

## SMALL BUSINESS LOAN 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 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				BU	BUSINESS TAX I.D. NUMBER					
DOING BUSINESS AS (DBA) NAME, IF ANY				EM	EMAIL ADDRESS					
BUSINESS ADDRESS CITY, STATE,			E, ZIP	BU	BUSINESS PHONE NUMBER			BUSINESS FAX NUMBER		
BUSINESS STRUCTURE (PLEASE CHECK ONE)  S-Corporation  Limited Liability Partnership  NATURE OF BUSINESS  C-Corporation  Limited Liability Company							Individual	PLOYEES		
<u> </u>			T (NAME	& PHONE)	ONE)					
·				<u> </u>						
INSURANCE AGENT (NAME & PHONE)				ATTORNEY REFERENCE (NAME & PHONE)						
II. LOAN REQU		hereby apply to B	CT for		wing extension of commercial credit (Check all that apply)]					
DOLLAR AMOUNT OF LO	AN				RPOSE ] EQUIPMENT F	PURCHASE	☐ VEHICL	E PURCHASE [	VEHICLE REFI	NANCE
III. LIST OF ALL	BUSINESS DEBT									
DESCRIPTION OF DEBT	ORIGINAL AMOUNT	CURRENT BALANCE	MONT	THLY PAYMENT	MATURITY DATE	CREDITO	OR NAME	COLLATERAL		
DESCRIPTION OF DEBT	ORIGINAL AMOUNT	CURRENT BALANCE	MONT	THLY PAYMENT	MATURITY DATE	CREDITO	OR NAME	COLLATERAL		
IV. LIST OF ALL	<b>BUSINESS' BAN</b>	IK DEPOSIT AC	COUN		. BACKGRO					
NAME OF BANK AND LOCATION AMOUNT (			T ON DEP	POSIT Has your business ever filed for bankruptcy?  If yes, what year?			☐YE	S □No		
NAME OF BANK AND LOCATION AMOUN		JNT ON DEPOSIT		Is your business a party to any claim or lawsuit?						
					Is your business in arrears or in dispute of any tax payment?  YES No					
					If the answer to any of these questions is "Yes", please provide an explanation on a separate sheet of paper.					
VI. OWNERS –	List All									
OWNER / GUARANTOR NO. 1					ARANTOR NO. 2					
NAME				NAME						
TITLE / POSITION	TITLE / POSITION			TITLE / POS	ITION					
PCT. OF OWNERSHIP				PCT. OF OWNERSHIP						
HOME ADDRESS				HOME ADD	RESS					
CITY, STATE, ZIP			CITY, STATE, ZIP							
PHONE NUMBER			PHONE NUMBER							
VII. SMALL BUS	SINESS LOAN AF	PPLICATION CH	ECKLI	ST						
				PERSONAL F	NAL FEDERAL TAX RETURNS FOR THE PAST YEAR FOR EACH OWNER LISTED ABOVE					
BUSINESS FEDERAL TAX RETURNS FOR PAST FISCAL YEAR				PERSONAL FINANCIAL STATEMENT FOR EACH OWNER LISTED ABOVE						
☐ INTERIM FINANCIAL STATEMENTS (E.G. QUICKBOOKS) -IF TAX RETURNS > 6 MONTHS			BILL OF SALE	BILL OF SALE OR TITLE OF COLLATERAL BEING OFFERED						
BUSINESS ORGANIZATION PAPERS			OTHER							



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### VIII. PERSONAL FINANCIAL STATEMENT (list only your individually held assets/liabilities)

ASSETS	LIABILITIES			
			Monthly	Total Balance
	Total Value		Payment(s)	Owed
Cash	\$	Credit Cards & Bills Due	\$	\$
Marketable Securities (e.g. stocks)	\$	Installment Loans	\$	\$
Life Insurance (Cash Value Only)	\$	Mortgage on Residence	\$	\$
Notes/Contracts Receivable	\$	Mortgage on Other Real Estate	\$	\$
Primary Residence	\$	Unpaid Taxes	\$	\$
Other Real Estate	\$	Other: List	\$	\$
Retirement Accounts	\$		\$	\$
Ownership in Closely Held Companies	\$		\$	\$
Automobiles	\$		\$	\$
Personal Property	\$		\$	\$
Other: List	\$		\$	\$
	\$	TOTAL LIABILITIES (sum above)	\$	\$
		NET WORTH		
TOTAL ASSETS (sum above)	\$	(Total Assets minus Total Liab.)	\$	

#### IX. PLEASE READ

**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 credit bureau 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.

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: YES NO	CDL: YES NO	CIP: YES NO			
Application Rec'd Date:	Complete Application Rec	c'd Date:			