change (1) in any of the information contained in this statement or (2) in the financial condition of any of the undersigned or (3) in the ability of any of the undersigned to perform its (or their) obligations to you. In the absence of such notice or a new and full written statement, this should be considered as a continuing statement and substantially correct. If the undersigned fail to notify you as required above, or if any of the information herein should prove to be inaccurate or incomplete in any material respect, you may declare the indebtedness of the undersigned or the indebtedness guaranteed by the undersigned, as the case may be, immediately due and payable. You are authorized to make all inquiries you deem necessary to verify the accuracy of the information contained herein and to determine the credit-worthiness of the undersigned. If you ask, you will be informed whether or not a consumer report was requested, and if a report was requested, you will be informed of the name and address of the consumer reporting agency that furnished the report. 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**

---

**Your Signature**

## PROFIT AND LOSS STATEMENT

For Year Beginning \_\_\_\_\_ and Ending \_\_\_\_\_

**Net Sales** \_\_\_\_\_

**Less Cost of Goods Sold** \_\_\_\_\_

**Gross Margin** \_\_\_\_\_

### **Operating Expenses**

Gross Wages \_\_\_\_\_

Payroll Expenses \_\_\_\_\_

Outside Services \_\_\_\_\_

Supplies \_\_\_\_\_

Repairs and Maintenance \_\_\_\_\_

Advertising \_\_\_\_\_

Car, Delivery, and Travel \_\_\_\_\_

Accounting and Legal \_\_\_\_\_

Rent \_\_\_\_\_

Telephone \_\_\_\_\_

Utilities \_\_\_\_\_

Insurance \_\_\_\_\_

Taxes (Real Estate, etc.) \_\_\_\_\_

Depreciation \_\_\_\_\_

Interest \_\_\_\_\_

Miscellaneous \_\_\_\_\_

**Total Expenses** \_\_\_\_\_

**Operating Profit** \_\_\_\_\_

**Taxes** \_\_\_\_\_

**Net Profit (Loss)** \_\_\_\_\_

<b>Business Name</b>													
<b>Cash Flow Projection</b>													
	<b>Month</b>	<b>Month</b>	<b>Month</b>	<b>Month</b>	<b>Month</b>	<b>Month</b>	<b>Month</b>	<b>Month</b>	<b>Month</b>	<b>Month</b>	<b>Month</b>	<b>Month</b>	<b>Total</b>
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>	<b>11</b>	<b>12</b>	<b>12 Months</b>
<b>SALES</b>													
													-
													-
													-
<b>TOTAL SALES</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>VARIABLE EXPENSES</b>													-
													-
<b>TOTAL VARIABLE EXPENSE</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>FIXED EXPENSES</b>													
Wages													-
Payroll Taxes													-
Office Expenses													-
Insurance													-
Advertising													-
Supplies													-
Utilities													-
Telephone													-
Repair & Maintenance													-
Legal & Accounting													-
Dues & Subscriptions													-
Rent													-
Miscellaneous													-
<b>TOTAL FIXED EXPENSES</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>TOTAL EXPENSES</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>CASH FLOW FROM OPERATIONS</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>OTHER ACTIVITIES</b>													-
Owner's Draw (-)													-
Owner's Investment (+)													-
Loan Proceeds (+)													-
Equipment Purchases (-)													-
Loan Payments (-)													-
<b>NET OTHER ACTIVITIES</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>NET CASH FLOW</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>BEGINNING CASH</b>		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>ENDING CASH</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

## MOFGA's Organic Farmer Loan Fund

### Trade References (accounts you market to)

Your market outlets are a key reference for us. If you don't have existing accounts, please explain the marketing strategy for your farm.

Your Farm Name:

1. Account:

Contact person:

Title:

Address:

City:

State:

Zip:

Phone

2. Account:

Contact person:

Title:

Address:

City:

State:

Zip:

Phone

3. Account:

Contact person:

Title:

Address:

City:

State:

Zip:

Phone

You are authorized to make all inquiries necessary to verify my/our trade relationship with the above listed trade reference(s). You are authorized to answer any questions about my credit experience with your company.

Authorized Signature:

Date: