

## COMMERCIAL LOAN APPLICATION - SUMMARY

**IMPORTANT APPLICANT INFORMATION:** Federal law requires financial institutions to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

		Date:
		Telephone:
		Taxpayer I.D.#
		Nature of Business
<b>Applicant's Name and Address</b>	<b>Creditor's Name and Address</b>	Business Year End Date

### General Information

Legal Relationship:	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Sole-Proprietorship	<input type="checkbox"/> Other
Authorization Resolution Dated:	<input type="checkbox"/> Submitted with Statement	<input type="checkbox"/> On File With Creditor	<input type="checkbox"/> To Be Provided	
Income Tax Return Filed Through What Date:	Are Any Returns Being Contested or Audited			<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Accountant or Accounting Firm:				
Names of Persons Authorized to Borrow Money on Behalf of and in the Name of the Applicant:				

### Loan Request

Amount Requested:	<input type="checkbox"/> Secured	<input type="checkbox"/> Unsecured	<input type="checkbox"/> Initial Request	<input type="checkbox"/> Additional Advance
Purpose of Loan	Terms			

### Equal Credit Opportunity Notice

<p>Were your gross revenues \$1,000,000 or less in your previous fiscal year?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If you answered "yes" and the Creditor denies your application for credit, you have the right to a written statement of the specific reasons for the denial. To obtain the statement please contact:</p> <p>within 60 days from the date you are notified of Creditor's decision. The Creditor will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement. The notice at right describes additional protections extended to you.</p>	<p><b>NOTICE:</b> 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 (providing the applicant has the capacity to enter into a binding contract), because all or a 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:</p>
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**NOTICE - JOINT CREDIT**

We intend to apply for joint credit. (initials) \_\_\_\_\_

This information and the information provided on all accompanying financial statements and schedules is provided for the purpose of obtaining credit for the Applicant(s) or for the purpose of Applicant(s) guaranteeing credit for others. Applicant(s) acknowledge that representations made in this statement will be relied on by Creditor in its decision to grant such credit. This Statement is true and correct in every detail and accurately represents the financial condition of the Applicant(s) on the date given below. Creditor is authorized to make all inquiries it deems necessary to verify the accuracy of the information contained herein and to determine the creditworthiness of the Applicant(s) will promptly notify Creditor of any subsequent changes which would affect the accuracy of this Statement. Creditor is further authorized to answer any questions about Creditor's credit experience with Applicant(s). Applicant(s) are aware that any knowing or willful false statements regarding the value of the above property for purposes of influencing the actions of Creditor can be a violation of federal law. 18 U.S.C. & 1014, and may result in a fine or imprisonment or both.

In addition, each individual signing below authorizes the Creditor to check their individual credit account and employment history and have a credit reporting agency prepare a consumer credit report on them.

By signing below, the undersigned agree(s) to all the terms and conditions beginning on page 1 through the bottom of page 2 of this Administration.

By \_\_\_\_\_  
Signature Date

By \_\_\_\_\_  
Signature Date

By \_\_\_\_\_  
Signature Date

By \_\_\_\_\_  
Signature Date

**APPENDIX A to § 1010.230 -- CERTIFICATION REGARDING  
BENEFICIAL OWNERS OF LEGAL ENTITY CUSTOMERS**

**I. GENERAL INSTRUCTIONS**

**What is this form?**

To help the government fight financial crime, Federal regulation requires certain financial institutions to obtain, verify, and record information about the beneficial owners of legal entity customers. Legal entities can be abused to disguise involvement in terrorist financing, money laundering, tax evasion, corruption, fraud, and other financial crimes. Requiring the disclosure of key individuals who own or control a legal entity (i.e., the beneficial owners) helps law enforcement investigate and prosecute these crimes.

**Who has to complete this form?**

This form must be completed by the person opening a new account on behalf of a legal entity with any of the following U.S. financial institutions: (i) a bank or credit union; (ii) a broker or dealer in securities; (iii) a mutual fund; (iv) a futures commission merchant; or (v) an introducing broker in commodities.

For the purposes of this form, a **legal entity** includes a corporation, limited liability company, or other entity that is created by a filing of a public document with a Secretary of State or similar office, a general partnership, and any similar business entity formed in the United States or a foreign country. **Legal entity** does not include sole proprietorships, unincorporated associations, or natural persons opening accounts on their own behalf.

**What information do I have to provide?**

This form requires you to provide the name, address, date of birth and Social Security Number (or passport number or other similar information, in the case of non-U.S. persons) for the following individuals (*i.e.*, the **beneficial owners**):

(i) Each individual, if any, who owns, directly or indirectly, 25 percent or more of the equity interests of the legal entity customer (*e.g.*, each natural person that owns 25 percent or more of the shares of a corporation); **and**

(ii) An individual with significant responsibility for managing the legal entity customer (*e.g.*, a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, or Treasurer).

The number of individuals that satisfy this definition of “beneficial owner” may vary. Under section (i), depending on the factual circumstances, up to four individuals (but as few as zero) may need to be identified. Regardless of the number of individuals identified under section (i), you must provide the identifying information of one individual under section (ii).

It is possible that in some circumstances the same individual might be identified under both sections (e.g., the President of Acme, Inc. who also holds a 30% equity interest). Thus, a completed form will contain the identifying information of at least one individual (under section (ii)), and up to five individuals (i.e., one individual under section (ii) and four 25 percent equity holders under section (i)). The financial institution may also ask to see a copy of a driver's license or other identifying document for each beneficial owner listed on this form.

## II. CERTIFICATION OF BENEFICIAL OWNER(S)

**Persons opening an account on behalf of a legal entity must provide the following information:**

a. Name and Title of Natural Person Opening Account:

\_\_\_\_\_

Address (Legal/Residential) \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security # \_\_\_\_\_

Phone # \_\_\_\_\_

b. Name and Address of Legal Entity for Which the Account is Being Opened:

\_\_\_\_\_

c. The following information for each **individual**, if any, who, directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns **25 percent or more** of the equity interests of the legal entity listed above:

\*\*If 25% or more of this entity is owned by a trust, list the trustees as the beneficial owners on a separate page.

1. Name: \_\_\_\_\_

Address (Residential or Business) \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security # \_\_\_\_\_

For Non-U.S. Persons: Social Security Number, Passport # & Country of Issuance

\_\_\_\_\_

(For Foreign Persons only)

Phone # \_\_\_\_\_

Description of Identification \_\_\_\_\_

**2. Name:** \_\_\_\_\_

*Address (Residential or Business)* \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security # \_\_\_\_\_

*For Non-U.S. Persons: Social Security Number, Passport # & Country of Issuance*

\_\_\_\_\_  
*(For Foreign Persons only)*

Phone # \_\_\_\_\_

*Description of Identification* \_\_\_\_\_

**3. Name:** \_\_\_\_\_

*Address (Residential or Business)* \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security # \_\_\_\_\_

*For Non-U.S. Persons: Social Security Number, Passport # & Country of Issuance*

\_\_\_\_\_  
*(For Foreign Persons only)*

Phone # \_\_\_\_\_

*Description of Identification* \_\_\_\_\_

**4. Name:** \_\_\_\_\_

*Address (Residential or Business)* \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security # \_\_\_\_\_

*For Non-U.S. Persons: Social Security Number, Passport # & Country of Issuance*

\_\_\_\_\_  
*(For Foreign Persons only)*

Phone # \_\_\_\_\_

*Description of Identification* \_\_\_\_\_

(If no individual meets this definition, please write "Not Applicable.")

d. The following information for one individual with significant responsibility for managing the legal entity listed above, such as:

- ❑ An executive officer or senior manager (e.g., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer); or
- ❑ Any other individual who regularly performs similar functions.

(If appropriate, an individual listed under section (c) above may also be listed in this section (d)).

Name: \_\_\_\_\_

Address (Residential or Business) \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security # \_\_\_\_\_

For Non-U.S. Persons: Social Security Number, Passport # & Country of Issuance

\_\_\_\_\_  
(For Foreign Persons only)

Phone # \_\_\_\_\_

Description of Identification \_\_\_\_\_

I, \_\_\_\_\_ (print name of natural person opening account),  
hereby certify, to the best of my knowledge, that the information provided above is complete  
and correct.

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

*1 In lieu of a passport number, Non-U.S. Persons may also provide a Social Security Number, an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.*

Account # \_\_\_\_\_

Type of Legal Entity: \_\_\_\_\_

Legal Entity Identifier \_\_\_\_\_ (Optional)