# **COMMERCIAL LOAN APPLICATION**

COMPLETION INSTRUCTIONS FOR APPLICANT  Complete the Applicant information for the first Applicant. Mark the appropriate box to indicate whether the Applicant is applying as a Borrower	CREDIT REQUESTE	D					
Market Survey	Amount Requested	Term of Credit Requested	Loan Type	•		Credit Request	
COMPLETION INSTRUCTIONS FOR APPLICANT						<b></b>	•••
COMPLETION INSTRUCTIONS FOR APPLICANT	Market Survey	Purpose of Credit Reques	st		App #	We intend to app	ly for joint credit:
Complete the Applicant information for the first Applicant. Mark the appropriate box to indicate whether the Applicant is applying as a Borrower (augment) of Collegeria, or Other for a different capacity, if the Applicant is a married individual, he or she may apply for individual credit. (Do Not complete Martial Status question below if application is for individual unsecured credit)  APPLICANT INFORMATION:  APPLICANT INFORMATION:  Applicant is :   Borrower   Guarantor   Cosigner   Grantor   Other   SNITINE  Name of Applicant (Business Name or Last Name if Individual)   Applicant First Name (if Individual)   SSN/TINE  Assumed Business Names (if Any)   Filing Dates   Filing Locations   DBA Name    Check Appropriate Box   Filing Dates   Filing Locations   DBA Name    Check Appropriate Box   Filing Dates   Filing Locations   DBA Name    Check Appropriate Box   Filing Dates   Filing Locations   DBA Name    Check Appropriate Box   Filing Dates   Filing Locations   DBA Name    Check Appropriate Box   Filing Dates   Filing Locations   DBA Name    Check Appropriate Box   Filing Dates   Filing Locations   DBA Name    Check Appropriate Box   Filing Dates   Filing Locations   DBA Name    Check Appropriate Box   Filing Dates   Filing Locations   DBA Name    Check Appropriate Box   Filing Dates   Filing Locations   DBA Name    Check Appropriate Box   Filing Dates   Filing Locations   DBA Name    Check Appropriate Box   Filing Dates   Filing Locations    If you are applying for individual credit, but are relying on income from alimony, child support, or separate    If you are applying for individual credit, but are relying on income from alimony, child support, or separate    If you are applying for individual credit, but are relying on income from alimony, child support, or separate    If you are applying for individual credit, but are relying on income from alimony, child support, or separate    If you are applying for individual credit, but are relying on income from alimony, child support or separate    Steed of Organiz						Applicant	Co-Applicant
Guarantor, Cosigner, Grantor (of collateral), or Other for a different capacity. If the Applicant is a married individual, he or she may apply for individual unders (to No text complete Marrial Status question below if application is for individual underscured credit)  APPLICANT INFORMATION:  Applicant is a:  Borrower   Guarantor   Cosigner   Grantor   Other							
Applicant is a:	Guarantor, Cosigner, Gra	antor (of collateral), or Oth	ner for a diff	ferent capacity.	If the Applica	nt is a married in	
Name of Applicant (Business Name or Last Name if Individual)  Assumed Business Names (If Any)  Filing Dates  Filing Dates  Filing Locations  DBA Name  Check Appropriate Box  If you are applying for individual credit and are relying on your own income or assets and not the income or assets of another person as the basis for repayment of the credit requested, do not complete the section for marital status.  If you are applying for individual credit, but are relying on income from alimony, child support, or separate maintenance or on the income or assets of another person as the basis for repayment of the credit requested, do not complete the section for marital status.  If you are applying for individual credit, but are relying on income from alimony, child support, or separate maintenance or on the income or assets of another person as the basis for repayment of the credit requested, complete all sections to the extent possible, providing information about the person on whose allimony, support or maintenance payments or income or assets you are relying.  If you are applying for individual credit, but are relying on income from alimony, child support, or separate maintenance payments or income or assets you are relying.  If you are applying for individual credit with another applicant, complete all sections and attach joint application.  Street Address  City  ST  Zip Code  Phone Number  State of Organization  Applicant is: An Individual A Proprietorship  An Association An Trust  An Association An Trust  An Agov't Entity  A LLC  SCHEDULE OF COLLATERAL OFFERED BY THIS APPLICANT  Total Liens  Applicant  Filing Dates  Filing Locations  Barral Status (If Individual Borrower)  Presently Owned  S Phurchase Money  Presently Owned  S Purchase Money  Presently Owned  S Purchase Money  Presently Owned	APPLICANT INFOR	MATION:					
Assumed Business Names (If Any)    Filing Dates	Applicant is a:	☐ Borrower ☐ Guaran	tor 🗌 Cos	igner 🗌 Grant	or		
Check Appropriate Box    If you are applying for individual credit and are relying on your own income or assets and not the income or assets of another person as the basis for repayment of the credit requested, do not complete the section for marital status.   If you are applying individual credit, but are relying on income form allimory, child support, or separate requested, complete all sections to the extent possible, providing information about the person on whose alimony, support or maintenance payments or income or assets you are relying.   If you are applying for joint credit with another applicant, complete all sections and attach joint application.    Street Address   City   ST   Zip Code   Phone Number	Name of Applicant (Busin	ess Name or Last Name if	Individual)	Applicant First Na	me (If individu	ıal)	SSN/TIN#
Check Appropriate Box    If you are applying for individual credit and are relying on your own income or assets and not the income or assets of another person as the basis for repayment of the credit requested, do not complete the section for maint status.   If you are applying individual credit, but are relying on income from allimory, child support, or separate requested, complete all sections to the extent possible, providing information about the person on whose allimony, support or maintenance payments or income or assets you are relying.   If you are applying for joint credit with another applicant, complete all sections and attach joint application.    Street Address   City   ST   Zip Code   Phone Number	Assumed Business Names	s (If Any)		Filing Dates	Fili	ing Locations	DBA Name
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for marital status.	☐ If you are applying	for individual credit and are	e relying on y	your own income o	or assets and	not the income or	
If you are applying for individual credit, but are relying on income from alimony, child support, or separate maintenance or on the income or assets of another person as the basis for repayment of the credit crequested, complete all sections to the extent possible, providing information about the person on whose alimony, support or maintenance payments or income or assets you are relying.  If you are applying for joint credit with another applicant, complete all sections and attach joint application.  Street Address  City  ST  Zip Code  Phone Number  Mailing Address  City  ST  Zip Code  Principal Office Address (if not listed above)  City  ST  Zip Code  State of Organization  Applicant is:   An Individual   A Proprietorship   A Partnership   A Corporation   Non-Profit   A A Gov't Entity   A LLC  SCHEDULE OF COLLATERAL OFFERED BY THIS APPLICANT  Description  Value  Total Liens  Ownership Status for This Applicant   Creditor Name  S		person as the basis for rep	ayment of the	ne credit requeste	a, ao not con	piete the section	
requested, complete all sections to the extent possible, providing information about the person on whose allimony, support or maintenance payments or income or assets you are relying.  If you are applying for joint credit with another applicant, complete all sections and attach joint application.  Street Address  City  ST  Zip Code  Phone Number  Mailing Address  City  ST  Zip Code  Principal Office Address (if not listed above)  City  ST  Zip Code  State of Organization  Applicant is: An Individual A Proprietorship A Partnership A Corporation Non-Profit An Association A Trust  SCHEDULE OF COLLATERAL OFFERED BY THIS APPLICANT  Description  Value  Total Liens  Ownership Status for This Applicant  Creditor Name  S  Purchase Money Presently Owned	☐ If you are applying						
If you are applying for joint credit with another applicant, complete all sections and attach joint application.   Street Address   City   ST   Zip Code							☐ Separated
Street Address  City  ST  Zip Code  Phone Number  Mailing Address  City  ST  Zip Code  Principal Office Address (if not listed above)  City  ST  Zip Code  State of Organization  Applicant is: An Individual A Proprietorship A Partnership A Corporation Non-Profit  An Association A Trust  SCHEDULE OF COLLATERAL OFFERED BY THIS APPLICANT  Description  Value  Total Liens  Ownership Status for This Applicant Creditor Name  Purchase Money Presently Owned  \$ Purchase Money Presently Owned						ioint application	
Mailing Address  City  ST  Zip Code  Principal Office Address (if not listed above)  City  ST  Zip Code  State of Organization  Applicant is:		jame or oant with another		-			Phone Number
Principal Office Address (if not listed above)  State of Organization  Applicant is:	Oli Cot Addicas						i none rumber
State of Organization   Applicant is:   An Individual   A Proprietorship   A Partnership   A Corporation   Non-Profit     An Association   A Trust   A Gov't Entity   A LLC	Mailing Address		-	City	ST	Zip Code	,
A Fratriership   A Corporation   Non-Profit     An Association   A Trust   A Gov't Entity   A LLC   SCHEDULE OF COLLATERAL OFFERED BY THIS APPLICANT   Description	Principal Office Address (	if not listed above)	ı	City	ST	Zip Code	
An Association A Trust A Gov't Entity A LLC  SCHEDULE OF COLLATERAL OFFERED BY THIS APPLICANT  Description  Value  Total Liens  Purchase Money Presently Owned  \$ Purchase Money Presently Owned	State of Organization	Applicant is: An Individ		Proprietorship	Δ Partners	shin	ration Non-Profit
SCHEDULE OF COLLATERAL OFFERED BY THIS APPLICANT   Description		<u> </u>		-	=	· <u> </u>	Tation   Non-Front
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\$ Purchase Money Presently Owned	Description		value				Creditor Name
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☐ Presently Owned  \$ ☐ Purchase Money				\$	Durcho	se Money	
\$ ☐ Purchase Money				Ψ			
				\$	Purchas	se Money	
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Use Additional Sheet if Necessary			Llse	e Additional Sheet if Nece	essarv		

***************************************	ME STATEMENT SUMMA				
Alimony, Child Support or Sep obligation.	parate Maintenance income need	not be revealed if you do r	not wish to have it	considered	as a basis for repaying this
Tot	tal Assets: \$	Total Annual Inco	ome: \$		
Total	Liabilities: \$	Total Annual Expens	ses: \$		
☐ See Attached Financi	Net Worth: \$al statements.	Net Annual Cash F	low: \$		
RELATIONSHIP INFORI	MATION - APPLICANT'S H	IISTORY WITH LENDER	<b>R</b>		
□New Customer	Customer Since(MM-		_ast Financial State	ement Date(I	MM-DD-YYYY)·
Existing Customer				eport Date(N	/M-DD-YYYY):
Liabilities with Lender	Deposits	with Lender	Tot	al Credit Wit	h Lender
Direct: \$	DDA Avg	: _\$	Nev	w Credit: \$	
Contingent: \$			Propos	sed Total: \$	
Total: \$	Total Avg	: \$			
SIGNERS FOR THIS AP	PLICANT			T	
Name		Title		Authorized	SSN #
Street Address		City	ST	Zip Code	Phone Number
Name		Title		Authorized	SSN #
Street Address		City	ST	Zip Code	Phone Number
Name		Title		Authorized	SSN #
Street Address		City	ST	Zip Code	Phone Number
Name		Title		Authorized	SSN #
Street Address		City	ST	Zip Code	Phone Number
	Use A	Additional Sheet If Necessary	у		
APPLICANT SIGNATUR	ES				
misrepresentation in this loan important information. I/We a authorized to verify with other for that purpose. Lender may I/We understand that Lender w representations and authorization any part of the loan. I/We furt with respect to my/our application.	an or credit described in this application or in any related deagree that any property securing parties and to make any investiguished disclose to any other interested will retain this application and an ions extend not only to Lender, her authorize Lender to provide tion, credit or loan.	ocuments, that all informating the loan or credit will not gation of my/our credit, eith parties information as to Ley other credit information Legut also to any insurer of the	on is true and control to be used for any ser directly or through ender's experience ender receives, ever e loan and to any	mplete, and illegal or resugh any ageles or transacen if no loan investor to versions.	that I/we did not omit any stricted purpose. Lender is ncy employed by the Lender ctions with my/our account. or credit is granted. These whom Lender may sell all or
APPLICANT:					
Ву:		Ву:			
Ву:		Ву:			
		Additional Sheet If Necessary	V		
FOR LENDER'S USE ON Officer No. / Name		Concurrence By (If Needed)	Committee Date	D	ecision Date
Branch 032	Application Date	Application No.	Commitment No.	L	oan No.
Decision and Comments:	Approved Denied Incomp	lete 🗌 Counteroffer 🗌 Con	nditional Approval	Withdraw	al

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#### **CREDIT APPLICATION DISCLOSURES**

THE FOLLOWING DISCLOSURES ARE REQUIRED BY FEDERAL LAW. PLEASE READ CAREFULLY AND SIGN WHERE INDICATED AS APPROPRIATE

# **Federal Credit Application Insurance Disclosure:**

#### Purpose:

You have submitted an application for a loan. In connection with your loan application, Lender may be soliciting, offering to sell, or will sell you an insurance product or annuity. Federal Law requires Lender to provide you with the following disclosures.

## **Credit Disclosures:**

- 1. Lender, as condition of granting you a loan, cannot require that you purchase an insurance product or annuity from Lender or any of its affiliates.
- 2. Lender, as a condition of granting you a loan, cannot require your agreement not to obtain or prohibit you from obtaining an insurance product or annuity from an unaffiliated entity.

## Acknowledgement:

disclosure is provided electronically or I have applied for credit by mail, I also ack	nowledge that you have provided this
disclosure to me orally.	
Date:	Date:

By signing below, I acknowledge that I have received, read, and understand this insurance disclosure. Unless this

Date:	Date: