

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 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. APPLICANT INFORMATION			
APPLICANT (LEGAL BUSINESS NAME OR INDIVIDUAL(S))		BUSINESS TAX ID NUMBER (OR SSN IF INDIVIDUAL(S))	
DOING BUSINESS AS (DBA) NAME OR ASSUMED NAME (IF APPLICABLE)		BUSINESS EMAIL ADDRESS	
STREET ADDRESS	CITY, STATE, ZIP	BUSINESS PHONE NUMBER	
MAILING ADDRESS	<input type="checkbox"/> SAME AS STREET ADDRESS	CITY, STATE, ZIP	BUSINESS FAX NUMBER
BUSINESS STRUCTURE: (PLEASE CHECK ONE)			
CORPORATION <input type="checkbox"/> S - CORPORATION <input type="checkbox"/> C - CORPORATION <input type="checkbox"/> LIMITED LIABILITY COMPANY <input type="checkbox"/> SINGLE MEMBER LLC	PARTNERSHIP <input type="checkbox"/> GENERAL PARTNERSHIP <input type="checkbox"/> LIMITED PARTNERSHIP <input type="checkbox"/> LIMITED LIABILITY PARTNERSHIP	INDIVIDUAL <input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> INDIVIDUAL	OTHER <input type="checkbox"/> NON PROFIT <input type="checkbox"/> GOV'T ENTITY <input type="checkbox"/> OTHER _____
NATURE OF BUSINESS		YEAR ESTABLISHED	CURRENT OWNER SINCE
			# OF EMPLOYEES

II. LOAN REQUEST(S) INFORMATION			
AMOUNT REQUESTED	TERM REQUESTED	LOAN PURPOSE	
COLLATERAL		OWNERSHIP STATUS <input type="checkbox"/> PURCHASE MONEY <input type="checkbox"/> PRESENTLY OWNED	ESTIMATED VALUE OR PURCHASE PRICE
AMOUNT REQUESTED	TERM REQUESTED	LOAN PURPOSE (Use additional pages if needed)	
COLLATERAL		OWNERSHIP STATUS <input type="checkbox"/> PURCHASE MONEY <input type="checkbox"/> PRESENTLY OWNED	ESTIMATED VALUE OR PURCHASE PRICE
AMOUNT REQUESTED	TERM REQUESTED	LOAN PURPOSE	
COLLATERAL		OWNERSHIP STATUS <input type="checkbox"/> PURCHASE MONEY <input type="checkbox"/> PRESENTLY OWNED	ESTIMATED VALUE OR PURCHASE PRICE

III. BUSINESS DEBT					
DESCRIPTION OF DEBT	CREDITOR	CURRENT BALANCE	MONTHLY PAYMENT	MATURITY DATE	COLLATERAL

IV. BUSINESS DEPOSIT ACCOUNTS			
FINANCIAL INSTITUTION	TYPE OF ACCOUNT	CURRENT BALANCE	AVERAGE BALANCE

V. AUTHORIZED SIGNERS / GUARANTORS

Please attach a separate page for additional signers/guarantors.

NAME		TITLE		OWNERSHIP %	SSN / TAX ID NUMBER
STREET ADDRESS		CITY, STATE, ZIP		EMAIL ADDRESS	
DRIVERS LICENSE # / ID #		ISSUE DATE	EXP. DATE	DATE OF BIRTH	PHONE
CHECK ALL THAT APPLY:	<input type="checkbox"/> AUTHORIZED SIGNER	<input type="checkbox"/> GUARANTOR:		<input type="checkbox"/> GRANTOR	<input type="checkbox"/> OTHER :
NON-SIGNING SPOUSE'S NAME: _____					
<i>(For Marital Property States)</i>					

NAME		TITLE		OWNERSHIP %	SSN / TAX ID NUMBER
STREET ADDRESS		CITY, STATE, ZIP		EMAIL ADDRESS	
DRIVERS LICENSE # / ID #		ISSUE DATE	EXP. DATE	DATE OF BIRTH	PHONE
CHECK ALL THAT APPLY:	<input type="checkbox"/> AUTHORIZED SIGNER	<input type="checkbox"/> GUARANTOR:		<input type="checkbox"/> GRANTOR	<input type="checkbox"/> OTHER :
NON-SIGNING SPOUSE'S NAME: _____					
<i>(For Marital Property States)</i>					

NAME		TITLE		OWNERSHIP %	SSN / TAX ID NUMBER
STREET ADDRESS		CITY, STATE, ZIP		EMAIL ADDRESS	
DRIVERS LICENSE # / ID #		ISSUE DATE	EXP. DATE	DATE OF BIRTH	PHONE
CHECK ALL THAT APPLY:	<input type="checkbox"/> AUTHORIZED SIGNER	<input type="checkbox"/> GUARANTOR:		<input type="checkbox"/> GRANTOR	<input type="checkbox"/> OTHER :
NON-SIGNING SPOUSE'S NAME: _____					
<i>(For Marital Property States)</i>					

VI. DISCLOSURES

EQUAL CREDIT OPPORTUNITY ACT: The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, natural origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any rights under the Consumer Credit protection Act. The Federal agency that administers compliance with this law concerning this creditor is the: Office of the Comptroller of the Currency, Customer Assistance Group, 1301McKinney Street, Suite 3450, Houston, TX 77010-9050.

SIGNATURES: ("Applicant" as used in this paragraph means any and all applicants and could represent one or more individuals.) Applicant hereby applies for the loan or credit described in this application on behalf of the applicant business. Applicant certifies that no misrepresentation has been made in this loan application or in any related documents, that all information is true and complete, and that no important information was omitted. Applicant agrees that any property securing the loan or credit will not be used for any illegal or restricted purpose. National Bank of Commerce ("Lender") is authorized to verify with other parties and to make any investigation of applicant's credit, either directly or through any agency employed by the Lender for that purpose. Lender may disclose to any other interested parties information as to Lender's experiences or transactions with applicant's account. Applicant understands that Lender will retain this application and any other credit information Lender receives, even if no loan or credit is granted. These representations and authorizations extend not only to Lender, but also to any insurer of the loan and to any investor to whom Lender may sell all or any part of the loan. Applicant further authorizes Lender to provide any such insurer or investor any information and documentation that they may request with respect to applicant's application, credit, or loan.

We intend to apply for joint credit.

_____	_____
Authorized Signature	Date
_____	_____
Authorized Signature	Date

Print Name

Print Name

FOR BANK USE ONLY

To be completed by banker

DATE APPLICATION RECEIVED

DATE DISCLOSURES PROVIDED TO APPLICANT

BANKER INITIALS

HMDA REPORTABLE **YES** (COMPLETE DEMOGRAPHIC INFORMATION)

NO

PHONE APPLICATION
Customer signature not required

LOAN CHECKLIST

- BUSINESS PLAN (NEW BUSINESS)
- 12-MONTH PROJECTIONS (EXISTING BUSINESS)
- Income statement (last fiscal year & current year to date)*
- Balance Sheet (current) *
- Personal Financial Statement
- Personal Tax return (most current)
- Business Tax return (most current)
- Purchase Order/Quote (if funds used for equipment purchase)
- Development Association Member