



Business Loan Application

Loan Request Information

Amount Request \$ _____	Purpose _____	
Type of Credit Applying For:	<input type="checkbox"/> Line of Credit <input type="checkbox"/> Mortgage <input type="checkbox"/> Term Loan	Term Requested _____
Existing Loans if Applicable:	<input type="checkbox"/> Refinance existing Citizens Financial Bank Loan # _____ <input type="checkbox"/> Increase of \$ _____ on current Citizens Financial Bank Loan # _____	

Type of Credit and Collateral

<input type="checkbox"/> All Business Assets – including but not limited to: accounts receivable, inventory, equipment, etc. Make and Model for equipment _____	Value A/R \$ _____ Inv \$ _____ Equip \$ _____	<input type="checkbox"/> Real Estate Estimated Current Value <input type="checkbox"/> Commercial real estate \$ _____ <input type="checkbox"/> Primary residence \$ _____ <input type="checkbox"/> Yes <input type="checkbox"/> No Is there a 1st mortgage on the property? If yes, name of lender: _____ Monthly loan payment \$ _____ Balance \$ _____ <input type="checkbox"/> Yes <input type="checkbox"/> No Is there a 2nd mortgage on the property? If yes, name of lender: _____ Monthly loan payment \$ _____ Balance \$ _____ Property is titled in the name(s) of: #1) _____ #2) _____
<input type="checkbox"/> Equipment Assets – including but not limited to: Make _____ Model _____ Make _____ Model _____	\$ _____	
<input type="checkbox"/> Vehicle: <input type="checkbox"/> New <input type="checkbox"/> Used Year _____ Make _____ Model _____ VIN # _____	\$ _____	
<input type="checkbox"/> Citizens Financial Bank Certificate of Deposit & Savings Accounts Name of registered owner _____ Account # _____	\$ _____	
<input type="checkbox"/> Securities and Stocks	\$ _____	

General Business Information

<i>For sole proprietors or business individuals, only list individual's name</i> #1 First Name Middle Initial Last Name SSN				State of Organization _____													
#2 First Name Middle Initial Last Name SSN				Date Business Established _____													
Legal Business Name <i>(for business entities)</i> TIN				Current Owner Since _____													
Doing Business As / DBA <i>(other names used by company)</i>				Number of Employees _____													
Street Address <i>(no P.O. Box)</i>				Annual Sales Revenue _____													
City County State Zip Code				Current Business Exposure _____													
Statement Mailing Address <i>(if different from street address)</i>				Description of Business (product/service provided) _____													
City County State Zip Code				<table border="0"> <tr> <td></td> <td style="text-align: center;"><u>Personal</u></td> <td></td> <td style="text-align: center;"><u>Business</u></td> </tr> <tr> <td></td> <td style="text-align: center;">*Yes</td> <td style="text-align: center;">No</td> <td style="text-align: center;">*Yes</td> </tr> <tr> <td></td> <td style="text-align: center;">*Yes</td> <td style="text-align: center;">No</td> <td style="text-align: center;">*Yes</td> </tr> </table>			<u>Personal</u>		<u>Business</u>		*Yes	No	*Yes		*Yes	No	*Yes
	<u>Personal</u>		<u>Business</u>														
	*Yes	No	*Yes														
	*Yes	No	*Yes														
Business Telephone Business Fax Number Primary Contact				Have there been any bankruptcies or judgments? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>													
E-mail and/or web site				Is any collateral offered to Citizens Financial Bank currently pledged to other creditors? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>													
Type of Business <input type="checkbox"/> S-Corp <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> C-Corp <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Non-Profit <input type="checkbox"/> LLP <input type="checkbox"/> Other _____				Has the business incurred a loss in any of the last 3 years? <input type="checkbox"/> <input type="checkbox"/>													
* Please attach appropriate documentation, if any.				Are there any delinquent state, federal or property taxes owed by the business? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>													
* If yes is checked to any question, attach an additional page to explain.				Is the business for sale or under agreement that would change the ownership of the business? <input type="checkbox"/> <input type="checkbox"/>													

Citizens Financial Bank	Business checking acct: # _____ Average balance: \$ _____	Other Financial Institution	Name: _____ Average Checking Balance: \$ _____
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Confidential Personal Financial Statement

Financial Condition as of / /20

APPLICANT (Type or Print)			
Name – First, Middle Initial and Last			
Residence Address – Number, Street, City State and Zip			# of Years
Social Security Number	Date of Birth (dd/mm/yyyy)	Home Phone () -	
Employer			# of Years
Business Address		Business Phone () -	
Position/Title		Type of Business	
Names/Ages of Dependents			

CO-APPLICANT (If Applicable)			
Name – First, Middle Initial and Last			
Residence Address – Number, Street, City State and Zip			# of Years
Social Security Number	Date of Birth (dd/mm/yyyy)	Home Phone () -	
Employer			# of Years
Business Address		Business Phone () -	
Position/Title		Type of Business	
Names/Ages of Dependents Not Listed Above			

INCOME STATEMENT			
Annual Income	Applicant	Co-Applicant	Total
Salary (Gross Annual Income)			
Bonus and Commissions			
Dividends and Interest			
Alimony, Child Support			
Net Rental Income			
Other Income (i.e. Trust)			
TOTAL:			
Annual Fixed and Variable Expenses			
Primary Mortgage Payment (Principal and Interest)			
Other Mortgage Payments			
Installment Loan Payments			
Credit Card Payments			
Property Taxes			
Other (i.e. College, Alimony, Child Support)			
TOTAL:			

BALANCE SHEET (Attach Additional Schedules as Needed)

Assets	Applicant	Co-Applicant	Joint	Total
Cash and Short Term Investments (Schedule A)				
Marketable Securities (Schedule B)				
Securities Not Readily Marketable				
Cash Value – Life Insurance (Schedule C)				
Unexercised Company Stock Options (Schedule D)				
Notes and Accounts Receivable				
Real Estate Owned (Schedule E)				
Vested Profit-Sharing Benefits/Deferred Compensation				
IRA/KEOGH Accounts				
Automobiles				
Personal Property				
Business Interest				
Other Assets				
TOTAL ASSETS:				
Liabilities	Applicant	Co-Applicant	Joint	Total
Notes Payable to Banks – Secured				
Notes Payable to Banks – Unsecured				
Notes Payable to Company (Employer)				
Notes Payable to Others (i.e. Retirement Plan)				
Mortgages (Schedule E)				
Outstanding Credit Card Balances				
Other Accounts Payable				
Margin Account				
Taxes and Interest Payable				
Policy Loan – Life Insurance				
Other Liabilities				
TOTAL LIABILITIES:				
NET WORTH (ASSETS MINUS LIABILITIES):				

Are all bad and doubtful assets excluded from this statement?

NO

YES

Are any of your assets pledged, loaned or hypothecated?

NO

YES

If "YES", give details:

SCHEDULE A – Accounts at Financial Institutions

Name of Institution	Savings Accounts	Checking Accounts	Other Short Term Investments	Total

SCHEDULE B – Securities (Stocks, Bonds and Mutual Funds)

Number of Shares	Description	Restrict	Pledged	Owner	L-Listed U-Unlisted NM-Non Mark	Cost	Market Value

SCHEDULE C – Insurance – Life and Disability

Amount	Name of Company	Beneficiary	Owner	Loans	Cash Value

SCHEDULE D – Unexercised Company Stock Options

Name of Company	Number of Shares	Expiration Date	Exercise Price/Share	Current Value

SCHEDULE E – Real Estate Owned (including Principal Residence)

Property Address	Title in Name Of	Date Purchased	Cost	Maturity	Market Value	Monthly Payment	Amount Due

SCHEDULE F – Vested Interest in Deferred Compensation/Profit Sharing

% Vested	Name of Company	Account Number	Manner of Payout	Distribution Date	Beneficiary	Amount

SCHEDULE G – General and/or Limited Partnership Interest

Name of Partnership	Type of Investment	Limited General	Amount Invested	% of Ownership	Fair Market Value of Partnership Interest

CONTINGENT LIABILITIES

	NO	YES	AMOUNT
Are you contingently liable for any additional partnership?			
Are you an endorser, co-maker or guarantor on any notes?			
Do you have any outstanding letters of credit?			
Are you contingently liable on any lease or contract?			
Are there any suits or legal actions pending against you?			
Are any of your tax obligations past due?			
Have you ever filed for bankruptcy? If so, when?			

IF ANSWERS TO ANY OF THE ABOVE QUESTIONS IS "YES", PLEASE GIVE DETAILS:

FINANCIAL PLANNING

In order to better fulfill our role as a financial counselor in developing and preserving your wealth, please complete the following:

What other legal and financial advisors do you use?

Attorney Name and Firm: _____

Accountant Name and Firm: _____

Other Advisors: _____

Do you have a will? If yes, what year is it dated? _____

Do you have a Trust? If yes, what year is it dated? _____

Name of personal representative or Trustee: _____

Do you have a plan for meeting income requirements following retirement? _____

Do you have a plan for funding educational expenses? _____

Business Information:

Does your business issue or sell money orders, traveler's cheques or stored value cards?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does your business wire or otherwise transmit money for your customers?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does your business exchange foreign currency?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, do you charge a fee? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does your business engage in check cashing?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, do you charge a fee? <input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered yes to any of the above, have you registered as a Money Service Business?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Regulation B requires a lender to obtain the applicant's intent to apply for joint credit or to become liable as a guarantor on the debt.

- If the credit request is for a single borrower, please check this box and sign below.
- If the request is for joint credit, please check this box and both parties sign below.
- If this statement relates to your guaranty of the indebtedness of other person(s), firm(s), or corporation(s), please check this box and sign below.

This Personal Statement is provided to Citizens Financial Bank for the purpose of inducing the Bank to extend or continue

credit to the applicant. The applicant represents and warrants to the Bank that the information provided in this Personal Statement is a complete, correct and not misleading statement of the financial condition of the applicant as of the date of this Personal Statement. The applicant promises to promptly notify the Bank of any material change in the information provided which is detrimental to the applicant's ability to pay all amounts which are or may become due to the Bank. In the absence of such notice, the applicant represents and warrants to the Bank that the Bank may continue to rely upon this Personal Statement as a complete, correct and not misleading statement of the financial condition of the applicant. The applicant authorizes the Bank to obtain additional information from credit bureaus and other lawful sources including the persons and companies named in this application. The Bank may receive information about the applicant from others and may answer questions and requests from others seeking credit and experience information about the applicant.

The undersigned certifies that all sides hereof and the information inserted therein has been carefully read and is true and correct. The undersigned understands and agrees to the representations and statements made herein.

Signature of the Applicant

Date Signed

Signature of the Co-Applicant

Date Signed

Internal Use Only:

Appropriate information communicated to BSA Officer?

By:

Date: