

## Business Loan Application

Complete the Business Applicant Information for the first Business Applicant. Indicate whether the Applicant is a Borrower, Guarantor, Cosigner, Grantor (of collateral) or Other for a different capacity. If the applicant is married, he or she may apply for individual credit. (Do not complete the Marital Status question below if application is for individual unsecured credit).

Business Applicant Information				
Business Applicant's Name			Bank Location	
Street Address		City	State	Zip
Mailing Address		City	State	Zip
Description of Business/Service		Business Contact	Business Phone	Business Fax
Business Website	Year Established	Years of Current Ownership	Years Owners Have Been In Industry	
SSN/TIN#		DBA	Primary Customers	
Annual Sales \$	# of Employees	Credit Request: <input type="checkbox"/> Applicant Only <input type="checkbox"/> Co-Applicants		
Applicant is a: <input type="checkbox"/> Borrower <input type="checkbox"/> Guarantor <input type="checkbox"/> Cosigner <input type="checkbox"/> Grantor <input type="checkbox"/> Other:				
Marital Status (if individual borrower): <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Separated				
Loan Purpose:				
Business Type:	Individual	Corporation	Partnership	Other
	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Sub-S Corporation <input type="checkbox"/> C-Corporation <input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> General <input type="checkbox"/> Limited <input type="checkbox"/> Limited Liability	<input type="checkbox"/> Non-profit Organization <input type="checkbox"/> Professional Association <input type="checkbox"/> Other:

### Loan Information

Loan Type: <input type="checkbox"/> Business Line of Credit	New Line Amount	\$ _____	Or Increase Line To:	_____
<input type="checkbox"/> Term Loan	Amount Requested	\$ _____	Length of Term:	_____
<input type="checkbox"/> Commercial Real Estate Loan Owner Occupied: _____ Investment: _____	Amount Requested	\$ _____	Length of Term:	_____
<input type="checkbox"/> SBA Loan	Amount Requested	\$ _____	Length of Term:	_____
<input type="checkbox"/> Other	Amount Requested	\$ _____	Length of Term:	_____
Description of Other: _____				

### Collateral Schedule

Collateral	Value	Total Liens	Ownership Status	Creditor
		\$	<input type="checkbox"/> Purchase Money <input type="checkbox"/> Presently Own	
		\$	<input type="checkbox"/> Purchase Money <input type="checkbox"/> Presently Own	
		\$	<input type="checkbox"/> Purchase Money <input type="checkbox"/> Presently Own	

### Ownership Information

Owner's Name	Social Security#	Date of Birth	Title	% Ownership

### Financial Information

#### Business Deposit Accounts

Financial Institution	Account Type	Name(s) on Account	Account Balance
			\$
			\$
			\$
			\$
<b>TOTAL</b>			\$

#### Business Debt (Include all debt – accounts, trade payable, bank debt, or current Western State Bank debt, etc.)

Debt Payable To	Account Type	Name(s) on Account	Balance	Payment
			\$	\$ per
			\$	\$ per
			\$	\$ per
			\$	\$ per
<b>TOTAL</b>			\$	\$ per

### Business Information

- Has the Applicant/Guarantor/Co-applicant ever declared bankruptcy?  Yes  No
- Has the Applicant/Guarantor/Co-applicant brought at party to claim or lawsuit?  Yes  No
- Are there any state or federal liens against the Applicant/Guarantor/Co-applicant?  Yes  No
- Are any of the tax obligations of the Applicant/Guarantor/Co-applicant past due?  Yes  No

Does the Applicant lease the occupied building  Yes  No      Years remaining: \_\_\_\_\_      Monthly lease payment: \$ \_\_\_\_\_

Lessor Name: \_\_\_\_\_      Lessor Address: \_\_\_\_\_

Business's Fiscal Year: \_\_\_\_\_      List changes in financial conditions over the past three years: \_\_\_\_\_

### References

Reference Name	Company	Address	Phone Number

#### Please indicate the Western State Bank products/services you may use:

- |   |   |
|---|---|
| <input type="checkbox"/> Deposits<br><input type="checkbox"/> Cash Withdrawals<br><input type="checkbox"/> Wire Transfers | <input type="checkbox"/> Loans<br><input type="checkbox"/> Online Banking/Cash Management Services<br><input type="checkbox"/> Safe Deposit Box |
|---|---|

#### Please provide the following information to Western State Bank:

- |   |  |
|---|--|
| <input type="checkbox"/> Past three years personal tax returns<br><input type="checkbox"/> Past three years business tax returns<br><input type="checkbox"/> Past three years business financial statements<br><input type="checkbox"/> Past three months of business checking account statements | <input type="checkbox"/> Organizational Documents - Certificate of Incorporation, Articles of Incorporation, Partnership Agreement, Borrowing Resolution, Member Control Agreement, etc.<br><input type="checkbox"/> Current Personal Financial Statement (include list of contingent liabilities)<br><input type="checkbox"/> Current Listing of Inventory, Equipment, Accounts Receivable, and Accounts Payable<br><input type="checkbox"/> Other: _____ |
|---|--|

**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 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.

\_\_\_\_\_  
Applicant's Signature/Date

\_\_\_\_\_  
Applicant's Signature/Date

\_\_\_\_\_  
Applicant's Signature/Date

\_\_\_\_\_  
Applicant's Signature/Date

**Signature of Guarantors:** Each Shareholder, Partner, or Member, with 20% or more ownership, interested in the Business Application, must sign application.

Internal Use Only: NAICS Code(s) \_\_\_\_\_

BSA Code: \_\_\_\_\_