



Business Loan Application

Thank you for considering a business loan from Cambridge State Bank. In order for us to better understand your business, please take a few moments to describe your company, your owner(s), your customers and your financial condition. If the question does not apply to your company, please mark "N/A". If the information requested is contained in a separate business plan, please attach a copy and mark "See Attached". Please provide all the information requested so we can make a decision as quickly as possible.

If you are applying for joint credit with another person, complete the joint intent statement below:

We intend to apply for joint credit. INITIAL: Applicant: _____ Co-Applicant: _____

COMPANY INFORMATION:

Borrower (Legal Name): _____

dba (if any): _____

Contact Person(s): _____

Street Address: _____

Mailing Address: _____

Telephone No.: _____ Fax No.: _____

Year Business Established: _____ No. Employees FT: _____ PT: _____

Form of Organization: Sole Proprietorship Corporation General Partnership Limited Partnership Limited Liability Company

Type of Business: Manufacturer Retailer Wholesaler Service

Tax ID: _____ NAICS Code: _____

LOAN REQUEST:

Type: Term Loan Operating Loan Real Estate Loan Other _____

Purpose:	\$	Finance Land or Building Acquisition ⁽¹⁾
	\$	Finance New Construction / Expansion ⁽²⁾
	\$	Finance New Leasehold Improvements ⁽²⁾
	\$	Finance Purchase of Machinery or Equipment ⁽³⁾
	\$	Finance Inventory / Accounts Receivable
	\$	Refinance Bank Debt ⁽⁴⁾
	\$	Refinance Other Debt ⁽⁴⁾
	\$	Payoff Accounts Payable ⁽⁴⁾
	\$	Other:
	()	LESS Owner Contribution ⁽⁵⁾
	\$	TOTAL LOAN REQUESTED

⁽¹⁾ Attach a copy of the signed purchase agreement.
⁽²⁾ Attach a breakdown of estimated project costs, preliminary plans & specifications or a copy of the signed construction contract, if available.
⁽³⁾ Attach a detailed list of items to be acquired, including cost per item, manufacturer, model number(s), serial number(s), if available.
⁽⁴⁾ Attach a detailed list of creditors / suppliers to be paid off.
⁽⁵⁾ If equity contribution is not cash, please provide details on separate piece of paper.

Desired Repayment Terms: \$ _____ per month

Collateral Offered: _____

Est. Collateral Value: _____

LIST OF OWNERS (Please provide information about additional owners on separate paper):

Name:	Percent Owned:	SSN:
Address:	Title / Function:	
Name:	Percent Owned:	SSN:
Address:	Title / Function:	
Name:	Percent Owned:	SSN:
Address:	Title / Function:	
Name:	Percent Owned:	SSN:
Address:	Title / Function:	

LIST OF BUSINESS REFERENCES:

Business Bank:	Contact:
City/State:	Tel. No.:
Personal Bank:	Contact:
City/State:	Tel. No.:
Accountant:	Contact:
City/State:	Tel. No.:
Attorney:	Contact:
City/State:	Tel. No.:
Insurance Agent:	Contact:
City/State:	Tel. No.:
Supplier:	Contact:
City/State:	Tel. No.:
Supplier:	Contact:
City/State:	Tel. No.:
Supplier:	Contact:
City/State:	Tel. No.:

PRIMARY PRODUCTS / SERVICES OFFERED:

AREA / MARKET SERVED:

LARGEST CUSTOMERS (Customers With >5% Of Sales):**Company:****Annual Sales:**

Address:

Contact:

Tel. No.:

Company:**Annual Sales:**

Address:

Contact:

Tel. No.:

Company:**Annual Sales:**

Address:

Contact:

Tel. No.:

WHAT ARE YOUR SALES TERMS?

SIGNIFICANT CHANGES IN MANAGEMENT OR OPERATIONS IN PAST 3 YEARS:

WHAT SIGNIFICANT TRENDS ARE AFFECTING YOUR INDUSTRY?

WHO ARE (WILL BE) YOUR PRIMARY COMPETITORS?

WHAT ARE (WILL BE) YOUR KEY COMPETITIVE STRENGTHS?

DESCRIBE YOUR MANAGEMENT TEAM:

LIST INSURANCE COVERAGE:

Real / Personal Property:

Liability:

Business Interruption:

Key Executive Life Insurance:

Other:

Other:

FINANCIAL INFORMATION REQUIRED:**For the Company:**

1. Copies of the last 3 fiscal year end financial statements, including balance sheet, profit & loss statement and reconciliation of net worth.
2. Copies of the last 3 years U.S. Income Tax Returns, including all schedules. (N/A if company FYE statements are audited.)
3. Copies of most recent interim financial statements if your FYE statements are more than 60 days old.
4. Copies of most recent aged Accounts Receivable and Accounts Payable reports.
5. Copies of the projected P&L statements for the next 3 years.
6. Copies of legal organizational documents.
7. Other: _____

For each Owner with more than 20% ownership:

1. Personal financial statement signed and dated less than 60 days old.
2. Copies of individual U.S. Income Tax Returns, including schedules, for the last 2 years.
3. If applicable, copies of FYE financial statements for all business entities with more than 20% ownership.
4. Resume of experience, education.
5. Other: _____

MISCELLANEOUS INFORMATION (Please provide details to any "Yes" answers.)

- Yes No Are any tax payments (sales, income, payroll, property, etc.) delinquent?
 Yes No Are any income tax returns currently being audited or contested?
 Yes No Is the company, or any owner or officer, a party to any suit or legal action?
 Yes No During the last 10 years, has the company ever filed for or been subject to a bankruptcy; had property it owned foreclosed; or made a settlement with or an assignment for the benefit of creditors?
 Yes No Does the company have any unsatisfied judgments?
 Yes No Is the company in violation of applicable federal or state regulations, including environmental, employment or safety regulations?

NOTICES:

1. If your request for business credit is denied, you have the right to a written statement of the specific reason(s) for the denial. To obtain the statement, please contact the Bank within 60 days from the date you are notified of our decision. We will send you a written statement of the specific reason(s) for the denial within 30 days of receiving your written request for such a statement.
2. The Federal Equal Credit Opportunity 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 legal 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 right under the Consumer Credit Protection Act. The Federal Agency that administers compliance with this law concerning the Bank is the Federal Deposit Insurance Corporation, Washington, DC.
3. The USA Patriot Act of 2001 requires all financial institutions to (a) verify and maintain information that identifies each person or entity that opens an account, including any deposit account, loan account, or other financial services product, and (b) consult lists of known or suspected terrorists or terrorist organizations to determine if the person or entity seeking to open an account appears on any such lists. We will ask for the applicant's name, tax payer identification number, residential or business address, and other information that will allow us to reasonably identify the applicant. We will also ask, if applicant is an individual, to see the applicant's driver's license or other identifying documents, and if applicant is not an individual, to see applicant's legal organizational documents or other identifying documents.

SIGNATURES:

By signing below, you agree (a) that all the information provided in this application (which includes any and all information contained in the business and/or personal financial statements, tax returns, projections, equipment schedules, asset listings, etc.) is complete and accurate to the best of your belief and knowledge, (b) that Cambridge State Bank is relying upon the information provided in order to evaluate your loan request, (c) that Cambridge State Bank or its agents has the right to verify the accuracy of the information provided in this application, and (d) that Cambridge State Bank is authorized to check the consumer credit rating of the applicant and each guarantor. All loan requests will be kept confidential by Cambridge State Bank and will be used for the sole purpose of considering this loan request and all future loan requests. If the loan is granted, Cambridge State Bank is authorized to provide others with information concerning our experience with the applicant and any guarantor.

 Authorized Signature Date

 Authorized Signature Date