

### 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 you 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.

## I. BUSINESS PROFILE

LEGAL BUSINESS NAME / BORROWING ENTITY		BUSINESS TAX I.D. NUMBER	
DOING BUSINESS AS (DBA) NAME, IF ANY		EMAIL ADDRESS	
BUSINESS ADDRESS	CITY, STATE, ZIP	BUSINESS PHONE NUMBER	BUSINESS FAX NUMBER
BUSINESS STRUCTURE (PLEASE CHECK ONE)			
<input type="checkbox"/> S-Corporation <input type="checkbox"/> C-Corporation <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Not For Profit <input type="checkbox"/> Individual			
NATURE OF BUSINESS		YEAR BUSINESS EST.	CURRENT OWNER SINCE
DOES THE BUSINESS OWN OR LEASE THE PROPERTY <input type="checkbox"/> OWN <input type="checkbox"/> LEASE		ACCOUNTANT (NAME & PHONE)	
INSURANCE AGENT (NAME & PHONE)		ATTORNEY REFERENCE (NAME & PHONE)	

## II. LOAN REQUEST

[I/We hereby apply to BCT for the following extension of commercial credit (Check all that apply)]

DOLLAR AMOUNT OF LOAN	COLLATERAL	EST. VALUE OR PURCHASE PRICE
\$	<input type="checkbox"/> BUSINESS ASSETS <input type="checkbox"/> MACHINERY AND/OR EQUIPMENT <input type="checkbox"/> VEHICLES, TRUCKS, OR TRAILERS <input type="checkbox"/> REAL ESTATE / COMMERCIAL PROP <input type="checkbox"/> REAL ESTATE / PERSONAL RESIDENCE <input type="checkbox"/> MARKETABLE SECURITIES / CD / SAVINGS <input type="checkbox"/> ACCOUNTS RECEIVABLE <input type="checkbox"/> INVENTORY <input type="checkbox"/> OTHER LIST:	
PURPOSE		
<input type="checkbox"/> RECEIVABLE GROWTH <input type="checkbox"/> EQUIPMENT PURCHASE <input type="checkbox"/> INVENTORY PURCHASES <input type="checkbox"/> RENEWAL <input type="checkbox"/> REAL ESTATE ACQUISITION/REFI <input type="checkbox"/> REFINANCE <input type="checkbox"/> REAL ESTATE CONSTRUCTION <input type="checkbox"/> OTHER <input type="checkbox"/> VEHICLE PURCHASE		
TYPE OF CREDIT		
<input type="checkbox"/> BUSINESS LINE OF CREDIT <input type="checkbox"/> BUSINESS INSTALLMENT LOAN <input type="checkbox"/> COMMERCIAL MORTGAGE <input type="checkbox"/> LETTER OF CREDIT		
SOURCE OF REPAYMENT		

## III. LIST OF ALL BUSINESS DEBT

DESCRIPTION OF DEBT	ORIGINAL AMOUNT	CURRENT BALANCE	MONTHLY PAYMENT	MATURITY DATE	CREDITOR NAME	COLLATERAL

## IV. LIST OF ALL BUSINESS' BANK DEPOSIT ACCOUNTS

## V. BACKGROUND INFORMATION

NAME OF BANK AND LOCATION	AMOUNT ON DEPOSIT	Has your business ever filed for bankruptcy? <input type="checkbox"/> YES <input type="checkbox"/> No If yes, what year? _____ Is your business a party to any claim or lawsuit? <input type="checkbox"/> YES <input type="checkbox"/> No Is your business in arrears or in dispute of any tax payment? <input type="checkbox"/> YES <input type="checkbox"/> No Have any owners been arrested for any criminal offense? (excluding minor vehicle violations) <input type="checkbox"/> YES <input type="checkbox"/> No <i>If the answer to any of these questions is "Yes", please provide an explanation on a separate sheet of paper.</i>
NAME OF BANK AND LOCATION	AMOUNT ON DEPOSIT	

To submit application, COMPLETE BOTH PAGES, SAVE, PRINT, SIGN, and SUBMIT AT A BCT BRANCH OR LOAN PRODUCTION OFFICE. ([BCT Locations](#))

## VI. OWNERS – List All

OWNER / GUARANTOR NO. 1		OWNER / GUARANTOR NO. 2	
NAME		NAME	
TITLE / POSITION		TITLE / POSITION	
PCT. OF OWNERSHIP		PCT. OF OWNERSHIP	
HOME ADDRESS		HOME ADDRESS	
CITY, STATE, ZIP		CITY, STATE, ZIP	
PHONE NUMBER		PHONE NUMBER	
OWNER / GUARANTOR NO. 3		OWNER / GUARANTOR NO. 4	
NAME		NAME	
TITLE / POSITION		TITLE / POSITION	
PCT. OF OWNERSHIP		PCT. OF OWNERSHIP	
HOME ADDRESS		HOME ADDRESS	
CITY, STATE, ZIP		CITY, STATE, ZIP	
PHONE NUMBER		PHONE NUMBER	

## VII. CHECKLIST – BUSINESS LOAN APPLICATION

<input type="checkbox"/> BUSINESS LOAN APPLICATION	<input type="checkbox"/> PERSONAL FEDERAL TAX RETURNS FOR THE PAST THREE YEARS FOR EACH OWNER LISTED ABOVE
<input type="checkbox"/> BUSINESS FEDERAL TAX RETURNS FOR PAST THREE FISCAL YEARS	<input type="checkbox"/> PERSONAL FINANCIAL STATEMENT FOR EACH OWNER LISTED ABOVE
<input type="checkbox"/> INTERIM FINANCIAL STATEMENTS (IF AVAILABLE)	<input type="checkbox"/> OTHER
<input type="checkbox"/> BUSINESS ORGANIZATION PAPERS	

## VIII. PLEASE READ

**APPRAISAL NOTICE:** If the collateral which will secure this loan is a 1-4 family residence, you have the right to a copy of the appraisal used in connection with your application for credit. If you wish to have a copy, please write to us at the following address: Bank of Charles Town, Commercial Loan Department, PO Box 906, Charles Town, WV 25414. We must hear from you no later than ninety (90) days after we notify you about the action taken on your credit application or no later than ninety (90) days after you withdraw your application. Your written request must contain: Applicant's name, property address, application date; and mailing instructions for the copy. If you have not already paid for the appraisal, we may require you to do so before providing a copy.

**LOANS TO INDIVIDUALS:** If the purpose of the loan is to purchase, refinance, or improve a 1-4 family dwelling or 5 or more residential units **and** the applicant is an individual(s), then complete and sign the Government Monitoring Information Form attached to this application.

**REPRESENTATIONS:** The information contained in this application is provided for the purpose of obtaining business (non-consumer) credit with the lender on behalf of the undersigned. It is understood the lender will rely on the information provided in making its credit decision. The lender is authorized to make all inquiries it deems necessary to verify the accuracy of the statements herein made, or in its discretion, to further determine the undersigned's credit standing, including obtaining consumer and/or business reports. Bank of Charles Town is authorized to share the information it obtains through these inquiries and any credit bureau report with other Bank of Charles Town affiliates. The lender is hereby authorized to answer any questions from third parties concerning the undersigned's experience with the lender.

**AUTHORIZATION:** The undersigned authorizes Bank of Charles Town, or any of its affiliates, to share any financial or other information provided by us to another outside entity for the purpose of that entity determining if it has any interest in participating with, or outright purchase from, Bank of Charles Town, or any of its affiliates, any credit transaction which the undersigned has entered into or may enter into, in the future with Bank of Charles Town or any of its affiliates.

To submit application: SIGN BELOW, SAVE, PRINT, and SUBMIT TO A BCT REPRESENTATIVE AT A BRANCH OR LOAN PRODUCTION OFFICE. ([BCT Locations](#))

As an authorized agent of the applicant company, I confirm that everything in the application and information submitted along with the application is true and complete.

APPLICANT/PRINCIPAL SIGNATURE	APPLICANT/PRINCIPAL SIGNATURE
PRINT NAME	PRINT NAME
TITLE	TITLE
DATE SIGNED	DATE SIGNED

## FOR BANK USE ONLY

HMDA: <input type="checkbox"/> YES <input type="checkbox"/> NO	CDL: <input type="checkbox"/> YES <input type="checkbox"/> NO	CIP: <input type="checkbox"/> YES <input type="checkbox"/> NO
Application Rec'd Date:	Complete Application Rec'd Date:	