

## Business Loan Application

To be completed by Borrower(s)

### Purpose

The following information is needed to better understand the lending needs for your business.

Select all that apply.

Purchase Equipment (please describe): \_\_\_\_\_
  Business Purchase: \$ \_\_\_\_\_

Refinance or Debt Consolidation
  Purchase of Real Estate/Down Payment: \$ \_\_\_\_\_ / \$ \_\_\_\_\_

Working Capital (specify use): \_\_\_\_\_
  Purchase Vehicle (please describe): \_\_\_\_\_

Start Up or Other \_\_\_\_\_

Modification to an Existing Peoples State Bank Loan (excluding interest rate & fee changes)  
 Existing Peoples loan#: \_\_\_\_\_  
 Change requested (please describe): \_\_\_\_\_

### Product

Tell us which loan product(s) will help you meet your business needs.

New
  Increase
  Renewal

Product	Amount Requested	Product	Amount Requested
<input type="checkbox"/> Commercial Real Estate Mortgage \$ _____		<input type="checkbox"/> Line of Credit	\$ _____
Fixed Rate (3 to 5) _____ years		<input type="checkbox"/> Letter of Credit	\$ _____
Amortization (10 to 20) _____ years		<input type="checkbox"/> Term Loan (up to 5 yrs)	\$ _____

**Requested monthly payment due date:** \_\_\_\_\_  
 (Term loans: choose date between 1st and 28th of month; Lines of credit must be paid on the 15th)

Automatic payments:  Yes  No

### Automatic Payment Deduction

Automatic Payment Deduction will save you time & money by automatically deducting your monthly payments(s) from your Peoples State Bank Business Checking account # \_\_\_\_\_

Auto deduction for a Peoples Checking account must be established in order to save 0.25% on your interest rate.

### Business Information (Applicant/Borrower)

The following information is required to process your loan request(s). Please complete all sections.

Business Legal Name: \_\_\_\_\_

Doing Business as (DBA) Name, if any: \_\_\_\_\_ Primary Contact: \_\_\_\_\_

Tax I.D. #: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Street Address (no PO Boxes): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

C Corporation
  S Corporation
  Limited Liability Company (LLC)
  Non-Profit
  Sole Proprietor

LLP
  Limited Partnership
  General Partnership
  Other \_\_\_\_\_

CEO Name: \_\_\_\_\_ CFO/Controller: \_\_\_\_\_ Date Business Established: \_\_\_\_ / \_\_\_\_

State of Incorporation: \_\_\_\_\_ Number of Employees Before/After financing: \_\_\_\_\_ / \_\_\_\_\_

Explain Nature of Business: \_\_\_\_\_

Manufacturing
  Wholesale
  Retail
  Service
  Agricultural
  Construction
  Investment Real Estate

Other \_\_\_\_\_

## Affiliate Information (Attach additional schedules if needed)

Does business, any owner(s) or member of management team have a controlling interest in other businesses?  No  Yes

If answering "yes" to the above question, complete affiliate section in addendum A.

Does business buy from, sell to or use services of any concern in which owner(s), shareholder(s) or member(s) of management team have a significant financial interest?  No  Yes

## Collateral Information

Collateral being offered to secure Line of Credit or Term Loan.

- All business assets** (Note: Please attach listings of accounts receivable, accounts payable and equipment listing if available)
- Vehicle(s)** (Attach make, model and VIN number of vehicles)  **Equipment** (Attach description and serial numbers of equipment)
- Primary residence** (Attach tax bill or recent appraisal)  **Commercial property** (Attach tax bill or recent appraisal)
- People's CD, Savings account or marketability securities** (Attach copy of most recent statement)

## Business Obligations/Deposit Relationships

The following information is required to process your application & will help us get a complete view of your current banking relationships.

Include all business loans & business deposit relationships (including existing accounts with Peoples State Bank). Do not include rent on office space or other facilities. (Attach additional sheets if necessary.) \*Please indicate in the first column below which obligations are being refinanced with this application.

**Business Obligations** (Does Business have any other outstanding loans? If yes, please see addendum B)  No  Yes

Business Deposit

Deposit type	Bank name	Current balance
<input type="checkbox"/> Checking <input type="checkbox"/> Savings		\$
<input type="checkbox"/> Checking <input type="checkbox"/> Savings		\$

### Cash Management Relationship:

Check all you are currently using or interested in.

- Online Banking  ACH Processing  Fraud Services
- BillPay  Remote Check Deposit  Credit Card Processing
- Corporate Credit Cards  Direct Deposit for Payroll

## Declarations

The following questions are required to process your Business loan request.

Please provide details on an additional page to any question with a YES response.

- Yes  No 1. Is the applicant party to any lawsuit or subject to outstanding judgments?
- Yes  No 2. Is the applicant party to taxes or credit obligations past due?  
Amount: \$ \_\_\_\_\_ Payable to: \_\_\_\_\_
- Yes  No 3. Has the applicant ever filed personal bankruptcy or served as an officer in a company that declared bankruptcy?
- Yes  No 4. Is the applicant presently under indictment or probation or parole, or ever been charged or convicted for any criminal offense other than a minor motor vehicle violation?
- Yes  No 5. Is the applicant a political party, a campaign a candidate, a public official or foreign political official or an immediate family member of such an official, or a business entity formed by or for the benefit of any public official? If yes, name, relationship, & position of official: \_\_\_\_\_
- Yes  No 6. Is the applicant or an owner an employee of Peoples? If yes, name of employee: \_\_\_\_\_
- Yes  No 7. Is the applicant engaged in Internet gambling? If yes, what type of Internet gambling does the applicant participate in? \_\_\_\_\_



## Credit Application Checklist

Bank employee must initial next to each line item to validate that they have supplied the required documentation.  
If any items are omitted reasons why must be included.

Bank Employee initials	Required Documentation	Reason for omissions		
	Small business loan application – completed, signed & dated.			
	Attached sheet providing details to Declaration questions answered YES on page 2.			
	Copy of Purchase & Sales Agreement/Bill of Sale, if applicable.			
	For investment real estate transactions, a schedule of all property owned showing year purchased, purchased price, outstanding loans & payments, & gross rents & expenses.			
Bank Employee initials	Minimum Required Financial Documentation	\$0 – \$50,000	\$50,001 – \$500,000	Reason for omissions
	Two years current business federal tax return (complete with all schedules) or Accountant prepared Financial Statement.	X	X	
	Two years personal federal tax return - complete with all schedules for each guarantor.	X	X	
	Personal financial Statement (please see your local branch or <a href="http://www.bankpeoples.com/commercial">www.bankpeoples.com/commercial</a> )		X	
	Interim YTD business financial statement (balance sheet & income statement).		X	
	Accounts Receivable aging report if loan is for working capital purposes or secured by accounts receivable		X	

### Representation

The undersigned certifies that I intend to apply for Credit in the manner indicated in this application and certify that everything stated in this application and on any attachment is correct. The lender may keep this application whether or not it is approved. I certify that the credit being applied for will be used for business purposes. My signature also certifies that the information on this application and all supporting documents is true, that my intent is to apply for business purpose credit in which the use of the proceeds will not be used to secure a dwelling or for home improvements, and that I am aware that this application is not a commitment to lend. My signature also authorizes the lender to check a personal credit history on all proposed guarantors. Applicant may be required to submit additional information to process this request for credit. My signature authorizes and requests Lender to share the information provide on this application, together with the results of this investigation of the credit and financial condition of the company and each applicant, with the U.S. Small Business Administration (“SBA”) and/or Peoples State Bank in order to allow Lender to offer the credit product best suited to the company and each of the owner’s/guarantor’s financing needs.

Name of Business (please print)

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Name of Authorized Signer (please print)

Authorized Signature

**X**

Date / / .

Name of Business (please print)

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Name of Authorized Signer (please print)

Authorized Signature

**X**

Date / / .

### Right to a copy of Appraisal

We may order an appraisal or broker’s price opinion to determine the property’s value and charge you for this appraisal. In the event the property is a 1 to 4 family residential a property, we will promptly give you a copy of any such appraisal, even if your loan does not close. You can pay for an additional appraisal for your own use at your own cost.



**Waiver of Right to Your Appraisal**

I waive my right to receive my appraisal 3 days prior to closing. I acknowledge that Peoples will provide me with the appraisal at closing of my loan.

\_\_\_\_\_

Customer Signature

\_\_\_\_\_

Date

Regulation B and the Equal Credit Opportunity Act require that a lender obtain evidence of each loan applicant's intent to apply for joint credit before a credit decision can be made. Failure to complete when required will render the application/request for credit incomplete. Please mark one of the following choices:

Yes - I (we) intend to apply for joint credit.

No - I (we) do not intend to apply for joint credit.



## Addendum A: Affiliate Information (Attach additional schedules if needed)

An affiliate is primarily defined as an entity that is controlled by the applicant, it's stockholders, managers or directors or has control of the applicant business either through common ownership, management, previous relationships with or ties to another concern and contractual relationships.

Legal Name:	Address:	Phone:	% Ownership
			%
			%
			%
			%

Does business buy from, sell to or use services of any concern in which owner(s), shareholder(s) or member(s) of management team have a significant financial interest?     No     Yes

## Addendum B: Business Obligations/Deposit Relationships

The following information is required to process your application & will help us get a complete view of your current banking relationships.

### Business Obligations

*	Creditor	Loan type	Current balance	Origination date	Maturity date	Monthly payment	Collateral
			\$			\$	
			\$			\$	
			\$			\$	
			\$			\$	
			\$			\$	
			\$			\$	
			\$			\$	

## Addendum C: Personal Information

Please provide the following information on all guarantors. Information must be provided on all owners who own 20% or more of the business.

### Guarantor

Business name (applicable only for the business or individual that will serve as guarantor)

\_\_\_\_\_

First \_\_\_\_\_ M.I. \_\_\_\_\_ Last \_\_\_\_\_

SSN \_\_\_\_\_ DOB \_\_\_\_\_ % Ownership \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

Drivers License ID # \_\_\_\_\_ State \_\_\_\_\_

State of issuance \_\_\_\_\_ Expiration date \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of issuance \_\_\_\_/\_\_\_\_/\_\_\_\_

Email address \_\_\_\_\_

### Guarantor

Business name (applicable only for the business or individual that will serve as guarantor)

\_\_\_\_\_

First \_\_\_\_\_ M.I. \_\_\_\_\_ Last \_\_\_\_\_

SSN \_\_\_\_\_ DOB \_\_\_\_\_ % Ownership \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

Drivers License ID # \_\_\_\_\_ State \_\_\_\_\_

State of issuance \_\_\_\_\_ Expiration date \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of issuance \_\_\_\_/\_\_\_\_/\_\_\_\_

Email address \_\_\_\_\_



## Borrower's Authorization

To Whom It May Concern:

1. I have applied for a Commercial loan from Peoples State Bank. As part of the application process, People's State Bank may request information to verify details within my loan application. This may be documentation required in connection with the loan, either before the loan closes or part of its quality control review.
2. I authorize you to provide Peoples State Bank with all information or documentation requested. Such information includes payoff requests, request statements for existing loans, appropriate insurance coverage securing the loan, and financial information needed to underwrite the loan.
3. A copy of this authorization may be accepted as an original.

\_\_\_\_\_ Please provide the following financial information being requested.

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\_\_\_\_\_ Please provide the loan payoff effective \_\_\_\_\_, with per diem.

\_\_\_\_\_ Please provide the following insurance information for collateral securing this commercial loan and add Peoples State Bank as Lenders Loss Payable as Mortgagee and or Lenders Loss Payable on Business Personal Property.

Date: \_\_\_\_\_

\_\_\_\_\_  
Borrower's Signature

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



SCHEDULE A: Cash, Bank Accounts and Investment Securities (Do not include IRA or 401(k))				
Account Type	Bank/Broker Name	In Name Of	Pledged?	Current Balance
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

SCHEDULE B: IRA and 401(k) Accounts					
Broker Name	Description	In Name Of	Pledged?	Date of Value	Value
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		

SCHEDULE C: Real Estate Owned						
(1) Property Address	(2) Property Description Type: Commercial (C), Residential (R), Agricultural (A). Use: Home, Lot, Office, Rental, Warehouse. Size: Square Footage.			(3) Cost	(4) Date Acquired	(5) Current Market Value
	Type	Use	Size			
1						
2						
3						
4						
5						
6						

(6) Lender Name	(7) Name on Title	(8) Mortgage Balance	(9) Monthly Payment	(10) Monthly Rental Income	(11) Ownership Percentage
1					%
2					%
3					%
4					%
5					%
6					%

SCHEDULE D: Life Insurance Carried (Including Whole Life and Group Insurance)					
Insurance Company Name	Policy Owner	Beneficiary	Face Amount	Policy Loans	Cash Surrender Value

SCHEDULE E: Banks/Finance Companies Where Credit Has Been Obtained						
Lender Name	Collateral Description	Type (Line of Credit, Term Loan)	Maximum Line Amount	Monthly Payment	Current Balance	Maturity

NOTICE: We may report information about your account to credit bureaus. Late payment, missed payments, or other defaults on your account may be reflected in your credit report. I certify that this financial statement is true and complete. I authorize lender or its agents to verify the information obtained in this statement and to obtain additional information concerning my financial condition, including, without limitation, consumer credit reports, although lender may rely on this financial statement without any further verification. I authorize lender to furnish such information and any other credit experiences with me to others and to answer any questions about my credit experience and other financial relationships with lender, to the extent not prohibited by applicable law. I agree to notify lender, in writing, of any change that materially affects the accuracy of this statement. Lender may share information bearing on my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics or mode of living with its affiliates unless (1) I direct lender at the address above that such information is unrelated to my transactions or experiences with lender, and may not be shared by lender with its affiliates, (2) the information constitutes "medical information" as defined under applicable federal law, or (3) the information when provided to an affiliate would constitute a "consumer report" under applicable federal law.

It may be a crime punishable by a fine or imprisonment or both to knowingly make false statements concerning any of the above information, under provisions of applicable federal and state law.

\_\_\_\_\_  
Applicant Signature (Required)

\_\_\_\_\_  
Co-Applicant Signature (Required if Section 2 is Completed)

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date Signed