



CENTER BANK

BUSINESS LOAN APPLICATION

(For businesses other than individuals or dba)

LOAN INFORMATION

Loan amount requested \$ _____

Purpose of loan: _____

If other than below, please explain

<input type="checkbox"/> Business purchase	<input type="checkbox"/> Equipment	<input type="checkbox"/> Line of Credit
<input type="checkbox"/> Capital increase	<input type="checkbox"/> Real Estate	<input type="checkbox"/> Letter of Credit
<input type="checkbox"/> Professional	<input type="checkbox"/> A/R	<input type="checkbox"/> Refinancing
<input type="checkbox"/> Inventory	<input type="checkbox"/> Improvements	<input type="checkbox"/> Extension

BORROWER INFORMATION

BUSINESS ENTITY

Partnership General Limited

Corporation

S Corporation

Limited Liability Company

Other: _____

BORROWER'S NAME: _____

BORROWER'S ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NO.: _____

FAX NO.: _____

E-mail address: _____

BORROWER'S TAX IDENTIFICATION#: _____

TYPE OF BUSINESS

<input type="checkbox"/> Professional	<input type="checkbox"/> Services	<input type="checkbox"/> Import/Export
<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Retailing	<input type="checkbox"/> Contractor
<input type="checkbox"/> Wholesaling	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Other: _____

BUSINESS FINANCIAL INFORMATION

Most recent Business Financial Statement is: _____ Dated _____

Most recent Federal Tax Return is: _____ Dated _____

Year business was started: _____

Product/s offered: _____

Business has been at present location for: _____ years _____ month

Business was at prior location for: _____ years _____ month

Business premises: Rent/Lease Monthly payment _____

Own Mtg. monthly payment _____

Name of Owner: _____ % Ownership: _____

Name of Owner: _____ % Ownership: _____

Name of Owner: _____ % Ownership: _____

Any pending legal suits: No Yes _____

Please explain

REQUIRED DOCUMENTS

<input type="checkbox"/> Guarantor's Personal Information	Rec'd
<input type="checkbox"/> Guarantor's Personal Financial Statement	<input type="checkbox"/>
<input type="checkbox"/> Guarantor's Resume	<input type="checkbox"/>
<input type="checkbox"/> Guarantor Tax Returns. Years _____	<input type="checkbox"/>
<input type="checkbox"/> Business Financial Statement	<input type="checkbox"/>
<input type="checkbox"/> Corporate Tax Return. Years _____	<input type="checkbox"/>
<input type="checkbox"/> Copy of Lease Contract Agreement on business premises	<input type="checkbox"/>
<input type="checkbox"/> Certified Copy of Escrow Instructions	<input type="checkbox"/>
<input type="checkbox"/> Copy of Business Insurance Policy	<input type="checkbox"/>
<input type="checkbox"/> Business Bank Statement for last _____ months	<input type="checkbox"/>
<input type="checkbox"/> Copy of recorded Articles of Incorporation	<input type="checkbox"/>
<input type="checkbox"/> Borrowing Resolution	<input type="checkbox"/>
<input type="checkbox"/> Copy of Certificate of Good Standing	<input type="checkbox"/>
<input type="checkbox"/> Verification of down payment	<input type="checkbox"/>
<input type="checkbox"/> Certified Copy of Fictitious business Name Statement	<input type="checkbox"/>
<input type="checkbox"/> Copy of Grand Deed on real property	<input type="checkbox"/>
<input type="checkbox"/> Proof of mortgage balance	<input type="checkbox"/>
<input type="checkbox"/> Copy of Fire/Hazard Insurance on real property	<input type="checkbox"/>
<input type="checkbox"/> Inventory list	<input type="checkbox"/>
<input type="checkbox"/> List of accounts receivable and aging	<input type="checkbox"/>
<input type="checkbox"/> List of accounts payable and aging	<input type="checkbox"/>
<input type="checkbox"/> Other _____	<input type="checkbox"/>

BANKING RELATIONSHIP

Name of Principal Bank: _____

Office Address: _____ City: _____ Zip: _____

I have the following accounts:

<input type="checkbox"/> Business checking	<input type="checkbox"/> Business savings	<input type="checkbox"/> Certificate of Deposit
<input type="checkbox"/> Business loan	<input type="checkbox"/> Business Line of Credit	<input type="checkbox"/> Personal Checking

AUTHORIZATION TO PROCESS APPLICATION

The "Borrower" named above certifies that all the information provided is complete, true, and authorizes the Bank to obtain credit report on the applicant, individual owners, and the business. Each person signing below certifies that he/she is signing on behalf of the "Borrower" in the capacity indicated next to the signer's name and that such signer is authorized to execute this business application on behalf of the applicant.

X	_____	_____	_____	_____
	Signature	Print name	Title	Date
X	_____	_____	_____	_____
	Signature	Print name	Title	Date

FOR BANK USE ONLY

Interviewed by: _____

Application received by: _____

Date received: _____



LOAN APPLICATION

JOINT
 INDIVIDUAL

MARRIED APPLICANTS MAY APPLY FOR EITHER SEPARATE OR JOINT CREDIT

Amount Requested \$ _____ Purpose: _____ Term: Yr(s) Mos

SECTION 1 INFORMATION ABOUT YOU-Complete this Section for all types of credit.

REVEAL AT YOUR OPTION <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss		FIRST NAME	MIDDLE NAME	LAST NAME	ALIEN REGISTRATION#	DRIVER'S LICENSE NUMBER	SOCIAL SECURITY NUMBER
ADDRESS - NO. STREET		CITY	STATE	ZIP CODE	TIME AT THIS ADDRESS Yrs. _____ Mos. _____	TELEPHONE NUMBER	
<input type="checkbox"/> OWN	<input type="checkbox"/> FURNISHED	<input type="checkbox"/> MARRIED	<input type="checkbox"/> SEPARATED		AGES OF DEPENDENT CHILDREN		
<input type="checkbox"/> RENT	<input type="checkbox"/> UNFURNISHED	<input type="checkbox"/> UNMARRIED (INCLUDES: SINGLE, DIVORCED OR WIDOWED)					
PREVIOUS ADDRESS - NO. STREET		CITY	STATE	ZIP CODE	TIME THERE Yrs. _____ Mos. _____	TELEPHONE NUMBER	
NAME OF NEAREST RELATIVE NOT LIVING WITH YOU						TELEPHONE NUMBER	
NEAREST RELATIVE'S ADDRESS - NO. STREET		CITY	STATE	ZIP CODE			

Information about your employment and income. Please Note: If self employed or retired, we may request financial statements or income tax returns to verify income.

EMPLOYERS' NAME AND ADDRESS. IF SELF EMPLOYED, STATE TYPE OF BUSINESS			TELEPHONE NUMBER
POSITION / JOB TITLE	TIME ON JOB YRS. _____ MOS. _____	UNION - LOCAL	MONTHLY INCOME \$ _____
Other Income - Note: Income from alimony, child support or maintenance payments need not be listed unless you want it considered to obtain this credit. If you list such income, please complete Section 3			OTHER INCOME \$ _____
DESCRIBE OTHER INCOME - SOURCE, TYPE ETC.			TOTAL MONTHLY INCOME \$ _____
PREVIOUS EMPLOYER - NAME AND ADDRESS		POSITION / JOB	TIME THERE YRS. _____ MOS. _____
LOCATION OF REAL ESTATE OWNED OR BUYING		NAME IN WHICH TITLE IS CARRIED	PURCHASE PRICE \$ _____

SECTION 2 INFORMATION ABOUT YOUR CREDIT REFERENCES-Complete this Section whether applying for separate or joint credit. List Deposit Accounts - Name and Address of Banks, Savings & Loan Associations and Credit Unions.

CHECKING	BANK - NAME AND ADDRESS	ACCOUNT NUMBERS
SAVINGS	BANK - NAME AND ADDRESS	
SAVINGS	SAVINGS & LOAN - NAME AND ADDRESS	
CREDIT UNION	NAME AND ADDRESS	

List outstanding debts and paid accounts - include alimony, child support and maintenance payments if applicable. Use reverse side if more space is required.

TYPE OF PAYMENT	NAME AND LOCATION OF CREDITOR	EXACT NAME IN WHICH ACCT. IS CARRIED	ACCOUNT NO.	BALANCE DUE	RENT OR MO. PAYMENT
<input type="checkbox"/> RENT				\$ _____	\$ _____
<input type="checkbox"/> MORTGAGE				\$ _____	\$ _____
AUTO				\$ _____	\$ _____
OTHER				\$ _____	\$ _____
OTHER				\$ _____	\$ _____
OTHER				\$ _____	\$ _____
OTHER				\$ _____	\$ _____

SECTION 3 INFORMATION ABOUT YOUR SPOUSE OR CO-APPLICANT

SECTION 3

Complete this Section only if: 1. Your spouse will use this account or will be contractually liable for the account, or 2. You are relying on income from alimony, child support or maintenance payments, or 3. You are relying on your spouse's income or other community property to obtain this credit. Please remember that community property includes YOUR employment income as well as that of your spouse, any property purchased with such income and any savings from such income

FULL NAME OF SPOUSE, OR CO-APPLICANT		DRIVER'S LICENSE NUMBER	SOCIAL SECURITY NUMBER
ADDRESS - NO. STREET		CITY	STATE
		ZIP CODE	TELEPHONE NUMBER
EMPLOYER'S NAME AND ADDRESS (IF SELF EMPLOYED, STATE TYPE AND NAME OF BUSINESS)			TELEPHONE NUMBER
		TIME ON JOB YRS. _____ MOS. _____	MONTHLY INCOME \$ _____
Other Income - Note: Income from alimony, child support or maintenance payments need not be listed unless you want it considered to obtain this credit.			OTHER INCOME \$ _____
DESCRIBE SOURCE AND TYPE OF OTHER INCOME			TOTAL INCOME \$ _____

This information furnished above is true, complete and correct, and is submitted for the purpose of obtaining credit. I (We) authorize Center Bank to gather whatever credit information it considers necessary and appropriate to reach a credit decision. If the requested credit is granted, I (We) also authorize the bank to give information to others. I (We) understand the bank will consider this application to be a continuing statement of financial condition and agree to notify the bank in writing of any material change in fact or financial condition.

REV. 903

Date	<input type="text"/>	<input checked="" type="checkbox"/>	<input type="text"/>	Birth Date	<input type="text"/>
		<input checked="" type="checkbox"/>	<input type="text"/>	Spouse / Co-Applicant Signature	Birth Date



FINANCIAL STATEMENT

FROM: _____

INDIVIDUAL FORM

For the purpose of procuring and establishing credit from time to time with you, each of the undersigned furnish the following as a true and accurate statement of the FINANCIAL CONDITION OF THE UNDERSIGNED ON _____, 20____, I authorize you to obtain such information as you may require concerning the statements made in this application and agree that this application shall remain your property whether loan is granted or not. In consideration of the granting of such credit, the undersigned agrees to and will notify you immediately in writing of any material change in the financial condition of the undersigned and in the absence of such notice or of a new and full written statement, this may be considered as a continuing statement and substantially correct; and it is hereby expressly agreed that upon application for further credit, this statement shall have the same force and effect as if delivered as an original statement of the financial condition of the undersigned at the time such further credit is requested. In consideration of the granting of such credit the undersigned and each of them agree that if the undersigned or any or either of them, or any endorser or guarantor of the obligations of the undersigned or any or either of them at any time fail or become insolvent or commit an act of bankruptcy, or if any deposit account of the undersigned or any or either of them with you, or any other property of the undersigned or any or either of them held by you be attempted to be obtained or held by writ of execution, garnishment, attachment or other legal process, or if any of the representations made below prove to be untrue or if the undersigned or any or either of them, fail to notify you of any material change as above agreed, or if any such material change occurs, then and in either case all obligations of the undersigned or any or either of them held by you shall immediately become due and payable without demand or notice. All sums at any time in any deposit account shall be subject to Bank's right to set-off for liabilities owed the Bank by any of the undersigned, to the fullest extent permissible by applicable law, and upon any other personal property of the undersigned or any or either of them in your possession, from time to time, to secure all obligations of the undersigned and each of them, either as borrower or guarantor, held by you, and further agree that all obligations or any part thereof, of the undersigned or any or either of them held by you, both matured and unmatured, may at any time be charged against the balance of any deposit account of the undersigned or any or either of them with you, without notice to the undersigned.

If married, you may apply for a separate account. You need not provide information about your spouse unless : (a) Your spouse will also be contractually liable for the account ; or (b) You want the Bank to consider information about your spouse's income or other community property for the purpose of this application for credit.

Purpose for which loan is made _____

- FILL ALL BLANKS WRITING "NO" OR "NONE" WHERE NECESSARY TO COMPLETE INFORMATION.
- PLEASE ATTACH A SEPARATE SHEET IF YOU NEED MORE SPACE TO COMPLETE A DETAILED SCHEDULE.
- LIST ALL AMOUNTS IN DOLLARS. OMIT CENTS.

ASSETS	AMOUNT	LIABILITIES	AMOUNT
Cash in CENTER BANK (Checking)		Accounts Payable	
Cash in CENTER BANK (Saving)			
Cash in Other Banks (Detail)		Notes Payable to CENTER BANK	
Accounts Receivable		Notes Payable to Others (Schedule 7)	
		Income Taxes Payable	
Notes Receivable (Schedule 1)			
Mortgage & Deeds of Trust Owned (Schedule 2)		Other Taxes Payable	
Securities Owned (Schedule 3)			
Cash Surrender Value of Life Insurance (Schedule 4)		Loans on Life Insurance (Schedule 4)	
Real Estate (Schedule 5)		Mortgage or Liens on Real Estate (Schedule 6)	
Automobiles		Installment Contract Payable	
Personal Property		Other Liabilities (Detail)	
Other Assets (Detail)			
		TOTAL LIABILITIES	-
		NET WORTH	-
TOTAL	-	TOTAL	-

ANNUAL INCOME		ANNUAL EXPENDITURES		CONTINGENT LIABILITIES	
Employment Income		Property Taxes / Assessments		As Endorser	
		Income and Other Taxes		As Guarantor	
Dividends		Mortgage Payments & Interest		On Damage Claims	
Interest		Other Contract Payments		For Taxes	
Rentals		Insurance		Other (Detail)	
Alimony, Child Support or Maintenance Payments (You need not show this unless you wish us to consider it).		Living Expense			
		Alimony, Child Support / Maint.			
		Other			
Other				<input type="checkbox"/> Check Here if "None"	
TOTAL INCOME	-	TOTAL EXPENDITURES	-	TOTAL CONTINGENT LIABILITIES	-

SCHEDULE 1 - Notes Receivable

Name of Debtor	Collateral	Payable	Maturity Date	Total Amount Due
		\$ _____ per _____		
		\$ _____ per _____		
		\$ _____ per _____		
TOTAL				-

SCHEDULE 2 - Mortgages and Deeds of Trust Owned

Name of Debtor	Type of Property	1st or 2nd Lien	Value of Property	How Payable	Unpaid Balance
				\$ _____ per _____	
				\$ _____ per _____	
				\$ _____ per _____	
				\$ _____ per _____	

