



112 WEST KING STREET, STRASBURG, VIRGINIA 22657

COMMERCIAL LOAN APPLICATION

FINANCIAL DOCUMENT CHECKLIST

FOR THIS LOAN REQUEST TO BE CONSIDERED COMPLETE, THE FOLLOWING DOCUMENTS NEED TO ACCOMPANY THE SIGNED APPLICATION:

- BUSINESS FISCAL YEAR END FINANCIAL STATEMENTS FOR THE LAST TWO YEARS. YOU MAY PROVIDE EITHER:
 1. CPA PREPARED FINANCIAL STATEMENTS (compiled/reviewed/audited) COMPLETE WITH INCOME STATEMENTS AND BALANCE SHEETS FOR THE LAST TWO FISCAL YEARS.
 2. INTERNALLY PREPARED FINANCIAL STATEMENTS. COMPLETE WITH INCOME STATEMENTS AND BALANCE SHEETS FOR THE LAST TWO YEARS.
- BUSINESS INCOME TAX RETURNS FOR THE LAST TWO YEARS, INCLUDING K-1'S
- CURRENT INTERIM BUSINESS FINANCIAL STATEMENTS (if more than 90 days has elapsed since your fiscal year end)
- CURRENT PERSONAL FINANCIAL STATEMENTS FOR EACH PRINCIPAL/OWNER AS INDICATED ON APPLICATION
- PERSONAL INCOME TAX RETURNS FOR THE PAST TWO YEARS FOR EACH PRINCIPAL/OWNER AS INDICATED ON APPLICATION, INCLUDING K-1'S
- COPIES OF ARTICLES OF INCORPORATION WITH BY-LAWS AND AMENDMENTS/GENERAL OR LIMITED PARTNERSHIP AGREEMENT/ LIMITED LIABILITY COMPANY ARTICLES OF ORGANIZATION AND AMENDMENTS AND OPERATING AGREEMENT
- COPY OF INVOICE OR PURCHASE CONTRACT TO PURCHASE FIXED ASSETS
- BORROWING RESOLUTION

COMMENTS OR ADDITIONAL INFORMATION

BANK USE ONLY

LOAN OFFICER:

DATE RECEIVED:

NEW REFINANCE/CONSOLIDATION OF FIRST BANK DEBT RENEWAL WITH NEW ADVANCE OTHER MODIFICATION (Explain):

APPROVED DECLINED WITHDRAWN BY APPLICANT(S) APPLICATION APPROVED BUT NOT ACCEPTED BY APPLICANT(S)

COMMENTS:



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IMPORTANT INFORMATION

Please help us to understand your business and how it works by completing the application and attaching the information requested below. This application provides the bank with the information it needs to properly consider your loan request to meet your needs. Please note that we cannot begin to evaluate your loan request until your lender receives your **completed, signed, and dated application** in person or by mail to the address listed on the cover page. Please note additional information may be required in some circumstances.
DO NOT LEAVE ANY BLANKS, FILL IN WITH "N/A" IF NON-APPLICABLE.

LOAN REQUEST

AMOUNT REQUESTED: \$	TERM:	DATE:
<input type="checkbox"/> LINE OF CREDIT <input type="checkbox"/> INSTALLMENT (TERM) LOAN <input type="checkbox"/> MORTGAGE (CHOOSE ONE: OWNER OCCUPIED OR INVESTMENT PROPERTY) <input type="checkbox"/> LETTER OF CREDIT <input type="checkbox"/> OTHER:		
PURPOSE OF LOAN:		
HOW WILL THE LOAN PROCEEDS BE REPAYED?		
HAVE YOU EVER APPLIED FOR OR BEEN DENIED CREDIT BY FIRST BANK? <input type="checkbox"/> YES <input type="checkbox"/> NO		

GENERAL INFORMATION

BUSINESS NAME: (EXACT LEGAL NAME OF BUSINESS; FOR INDIVIDUALS PLEASE USE YOUR FULL LEGAL NAME)		TAX ID#:
D/B/A NAME: (IF ANY)	YEAR ESTABLISHED:	# OF EMPLOYEES:
BUSINESS ADDRESS:		COUNTY:
WEB ADDRESS:	EMAIL:	BUSINESS PHONE: FAX:
LEGAL RELATIONSHIP: (CHECK ONE)	<input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> SOLE-PROPRIETORSHIP <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> OTHER, please describe: <input type="checkbox"/> FRANCHISE, in full force and without defaults, with (Name of Franchiser):	

STATE OF ORIGINATION:	COUNTY OF ORIGINATION:
ANY CHANGES TO THE CORPORATE STRUCTURE WITHIN THE PAST 12 MONTHS? <input type="checkbox"/> YES <input type="checkbox"/> NO (if yes, please provide details in "Business Operations" section)	
NATURE OF BUSINESS: (CHECK ONE)	<input type="checkbox"/> RETAILER <input type="checkbox"/> DISTRIBUTOR <input type="checkbox"/> WHOLESALE <input type="checkbox"/> MANUFACTURER <input type="checkbox"/> PROFESSIONAL <input type="checkbox"/> SERVICE <input type="checkbox"/> AGRICULTURE <input type="checkbox"/> OTHER, please describe:
BUSINESS FISCAL YEAR:	<input type="checkbox"/> CALENDAR YEAR <input type="checkbox"/> OTHER, please describe:

PRINCIPALS/OWNERS (PLEASE PROVIDE A COMPLETED PERSONAL FINANCIAL STATEMENT FOR EACH NAME LISTED)

NAME	TITLE/FUNCTION	SOCIAL SECURITY #	% OWNED

INSURANCE COVERAGE

Loans serviced by fixed assets will require those assets to be insured. Please list the name and company information of your insurance provider.

INSURANCE COVERAGE	DOLLAR COVERAGE	INSURANCE COMPANY	AGENT NAME	AGENT ADDRESS	AGENT PHONE #
	\$				
	\$				
	\$				
	\$				
	\$				
	\$				
	\$				

MISCELLANEOUS (PLEASE PROVIDE FURTHER WRITTEN DETAILS IF YOU ANSWER YES TO ANY OF THE FOLLOWING QUESTIONS)

DOES THE BUSINESS OWE TAXES FOR YEARS OTHER THAN THE CURRENT YEAR? YES NO IF YES, PLEASE INDICATE AMOUNT: \$ _____

IS THE BUSINESS AN ENDORSER, GUARANTOR, OR COMAKER FOR OBLIGATIONS NOT LISTED ON ITS FINANCIAL STATEMENTS (INCLUDING LEASE OBLIGATIONS)? YES NO
IF YES, PLEASE INDICATE AMOUNT OF TOTAL LIABILITY: \$ _____

IS THE BUSINESS IN COMPLIANCE WITH ALL APPLICABLE FEDERAL, STATE AND/OR LOCAL REGULATIONS (I.E. ENVIRONMENTAL, SAFETY, EMPLOYMENT, ETC.)? YES NO
IF NO, PLEASE DESCRIBE: _____

HAS THE BUSINESS EVER BEEN CITED FOR A VIOLATION OF ANY OF THE ABOVE MENTIONED REGULATIONS? YES NO
IF YES, PLEASE DESCRIBE: _____

ARE THERE ANY DELINQUENT FICA, SALES TAX OR ERISA PAYMENTS? YES NO

IS THE BUSINESS OR ANY PRINCIPAL/OWNER A PARTY TO ANY CLAIM OR LAWSUIT? YES NO
HAS THE BUSINESS OR A PRINCIPAL/OWNER EVER DECLARED BANKRUPTCY? YES NO

OTHER FINANCIAL SERVICE NEEDS (CHECK ALL THAT APPLY)

- COMMERCIAL SERVICES:** MERCHANT CARD PROCESSING, *1ST DATA* ACH ORIGINATION @firstbusiness ONLINE BANKING REMOTE DEPOSIT CAPTURE
- WEALTH MANAGEMENT:** 401(k) LIFE INSURANCE LONG-TERM CARE INSURANCE STOCK /BONDS/MUTUAL FUNDS/ANNUITY/SELF-DIRECTED IRA TRUST ESTATE SETTLEMENT
- PERSONAL ACCOUNTS:** CHECKING E-CHECKING MONEY MARKET ACCOUNT SAVINGS STUDENT SAVINGS CERTIFICATE OF DEPOSIT CREDIT CARD
- RESIDENTIAL MORTGAGE:** PURCHASE NEW HOME REFINANCE EXISTING HOME HOME EQUITY LINE OF CREDIT

CREDIT DENIAL NOTICE: If your gross revenues were \$1,000,000 or less in your previous fiscal year, or you are requesting trade credit, a factoring agreement, or similar types of business credit in this Commercial Loan Application, and if your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement please contact (Name, address, and telephone number of the person or office from which the statement of reasons can be obtained):

FIRST BANK, 112 WEST KING STREET, STRASBURG, VA 22657 (540)465-9121
Within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement. The notice that follows describes additional protections extended to you.

EQUAL CREDIT OPPORTUNITY NOTICE: The federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (providing the applicant has the capacity to enter into a binding contract), because all or a part of the applicant's income derives from any public assistance program, or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is:

FEDERAL RESERVE CONSUMER HELP CENTER 1-888-851-1920
PO BOX 1200, MINNEAPOLIS, MN 55480

NOTICE OF INTENT TO APPLY FOR JOINT CREDIT, By signing below, we acknowledge the intention to apply for joint credit on this date.

SIGNATURES. By signing below, Loan Applicant submits this application and the information provided on all accompanying financial statements and schedules for the purpose of obtaining credit and represents that the information submitted is accurate and complete. Loan Applicant acknowledges that representations made in this application will be relied on by Lender in evaluating this application and, if approved, in extending credit. Loan Applicant represents that none of the parties named in this application have relied on advice from the Lender in applying for or receiving any credit. Loan applicant acknowledges that Lender has not made any commitment to approve this application and extend credit, unless otherwise agreed to in writing. Lender is authorized to conduct any inquiries it decides are necessary to verify the accuracy of the information contained in this application and to use any reasonable method to determine the creditworthiness of the Loan Applicant. Lender is also authorized to answer any questions from others about Lender's credit experience with the parties in this application. Loan Applicant will promptly notify Lender of any subsequent changes which would affect the accuracy of this application, and will provide all documents and information that Lender decides are necessary to complete this application. Loan Applicant authorizes Lender to retain this application, whether or not Lender approves any extension of credit. Any intentional misrepresentation of the information contained herein could result in criminal action under federal law.

In addition, each individual signing below authorizes the Creditor to check their individual credit account and employment history and have a credit reporting agency prepare a consumer credit report on them.

By signing below, the undersigned agree(s) to all the terms and conditions beginning on page 1 through the bottom of page 2 of this Application

Applicant Name

By _____ for Applicant Title _____ Date _____

By _____ for Applicant Title _____ Date _____

By _____ for Applicant Title _____ Date _____

By _____ for Applicant Title _____ Date _____