

COMMERCIAL LOAN APPLICATION

| LOAN TYPE AND TERMS | | | |
|--|--|--|--|
| Loan Request Amount \$ | Term to Maturity Months | Interest Rate <input type="checkbox"/> Variable <input type="checkbox"/> Fixed | Loan Type <input type="checkbox"/> Secured <input type="checkbox"/> Unsecured <input type="checkbox"/> Guaranteed |
| Loan Purpose / Classification <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other – Describe: | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| Use of Proceeds | | | |

| APPLICANT INFORMATION | | | |
|--|-------------|---|--------------------------|
| <input type="checkbox"/> New Customer | | <input type="checkbox"/> Existing Customer: CIF Number: | |
| Company Name | Entity Type | Tax ID or EIN | |
| DBA or Other Names | | | Date Organized (Mo & Yr) |
| Street Address (no PO Boxes) | City | State | ZIP |
| Mailing Address (If different from street address) | City | State | ZIP |
| Telephone | Website | Email Address | |
| Principal Business or Activities, Products, Services | | | |

| OWNER, PRINCIPAL, OFFICER OR REPRESENTATIVE | | | |
|---|--|--|---------------------------------------|
| <input type="checkbox"/> Existing Customer: CIF Number: | | | |
| Last Name | First Name and MI | Social Security Number | Date of Birth |
| Street Address (residence, no PO Boxes) | City | State | ZIP |
| Mailing Address (If different from street address) | City | State | ZIP |
| Telephone | Alternate Telephone (<input type="checkbox"/> Mobile) | Email Address or Website | |
| Employer (Name & Telephone) | | <input type="checkbox"/> Self Employed | Years Occupation / Profession / Title |
| ID Security Question | | ID Security Answer | Place of Birth |

CERTIFICATION The undersigned certifies that all of the information provided in or with this application for credit is true, correct and complete as of the date below. The Lender is authorized, at its discretion, to verify any of the information provided in this application and to obtain a credit history or identity verification report on any applicant at any time.

| | |
|--|------|
| Signature of Owner, Principal, Officer or Representative X | Date |
|--|------|

CUSTOMER IDENTIFICATION PROGRAM DISCLOSURE To help the government fight the funding of terrorism and money laundering activities, federal law requires that all financial institutions obtain, verify, and record information which identifies each organization or person who opens or controls a new account. When an account is opened by a new customer or the representative of an organization, we will request name, address, date of birth and other information which allows us verify identity. We may also require presentation of a driver's license, passport or other government-issued ID documents.

| | |
|---|--|
| Applicant(s) | Loan Request Amount |
| <p>TO OPEN A NEW ACCOUNT FOR A BUSINESS OR OTHER ORGANIZATION, you must provide a taxpayer identification or other identifying number and appropriate entity identification documents, some of which are listed below for illustrative purposes. Bank personnel may, at their discretion, request additional documentation to resolve discrepancies, to verify identity, or to comply with regulatory recordkeeping requirements.</p> | |
| <ol style="list-style-type: none"> Sole Proprietorship: Assumed Name Certificate, if applicable; any applicable State-issued business license(s). Corporation (including Non-profit corporations): Certificate / Articles of Incorporation; Corporate Resolution; any applicable State-issued business license(s); and Assumed Name Certificate, if applicable. Limited Liability Corporation (LLC): Certificate of Organization; Resolutions; excerpt from Articles of Organization documenting appointment of manager, member or officer responsible for business matters; any applicable State-issued business license(s); and Assumed Name Certificate, if applicable. Partnership: Partnership Agreement; Partnership Resolutions; any applicable State-issued business license(s); and Assumed Name Certificate, if applicable. | <ol style="list-style-type: none"> Limited Liability Partnership (LLP): Certificate of Organization; Resolutions; Partnership Agreement documenting appointment of partners or managing partner responsible for business matters; any applicable State-issued business license(s); and Assumed Name Certificate, if applicable. Association: Resolutions; Charter, Bylaws, constitution or meeting minutes; IRS Determination Letter (documenting non-profit status, if applicable). Trust: Trust Certification; and excerpts from trust documents with name of trust, name of trustee and successor trustee and signatures of parties who executed the trust document. Estate: Letters of Administration, Letters Testamentary or comparable documents. |

FOR BANK USE

| | | | |
|-----------------|----------------------|--------|---------------------------|
| Officer | Analyst or Assistant | Branch | Date Application Received |
| Notes, Comments | | | |

Customer ID Verification for the Organization (Complete for all new customers and for any existing customers without this information on file.)

Organization / Identification Documents Provided * (include complete descriptions, dates, document names, issuers, etc. – indicate whether the documents examined were originals, photocopies, electronic images, certified reproductions, etc.)

| | | | | |
|-----------------|-----------|---|---|-------|
| CIP Verified By | CIP Date | CIP Discrepancies and Resolution (Indicate "None" if no discrepancies noted.) | | |
| OFAC / Gvt List | List Date | BSA / AML / OFAC Risk Designation | MSB, PEP or HRC <input type="checkbox"/> Yes <input type="checkbox"/> No | Notes |

Customer ID Verification – Owner, Principal, Officer or Representative
(Complete for all new customers and for any existing customers without this info on file.)

| | | | | | |
|---------------------|-----------|--|--|---------------|--------------------|
| Identification Type | ID Number | Issued By | Issue Place | ID Issue Date | ID Expiration Date |
| CIP Verified By | CIP Date | CIP Discrepancies and Resolution (Indicate "None" if no discrepancies were noted.) | | | |
| OFAC / Gvt List | List Date | BSA / AML / OFAC Risk Designation | PEP or Other HRC <input type="checkbox"/> Yes <input type="checkbox"/> No | Notes | |

Comments

| | |
|-----------|---------------------|
| Applicant | Loan Request Amount |
|-----------|---------------------|

DECLARATIONS AND DISCLOSURES If you answer yes to any of the questions in this section, please provide explanations, as appropriate, in the space provided below or in an attachment to this application.

- In the past seven (7) years has the applicant:
- a. Declared bankruptcy? Yes No
 - b. Been obligated, directly or indirectly, on any loan which resulted in foreclosure, repossession, or judgment? Yes No
 - c. Been obligated, directly or indirectly, on any loan which resulted in transfer of title in lieu of foreclosure? Yes No
 - d. Is the applicant a co-maker, co-signer, guarantor or endorser on any note, loan or other form of credit? Yes No
 - e. Are there any outstanding judgments or tax liens against the applicant? Yes No
 - f. Is the applicant a party to an ongoing or impending criminal, civil or regulatory lawsuit or enforcement action? Yes No
 - g. Is the applicant a defendant in an ongoing or impending criminal prosecution? Yes No
 - h. Is the applicant delinquent or in default on any federal debt or other loan, mortgage, financial obligation, or bond? Yes No
 - i. Is the applicant delinquent or in default on court-ordered payments or loan guarantees? Yes No
 - j. Is any officer, director or significant owner of the applicant organization a director, officer or significant (over 10%) shareholder of a regulated financial institution? (Name below) Yes No
 - k. Does any officer, director or significant owner of the applicant organization have a close familial relationship with an officer, employee or director of this lending institution? Yes No
 - l. Does any officer, director or significant owner of the applicant organization have have a business or investment relationship with any officer, employee or director of this institution? Yes No
 - m. Income tax returns have been filed through year: _____ Are any income tax returns being audited or contested? Yes No
 - n. Is there any reason to expect a significant reduction in income or revenues during the term of the requested loan due to such events as termination or completion of a contract, loss of a major customer, impending cost escalation, etc.? Yes No
 - o. Does the applicant organization operate an electronic commerce website or other facility for processing internet payments? Yes No

Explanations, details for "Yes" responses:

SUMMARY FINANCIAL AND OPERATING INFORMATION

Provide the information below as of the most recent fiscal year end for which financial statements have been prepared.

| | | | | |
|------------------------|-----------|---------------------------|-------------------|-------------------------|
| Fiscal Year End (Date) | | Gross Revenues / Receipts | Total Expenses | Net Income (Loss) |
| Employees | Locations | Total Assets | Total Liabilities | Net Worth, Owner Equity |

Description of Most Significant Products, Services or Programs

Most Significant Customers or Clients

| | |
|-----------|---------------------|
| Applicant | Loan Request Amount |
|-----------|---------------------|

COLLATERAL EXPECTED TO SECURE THE LOAN – REAL ESTATE

PROPERTY TYPE Lot / Raw Land Single Family Residential 2-4 Family Residential 5+ Multifamily Residential
 Commercial - Retail Commercial - Office Industrial or Warehouse Other:

OCCUPANCY / USE Owner-Occupied/Utilized Other:

USE OF PROCEEDS Purchase Construction Improvements Refinancing Other:

General Description (Include details such as square footage, bedrooms, rental units, etc.)

| | | | | |
|------------------------------------|------|-------|-----|--------|
| Property Location - Street Address | City | State | ZIP | County |
|------------------------------------|------|-------|-----|--------|

Legal Description of Collateral Property (attach additional page if necessary)

| | |
|-------------------------|-------------------------|
| Current Use of Property | Planned Use of Property |
|-------------------------|-------------------------|

| | | | | |
|--|-------------|----------------------|-------------------|--------------------|
| Current Lienholder | Loan Number | Loan Maturity Date | Original Loan Amt | Current Balance |
| Land – Acreage, Lot Size, Zoning or Use Restrictions | | Year Acquired | Acquisition Cost | Market Value |
| Existing Structure(s) – Square Footage, Type / Use / Character | | Year Built, Acquired | Acquisition Cost | Market Value |
| Planned Construction – Square Footage, Type of Structure(s) | | Constrctn Start Date | Construction Cost | Estd Market Value |
| Planned Improvements –Type | | Project Start Date | Project Cost | Estd Market Value |
| Source(s) of Market Value Information <input type="checkbox"/> Appraisal <input type="checkbox"/> In-house Evaluation <input type="checkbox"/> Assessed Value for Tax <input type="checkbox"/> Other: | | | Total Cost | Total Market Value |
| Source(s) of funds for downpayment, transaction costs | Estimated: | | Downpayment | Transaction Costs |
| Notes | | | | |

COLLATERAL OTHER THAN REAL ESTATE EXPECTED TO SECURE THE LOAN

ASSET TYPE Bank Account, CD Marketable Securities Accounts Receivable Inventories Equipment
 Motor Vehicle(s) Boat, Vessel , Ship Other:

Detailed Description (including make, model, features, VIN or serial number, stock symbols, dimensions, etc.)

| | | | | |
|--------------------------------|------|-------|-----|--------|
| Asset Location- Street Address | City | State | ZIP | County |
|--------------------------------|------|-------|-----|--------|

| | | |
|----------------|------------------------------------|-------------------------------------|
| Seller, if any | Seller's Location (City and State) | Seller's Telephone (with Area Code) |
|----------------|------------------------------------|-------------------------------------|

| | | |
|--|-------------------|--------------|
| Source(s) of Market Value Information <input type="checkbox"/> Appraisal <input type="checkbox"/> Publication <input type="checkbox"/> Market Quote <input type="checkbox"/> Other: | Cost, Sales Price | Market Value |
|--|-------------------|--------------|

Notes

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|-----------|---------------------|
| Applicant | Loan Request Amount |
|-----------|---------------------|

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|--|-----------|--|--|--|--|---------------------------------|----------------|----------------|----------------------------------|
| CO-APPLICANT, REPRESENTATIVE OR GUARANTOR INFORMATION * | | | | | <input type="checkbox"/> Existing Bank Customer: CIF Number: | | | | |
| <input type="checkbox"/> Co-Borrower | | <input type="checkbox"/> Signer | | <input type="checkbox"/> Guarantor | | Relationship to Borrower(s) | | Guarantee Type | |
| <input type="checkbox"/> Other: | | | | | | | | | |
| Last Name or Company Name | | | First Name and MI | | SSN, Tax ID Number | | Date of Birth | | |
| Street Address (residence, no PO Boxes) | | | | City | | State | | ZIP | |
| Mailing Address (if different from street address above) | | | | City | | State | | ZIP | |
| Telephone | | Alternate Telephone (<input type="checkbox"/> Mobile) | | Email Address or Website | | | | | |
| Employer (Name and Telephone) | | | <input type="checkbox"/> Self Employed | | Years | Occupation / Profession / Title | | | <input type="checkbox"/> Retired |
| ID Security Question | | | | ID Security Answer | | | Place of Birth | | |
| Identification Type | | ID Number | | Issued By | | Issue Place | | ID Issue Date | ID Expiration Date |
| CIP Verified By | CIP Date | CIP Discrepancies and Resolution (Indicate "None" if no discrepancies were noted.) | | | | | | | |
| OFAC / Gvt List | List Date | BSA / AML / OFAC Risk Designation | | | PEP or Other HRC | | Notes | | |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |

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|--|-----------|--|--|--|--|---------------------------------|----------------|----------------|----------------------------------|
| CO-APPLICANT, REPRESENTATIVE OR GUARANTOR INFORMATION * | | | | | <input type="checkbox"/> Existing Bank Customer: CIF Number: | | | | |
| <input type="checkbox"/> Co-Borrower | | <input type="checkbox"/> Signer | | <input type="checkbox"/> Guarantor | | Relationship to Borrower(s) | | Guarantee Type | |
| <input type="checkbox"/> Other: | | | | | | | | | |
| Last Name or Company Name | | | First Name and MI | | SSN, Tax ID Number | | Date of Birth | | |
| Street Address (residence, no PO Boxes) | | | | City | | State | | ZIP | |
| Mailing Address (if different from street address above) | | | | City | | State | | ZIP | |
| Telephone | | Alternate Telephone (<input type="checkbox"/> Mobile) | | Email Address or Website | | | | | |
| Employer (Name and Telephone) | | | <input type="checkbox"/> Self Employed | | Years | Occupation / Profession / Title | | | <input type="checkbox"/> Retired |
| ID Security Question | | | | ID Security Answer | | | Place of Birth | | |
| Identification Type | | ID Number | | Issued By | | Issue Place | | ID Issue Date | ID Expiration Date |
| CIP Verified By | CIP Date | CIP Discrepancies and Resolution (Indicate "None" if no discrepancies were noted.) | | | | | | | |
| OFAC / Gvt List | List Date | BSA / AML / OFAC Risk Designation | | | PEP or Other HRC | | Notes | | |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |

CERTIFICATIONS Each of the undersigned certifies that all of the information provided in this application is true and correct as of the date below. The Bank is authorized, at its discretion, to verify any of the information provided in this application and to obtain a credit history or identity verification report on any applicant at any time.

| | |
|-----------|------|
| Signature | Date |
| Signature | Date |

CUSTOMER IDENTIFICATION PROGRAM DISCLOSURE To help the government fight the funding of terrorism and money laundering activities, federal law requires that all financial institutions obtain, verify, and record information which identifies each person who opens, owns or controls a new account. When an account is opened by a new customer, we will request from those who own or control such account his or her name, address, date of birth and other information which allows us verify identity. We may also require presentation of a driver's license, passport or other government-issued ID documents.

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|-----------|---------------------|
| Applicant | Loan Request Amount |
|-----------|---------------------|

| ADDITIONAL INFORMATION, COMMENTS AND NOTES | |
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| DISCLOSURES | |
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IMPORTANT DISCLOSURES FOR COMMERCIAL CREDIT APPLICANTS Representations by the applicant(s) and the information provided in this application and any accompanying statements, schedules, tax returns or other materials, may be relied upon by the Lender in connection with its consideration of this application and its credit decision. Intentional misrepresentations or omissions in the information provided to the Lender may result in criminal prosecution under federal or State law.

The Lender is authorized to undertake, to the extent considered necessary, any reasonable investigation or verification of the information provided by the applicant(s) and to obtain reports covering the credit history and creditworthiness of any organization or individual named as an applicant, co-applicant, co-borrower, or guarantor.

RIGHT TO NOTICE OF CREDIT DENIAL REASONS
Commercial credit applicants have credit denial notice rights provided under the Equal Credit Opportunity Act. If a business credit request is denied, the applicant has the right to receive a written statement detailing specific reasons for credit denial. To obtain a written explanation of denial reasons, an applicant should contact the Lender, in writing, at the address below, within sixty days of the date notice of the credit decision is provided. The Lender will provide a written statement of denial reasons within thirty days of receiving such a request.

EQUAL CREDIT OPPORTUNITY ACT 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 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 this creditor is:

| DISCLOSURES FOR REAL ESTATE LOAN APPLICANTS | |
|--|--|
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APPRAISAL RIGHTS DISCLOSURE FOR REAL ESTATE LOAN APPLICANTS