Commercial Loan Application For Business Purpose Loans

For Business Purpose Loans (to be completed by entities only)

To ______(Lender)

(to be completed by entities	s only)			(=0)
Business Appl	icant Information	า		
Applicant				
Legal Business Nan	ne			
Doing Business As (DBA), if any:			
EIN:	_ Date of Organization:			Legal EntityIdentifier:
Previous State(s) of	Organization:			
Principal Executive	Address:			
City:		_State:	Zip:	_ □ Lease □ Own
Other business loca	ations:		<u> </u>	
				ess:
☐ Limited Partnersh	☐ General Partners nip ☐ Limited Liability F			ompany Cooperative Other Organization
Nature of Business:				
Loan Reques Purpose(s) of Loa	ts n(s) (i.e. Purchase Equ	uipment, Wor	king Capital, Const	ruction, etc.):
Total Loan Amount F	Requested: \$	Dui	rchaea Price/Project	Cost: \$
	ck all types requested)		chase Frice/Froject	Ουδί. φ
			an 🗌 Construction	Only Renewal with New
☐ Agriculture Line ☐ Business Line o	of Credit Business		oan	
				
Primary Source(s)	of Repayment:			
Collateral Description	on:			
(Briefly describe colla etc.)	iteral, as well as any ide	ntifying charact	teristics such as VIN,	Serial Number, Property Address
Estimated "As Is" \	alue of Collateral: \$			
Estimated "As Com	pleted" Value of Collate	eral: \$		
Estimated "As Stab	ilized" Value of Collate	ral: \$		
Ownership of Collate	ral: teral:			
	Bevenne.			

Business Debt

To Whom Payable	Original Amount	Current Balance	Interest Rate	Maturity Date	Monthly Payment	If secured, describe Collateral

Business Deposit Accounts

Financial Institution	Account Type	Balance	Date Opened

Owners/Guarantors			
Individual #1	Individual #2		
Name	Name		
Title/Position	Title/Position		
Percent of Ownership	Percent of Ownership		
Home Address	Home Address		
City State Zip	City State Zip		
Phone Number	Phone Number		
Owner Guarantor Signature	gner		
Name	Name		
Title/Position	Title/Position		
Percent of Ownership	Percent of Ownership		
Home Address	Home Address		
City State Zip	City State Zip		
Phone Number	Phone Number		
☐ Owner ☐ Guarantor ☐ Signature	<u> </u>		
Individual #5	Individual #6		
Name	Name		
Title/Position	Title/Position		
Home Address	Home Address		
City State Zip	City State Zip		
Phone Number	Phone Number		
Owner Guarantor Si			
Name	Name		
Title/Position	Title/Position		
Home Address	Home Address		
City State Zip	City State Zip		
Phone Number	Phone Number		
☐ Owner ☐ Guarantor ☐ Si			
Background Informa	uon		
Has your business ever filed for insolvency proceeding? If yes, what year?	☐Yes ☐ No		
•	<u> </u>		
Is your business a party to any o	<u> </u>		
Is your business in arrears or in	dispute of any tax payment? LYes LNo		
If the answer to any of these que	estions is "Yes", please provide an explanation on a separate sheet of paper.		
Affiliated Entities (list all entities	affiliated with Applicant)		
•			
Li leugilig Collateral.			
Commercial Loan Ap	plication Checklist - Please attach to Completed Application		
Commercial Loan Application	tion Personal Federal Tax Returns For The Past Years For Eacl		
☐ Business Federal Tax ReturnPast Fiscal Years			
Business Organization Paper			
☐ Business Financial Statemer	ots Other:		

CREDIT DENIAL NOTICE:

eFIPCO COMAPP U (9/28/22)

Applicant