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| ***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 you 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.* |

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| **I. BUSINESS PROFILE** |
| LEGAL BUSINESS NAME / BORROWING ENTITY | BUSINESS TAX I.D. NUMBER |
|  |  |
| DOING BUSINESS AS (DBA) NAME, IF ANY | EMAIL ADDRESS |
|  |       |
| BUSINESS ADDRESS | CITY, STATE, ZIP | BUSINESS PHONE NUMBER | BUSINESS FAX NUMBER |
|  |  |  |  |
| BUSINESS STRUCTURE (PLEASE CHECK ONE) |
| [ ]  S-Corporation | [ ]  C-Corporation | [ ]  General Partnership | [ ]  Limited Partnership |
| [ ]  Limited Liability Partnership | [ ]  Limited Liability Company | [ ]  Sole Proprietorship | [ ]  Not For Profit | [ ]  Individual |
| NATURE OF BUSINESS | YEAR BUSINESS EST. | CURRENT OWNER SINCE | NUMBER OF EMPLOYEES |
|  |  |  |  |
| DOES THE BUSINESS OWN OR LEASE THE PROPERTY | ACCOUNTANT (NAME & PHONE) |
|  |  |
| INSURANCE AGENT (NAME & PHONE) | ATTORNEY REFERENCE (NAME & PHONE) |
|       |       |
| **II. LOAN REQUEST [I/We hereby apply to BCT for the following extension of commercial credit (Check all that apply)]** |
| DOLLAR AMOUNT OF LOAN | PURPOSE |
| **$**  | [ ]  EQUIPMENT PURCHASE [ ]  VEHICLE PURCHASE [ ]  VEHICLE REFINANCE |

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| **III. LIST OF ALL BUSINESS DEBT** |
| DESCRIPTION OF DEBT | ORIGINAL AMOUNT | CURRENT BALANCE | MONTHLY PAYMENT | MATURITY DATE | CREDITOR NAME | COLLATERAL |
|  |  |  |  |  |  |       |
| DESCRIPTION OF DEBT | ORIGINAL AMOUNT | CURRENT BALANCE | MONTHLY PAYMENT | MATURITY DATE | CREDITOR NAME | COLLATERAL |
|       |       |       |       |       |       |       |

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| **IV. LIST OF ALL BUSINESS’ BANK DEPOSIT ACCOUNTS** | **V. BACKGROUND INFORMATION** |
| NAME OF BANK AND LOCATION | AMOUNT ON DEPOSIT | Has your business ever filed for bankruptcy?  If yes, what year? \_\_\_\_\_\_\_\_\_\_Is your business a party to any claim or lawsuit? Is your business in arrears or in dispute of any tax payment?If the answer to any of these questions is “Yes”, please provide an explanation on a separate sheet of paper.  | [ ] YES [ ] No[ ] YES [ ] No[ ] YES [ ] No |
|  |  |
| NAME OF BANK AND LOCATION | AMOUNT ON DEPOSIT |
|       |       |

|  |  |  |  |
| --- | --- | --- | --- |
| **VI. OWNERS – List All** |  |  |  |
| OWNER / GUARANTOR NO. 1 | OWNER / GUARANTOR NO. 2 |
| NAME |       | NAME |       |
| TITLE / POSITION |       | TITLE / POSITION |       |
| PCT. OF OWNERSHIP |       | PCT. OF OWNERSHIP |       |
| HOME ADDRESS |       | HOME ADDRESS |       |
| CITY, STATE, ZIP |       | CITY, STATE, ZIP |       |
| PHONE NUMBER |       | PHONE NUMBER |       |

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| **VII. BUSINESS LOAN APPLICATION CHECKLIST** |
| [ ]  | BUSINESS LOAN APPLICATION | [ ]  | PERSONAL FEDERAL TAX RETURNS FOR THE PAST YEAR FOR EACH OWNER LISTED ABOVE |
|  |  |  |  |
| [ ]  | BUSINESS FEDERAL TAX RETURNS FOR PAST FISCAL YEAR | [ ]  | PERSONAL FINANCIAL STATEMENT FOR EACH OWNER LISTED ABOVE |
|  |  |  |  |
| [ ]  | INTERIM FINANCIAL STATEMENTS (IF TAX RETURNS > 6 MONTHS) | [ ]  |  OTHER |
|  |  |  |  |
| [ ]  | BUSINESS ORGANIZATION PAPERS |  |  |

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| **VIII. PLEASE READ** |

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| ***REPRESENTATIONS:*** *The information contained in this application is provided for the purpose of obtaining business (non-consumer) credit with the lender on behalf of the undersigned. It is understood the lender will rely on the information provided in making its credit decision. The lender is authorized to make all inquiries it deems necessary to verify the accuracy of the statements herein made, or in its discretion, to further determine the undersigned’s credit standing, including obtaining consumer and/or business credit bureau reports. Bank of Charles Town is authorized to share the information it obtains through these inquiries and any credit bureau report with other Bank of Charles Town affiliates. The lender is hereby authorized to answer any questions from third parties concerning the undersigned’s experience with the lender.* |

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| ***AUTHORIZATION:*** *The undersigned authorizes Bank of Charles Town, or any of its affiliates, to share any financial or other information provided by us to another outside entity for the purpose of that entity determining if it has any interest in participating with, or outright purchase from, Bank of Charles Town, or any of its affiliates, any credit transaction which the undersigned has entered into or may enter into, in the future with Bank of Charles Town or any of its affiliates.* |

**As an authorized agent of the applicant company, I confirm that everything in the application and information submitted along with the application is true and complete.**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **APPLICANT/PRINCIPAL SIGNATURE** |  | **APPLICANT/PRINCIPAL SIGNATURE** |
|  |  |  |
| **PRINT NAME** |  | **PRINT NAME** |
|  |  |  |
| **TITLE** |  | **TITLE** |
|  |  |  |
| **DATE SIGNED** |  | **DATE SIGNED** |

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| --- |
| **FOR BANK USE ONLY** |
| **HMDA:** [ ]  YES [ ]  NO  | **CDL:** [ ]  YES [ ]  NO  | **CIP:** [ ]  YES [ ]  NO  |
| **Application Rec’d Date:** |  **Complete Application Rec’d Date:** |  |