

Small Business Loan Application

For requests of \$50,001 or more please attach the year-to-date business financial statement (balance sheet and income statement) and the most recent two years' business and personal tax returns (Federal only) including all schedules. All corporations should include a copy of their Articles of Incorporation and a copy of the state issued Certificate of Incorporation. LLCs should provide the Operating Agreement, Partnerships should provide a Partnership Agreement.

Type of Request (Select One):	Line of Credit (Gener Line of Credit (For sp Term Loan (Complet	pecific collateral only. Complete section C)
Interest Rate (Select One):	☐ Variable ☐ Fixed	
Amount Requested: \$		Term Requested:
Purpose (be specific):		
Part A: Business Profile		
Company Legal Name (name o	n corp docs):	
	Sole Proprietorship Limited S-Corporation Partner C-Corporation Other	ership
Service or Product Business Pro	ovides:	
Number of Owners:		Number of Employees:
Time as Owner: Yea (individual w/ greatest owners		usiness Established: Month Year
Business Street Address:		
City:	State:	: Zip:
Business Phone:	Federal ⁻	Tax ID Number
Business Financial Information	n (most recent year end)	
Net Profit After Expenses:	Depreciation, Depl. Amort: (on income statement)	Monthly Payments on Business Debt:
Annual Interest Expense:	Business Checking Acct. Balance:	Sales/Revenues (from tax return):
PLEASE ANSWER THE FOLLOW	ING QUESTIONS:	
Has the business incurred a loss	in any of the last 3 years?	Yes No What Year? How Much?
Does the business owe any delir	nquent state or federal taxes?	Yes No What Year? How Much?
Is the husiness for sale or under	an agreement that would chance	ge the ownership? Yes No

Part B: Owner Profile Complete Additional Owners attachmen	nt for each owner of 20% or m	ore in the business	3
First Name:	Middle Initial:	Last Name:	
Business Phone:	Home Phone:		
Street Address:	City:	State:	Zip:
Social Security Number:	Birth Date:	I	Percentage of Ownership:
Owner's Company Title:	Monthly Gross Salary Draw from Subject Busi		
Other Income:	Source of Other Income:		
Do not list alimony, child support, o basis for repaying the loan.	r separate maintenance in	come if you <u>do n</u>	ot wish to have it considered as a
Have you declared bankruptcy in the last	10 years? Yes No		
Part C: Collateral Information (please se	lect one of the options)		
Accounts Receivable - Value:	Inventory - Value:		Vehicle(s) - Value:
Marketable Securities - Value:	Equipment - Value:		CD - Value:
Commercial Real Estate - Value:	Address of Property:		
Residential Real Estate - Value:	Address of Property:		
I certify that the information cor to obtain any information it deen report on the applicant and any o	ns necessary for evaluat	ion, including a	a consumer and business credit
Signature			 Date

Cash Checking		\$ Value	Housing/ House Payment/ Mortgage Rent Expense		\$ Monthly Pmt(s)	\$ Balance		
					<u> </u>			
	Savings, CD		Expense					
Marketable	Securities			Rentals (itemize below)				
Other Invest	tments (describe)			Other				
Real Estate ((homestead)		Personal Loans (itemize) (use Schedule of Real Estate Owned below for mortgage loans)					
Other Real Estate (describe below)								
Other Partno	ership Interests/		Crodit Cards a	nd Lines of Credit				
Automobiles			Credit Cards a	na Lines of Credit				
Retirement (401(k), Thrif	Plans ft or Pension)							
IRA								
Other Assets	s (describe)							
			Taxes Owing (income taxes	, other taxes)				
			Other Liabilitie	es (describe)				
Total Assets			Total Liabilitie	S		<u> </u>		
			Net Worth					

Schedule of Real Estate Owned (If additional properties owned, attach separate schedule)								
Address of Property (Indicate PS if Pending Sale or R if Rental being held for income)	Present Market Value	Type of Property	Mortgage Holder	Gross Rental Income	Monthly Mortgage Payments	Current Mortgage Balance		

Schedul	Schedule of Stocks and Bonds (attach separate schedule if necessary)								
# of shares	Com / Pref	Name of Issuer	Where traded/ symbol	Market per Share	Total Value	Liens Yes/No	Restricted Yes/No	Name Registered In	

Contingent Liabilities								
Cosigner/Guarantor	Due To	Balance Owing	Monthly Payments	Comments				

Part E: Payment Opti	ions
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Auto Payment - If Yes, insert FFB checking accnt number: (Required on Lines of Credit and Term Loans)

Overdraft Protection - If yes, insert FFB checking account number:

Only Available on Lines of Credit)

Indicate officer and location handling loan closing: