

# FIRST STATE BANK OF PORTER

## COMMERCIAL LOAN APPLICATION

**IMPORTANT APPLICANT INFORMATION:** Federal law requires financial institutions to obtain sufficient information to verify your identity. You may be asked several questions and to provide one of more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

NEW  **NOTICE - JOINT CREDIT:** We intend to apply for joint credit. (initials) \_\_\_\_\_

Refinance/Consolidation - Current Lender  Renewal with New Advance  
 Renewal/Extension (No New Advances)  Other (Explain) \_\_\_\_\_

### 1. LOAN APPLICANT. Loan Applicant General Information.

Legal Name \_\_\_\_\_

Organizational Form/Where and When Organized \_\_\_\_\_

Current Tradename(s): \_\_\_\_\_ Other Tradenames Used in Last 10 Years: \_\_\_\_\_

Franchise, in full force and without defaults, with (Name of Franchiser) \_\_\_\_\_

Name(s) of Affiliated Entities \_\_\_\_\_

Local Address \_\_\_\_\_ Principal Executive Office Address \_\_\_\_\_

Phone No: \_\_\_\_\_ Phone No: \_\_\_\_\_

Fax No: \_\_\_\_\_ Email \_\_\_\_\_ Fax No: \_\_\_\_\_

Tax Identification Number \_\_\_\_\_ Nature of Business \_\_\_\_\_ NAICS Code \_\_\_\_\_

Principals' Names, Addresses, Position Titles, Social Security Numbers and Date of Birth - (for individuals only)

Accountant Names, Address, and Phone Number

Financial Statements. (Check all that apply and attach statements to this application.)

Fiscal Year \_\_\_\_\_ Calendar Year \_\_\_\_\_

Financial Statements covering \_\_\_\_\_ to \_\_\_\_\_

Accounts Receivable Schedule covering \_\_\_\_\_ to \_\_\_\_\_

Inventory Schedule covering \_\_\_\_\_ to \_\_\_\_\_

Income Tax/Informational Returns for tax years \_\_\_\_\_

Other (Specify) \_\_\_\_\_

Other Statements. (Check all that apply and attach statements to this application.)

Business plan dated \_\_\_\_\_

Project Plans & Specifications  Project Budget dated \_\_\_\_\_

Franchise Agreement, FTC Franchiser Disclosure Statement

List of outstanding judgments or threatened lawsuits, arbitration, or other proceeding against loan applicant.

Other (Articles of Incorporation, Resolutions, etc.) \_\_\_\_\_

### 2. LOAN REQUEST AND SOURCES OF REPAYMENT.

Amount Requested \$ \_\_\_\_\_

Use of Proceeds (Brief Description of Intended Use): \_\_\_\_\_

Requested Term \_\_\_\_\_

Payment Avg. (Mo/Qtr) \_\_\_\_\_

List of primary and secondary sources of repayment for this loan:

**3. LOAN SECURITY. The requested loan will be secured. (Complete this section if checked)**

All loan proceeds will be for purchase of collateral. Description of purchase money collateral: \_\_\_\_\_  
 \$ \_\_\_\_\_ of the proceeds will be for purchase of collateral. Appraised value of purchase money collateral \$ \_\_\_\_\_

**Brief description of non-purchase money collateral:**

Appraised value \$ \_\_\_\_\_ Insurance Company & Policy # \_\_\_\_\_  
Liens on collateral (List any collateral with liens on it, the amount of underlying debt, the names and addresses of collateral's lienholders)  
\_\_\_\_\_  
\_\_\_\_\_

Non-Applicant owners of collateral. Attach a separate list with name(s), address(es), and phone number(s) of any other owner(s) of the collateral.

**4. LOAN GUARANTY. The requested loan will be guaranteed. (Principals with 10% Ownership.)**

Name(s) \_\_\_\_\_  Guarantor or affiliate were declared bankrupt within the last 10 years  
Address \_\_\_\_\_  There are outstanding judgments against Guarantor. (Attach Summary)  
\_\_\_\_\_  
Phone No: \_\_\_\_\_  On a separate sheet, list each threatened or pending lawsuit, arbitration, or other proceeding and its amount claimed.

**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 the law concerning this creditor is:  
  
FEDERAL RESERVE CONSUMER HELP CENTER  
PO BOX 1200  
MINNEAPOLIS, MN 55480

**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:  
  
FIRST STATE BANK OF PORTER: LOAN DEPARTMENT  
230 Lincoln St.,  
Porter, IN 46304  
(219) 926-2136  
  
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.

**SIGNATURES.** By signing below, Loan Applicant submits this application and the information provided on all accompanying financial statement 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 the 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.

Applicant Name \_\_\_\_\_  
By X \_\_\_\_\_ for Applicant Title \_\_\_\_\_ Date \_\_\_\_\_  
By X \_\_\_\_\_ for Applicant Title \_\_\_\_\_ Date \_\_\_\_\_  
By X \_\_\_\_\_ for Applicant Title \_\_\_\_\_ Date \_\_\_\_\_  
By X \_\_\_\_\_ for Applicant Title \_\_\_\_\_ Date \_\_\_\_\_

**FIRST STATE BANK OF PORTER**

230 Lincoln St.  
Porter, IN 46304  
(219) 926-2136

429 N. Calumet Ave.  
Chesterton, IN 46304  
(219) 926-4422

4136 W. Dunes Hwy.  
Michigan City, IN 46360  
(219) 874-3425