

CREDIT REQUESTED

Amount Requested	Term of Credit Requested	Loan Type	Credit Request <input type="checkbox"/> Applicant Only <input type="checkbox"/> Joint With Co-Applicant(s)
Market Survey	Purpose of Credit Request	App #	We intend to apply for joint credit: Applicant _____ Co-Applicant _____

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, 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 credit. (Do Not complete Marital Status question below if application is for individual unsecured credit)

APPLICANT INFORMATION:

Applicant is a: Borrower Guarantor Cosigner Grantor Other _____

Name of Applicant (Business Name or Last Name if Individual)	Applicant First Name (If individual)	SSN/TIN#
Assumed Business Names (If Any)	Filing Dates	Filing Locations
		DBA Name

<p>Check Appropriate Box</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> 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 whose alimony, support or maintenance payments or income or assets you are relying.</p> <p><input type="checkbox"/> If you are applying for joint credit with another applicant, complete all sections and attach joint application.</p>	<p>Marital Status(If Individual Borrower)</p> <p><input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Separated</p>
---	---

Street Address	City	ST	Zip Code
Mailing Address	City	ST	Zip Code
Principal Office Address (if not listed above)	City	ST	Zip Code

State of Organization	Applicant is: <input type="checkbox"/> An Individual <input type="checkbox"/> A Proprietorship <input type="checkbox"/> A Partnership <input type="checkbox"/> A Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> An Association <input type="checkbox"/> A Trust <input type="checkbox"/> A Gov't Entity <input type="checkbox"/> A LLC
-----------------------	---

SCHEDULE OF COLLATERAL OFFERED BY THIS APPLICANT

Description	Value	Total Liens	Ownership Status for This Applicant	Creditor Name
		\$	<input type="checkbox"/> Purchase Money <input type="checkbox"/> Presently Owned	
		\$	<input type="checkbox"/> Purchase Money <input type="checkbox"/> Presently Owned	
		\$	<input type="checkbox"/> Purchase Money <input type="checkbox"/> Presently Owned	
		\$	<input type="checkbox"/> Purchase Money <input type="checkbox"/> Presently Owned	
		\$	<input type="checkbox"/> Purchase Money <input type="checkbox"/> Presently Owned	

Use Additional Sheet if Necessary

