COMMERCIAL LOAN APPLICATION

LOAN TYPE AND TERMS									
Loan Request Amount	Term to Maturity	Interest R	tate	Loan	Туре				
\$	M	lonths	ole Fixed	% Secured Unsecured Guarante					
Loan Purpose / Classification]						
]						
]						
			1		$\overline{\Box}$				
		F	ī ī		Ħ				
Other – Describe:			_						
Use of Proceeds									
OSC OF FOOCCUS									
APPLICANT INFORMATION		Пи	Overland	D Frieding 0		OIE Novelean			
APPLICANT INFORMATION		□ New	Customer	Existing C	ustomer:	CIF Number:			
Company Name				Entity Type		Tax ID or EIN			
DBA or Other Names						Date Organized (Mo & Yr)			
DBA OF Other Mariles						Date Organized (MO & 11)			
Street Address (no PO Boxes)			City		State	ZIP			
Mailing Address (If different from s	treet address)		City		State	ZIP			
Telephone	Website			Email Address					
·									
Principal Business or Activities, Pr	oducts. Services								
,									
OWNER, PRINCIPAL, OFFIC	FR OR REPRESE	NTATIVE		Existing C	ustomer:	CIF Number:			
Last Name	LICON ILLI ILLOLI	First Name and	MI	Social Securit		Date of Birth			
Lastivanic		Tilst Hame and	1411	Oociai Occum	ly Marriber	Date of Birtin			
			1						
Street Address (residence, no PO	Boxes)		City		State	ZIP			
Mailing Address (If different from s	treet address)		City		State	ZIP			
Telephone	Alternate Telephone	(Mobile)	Email Address	or Website					
		(
Employer (Name & Telephone)		☐ Self Emp	loved Years	Occupation / Pro	fession / Title	1			
Employer (Hamo & Folophone)		Con 2p	loyed roule	Codapation	100010117 11410				
ID Security Question		ID	Security Answer		Place of Birt	th			
is eccurity Queeneri		.5	Coounty / monor		i lace of Bill				
CERTIFICATION The undersign	gned certifies that al	II of the informati	on provided in	or with this appli	cation for cr	edit is true, correct and			
complete as of the date below.	The Lender is auth	orized, at its disc	cretion, to verify	any of the infor					
and to obtain a credit history o	-	report on any a	pplicant at any	time.					
Signature of Owner, Principal, Offi	cer or Representative				Date				
X									
CUSTOMER IDENTIFICATION	N PROGRAM DISC	LOSURF To hel	n the governme	ent fight the fund	ling of terror	rism and money			
laundering activities, federal la	w requires that all fi	nancial institution	ns obtain, verify	, and record info	ormation wh	ich identifies each			

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 Am	ount			
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.										
Sole Propriet applicable Sta Corporation of Incorporation business licen Limited Liabi Resolutions; e appointment of matters; any a Assumed Nan Partnership:	orship: Assum te-issued busin (including Non- on; Corporate R se(s); and Ass lity Corporatio excerpt from Art of manager, me pplicable State ne Certificate, in Partnership Agi te-issued busin	ned Name Certificate, if applicates license(s). profit corporations): Certificate Resolution; any applicable Staumed Name Certificate, if apport (LLC): Certificate of Organization documer mber or officer responsible feeissued business license(s);	cable; any see / Articles ate-issued policable. pization; enting or business and tions; any	 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. 						
Officer		Analyst or Assistant	Branch		Date Applicati	on Received				
Notes, Comment	Notes, Comments									
Customer ID Vinformation on f		r the Organization (Com	plete for all nev	w customers ar	nd for any exis	ting customers with	out this			
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 (Indi	cate "None" if no	discrepancies r	noted.)				
OFAC / Gvt List	List Date	BSA / AML / OFAC Ris	k Designation	MSB, P	EP or HRC	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	e ID Nu	mber Issued B	у	Issue P	lace	ID Issue Date	ID Expiration Date			
CIP Verified By	CIP Date	CIP Discrepancies and	Resolution (Indi	cate "None" if no	discrepancies v	vere noted.)				
OFAC / Gvt List	PFAC / Gvt List List Date BSA / AML / OFAC Risk Designation PEP or Other HRC Notes									
Comments										

App	licant				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 sev	en (7) years has the	applicant:		☐ Yes ☐ No									
a.	Declared b	pankruptcy?												
b.		, ,		ly, on any loan which resulted in foreclosure, repossession, or judgment?										
C.	-	•	•											
d.														
e.		_	-	licant?										
f.	•		•	or regulatory lawsuit or enforcement action										
				prosecution?										
g. b				ner loan, mortgage, financial obligation, or										
h. :			•											
i.				ts or loan guarantees?										
j.	holder of a reg	ulated financial instit	ution? (Name below)	zation a director, officer or significant (ove	Yes No									
k.	employee or di	rector of this lending	institution?	ganization have a close familial relationship	Yes No									
I.				ganization have have a business or investr										
m.	Income tax retu	urns have been filed	through year:	Are any income tax returns being aud	lited or contested? Yes No									
n.				revenues during the term of the requested customer, impending cost escalation, etc.										
0.	Does the applic	cant organization op	erate an electronic commerce	website or other facility for processing into	ernet payments? Yes No									
					☐ Yes ☐ No									
					☐ Yes ☐ No									
_		s for "Yes" response			☐ Yes ☐ No									
			SUMMARY FINANCIAL	AND OPERATING INFORMATION										
Pro	vide the informat	tion below as of the	nost recent fiscal year end for	which financial statements have been pre	pared.									
Fisc	cal Year End (Da	ite)	Gross Revenues / Receipts	Total Expenses	Net Income (Loss)									
Em	oloyees	Locations	Total Assets	Total Liabilities	Net Worth, Owner Equity									
Des	cription of Most	Significant Products	Services or Programs	1	1									
	,	stomers or Clients												

Applicant		Loan Request Amount							
COLLATERAL EXPEC	TED TO SEC	CURE THE	LOAN -	REAL E	STATE				
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	on Impr	ovements	Refina	ancing	Other:				
General Description (Include details such as square footage,	bedrooms, rent	al units, etc	.)						
Property Location - Street Address C	ity	;	State	ZIP	С	County			
Legal Description of Collateral Property (attach additional page if necessary)									
Current Use of Property		Planned U	se of Prope	rty					
Current Lienholder	Loan Number	L	oan Maturit	y Date	Original Loan An	mt Current Balance			
Land – Acreage, Lot Size, Zoning or Use Restrictions Year Acquired Acquisition Cost Market Value									
Existing Structure(s) – Square Footage, Type / Use / Charact	er	Y	Year Built, Acquired		Acquisition Cost	Market Value			
Planned Construction – Square Footage, Type of Structure(s))	С	onstrctn Sta	art Date	Construction Cos	st Estd Market Value			
Planned Improvements –Type		Р	roject Start	Date	Project Cost	Estd Market Value			
Source(s) of Market Value Information		,			Total Cost	Total Market Value			
Source(s) of funds for downpayment, transaction costs	ue for Tax	Other:	Est	imated:	Downpayment	Transaction Costs			
Notes									
COLLATERAL OTHER THAN	N REAL EST	ATF FXPE	CTED TO	SECUE	RE 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	Country			
Asset Location- Street Address	City			State	ZIF	County			
Seller, if any	Seller's Loc	cation (City a	and State)		Seller's Telepho	one (with Area Code)			
Source(s) of Market Value Information					Cost, Sales Pric	ce Market Value			
Appraisal Publication Market Quote Other	er:								

Applicant Loan Request Amount										ount				
CO-APPLICANT, REPRESENTATIVE OR GUARANTOR INFORMATION * Existing Bank Customer: CIF Number:											mber:			
Co-Borrower Signer Guarantor Relationship to I								s)	Guarantee	Туре	ре			
Last Name or Cor	mpany N	lame			First Name ar	nd MI	l		SSN, Tax II) Nu	mber	Date o	f Birth	
Street Address (re	esidence	e, no PO Bo	oxes)			C	City			5	State	ZIP		
Mailing Address (i	if differe	nt from stre	et address ab	ove)		C	City			5	State	ZIP		
Telephone		Α	Alternate Telep	hone ((Mobile)	E	Email A	ddress o	r Website					
Employer (Name	and Te	lephone)			☐ Self Er	mploy	yed Y	ears	Occupation / F	Profe	ssion / Title		Retired	
ID Security Quest	ion					ID S	ecurity	Answer			Place of Birth			
Identification Type	Э	ID Numbe	er	Issue	ed By			Issue	Place		ID Issue Da	te	ID Expiration Date	
CIP Verified By	CIP D	ate	CIP Discrepa	ancies	and Resolutior	n (Indi	licate "N	lone" if n	o discrepancie	es we	re noted.)			
OFAC / Gvt List	List Da	ate	BSA / AML /	OFAC	Risk Designat	tion	PEP or Other HRC Notes Yes No							
CO-APPLICAN	IT, REI	PRESENT	ATIVE OR	SUAR	ANTOR INFO	ORM	IATION	l *	Existing	Ban	c Customer:	CIF Nu	mber:	
Co-Borrower Other:		Signer	Guarantor		Relationship t	to Boı	rrower(s)	Guarantee	Туре				
Last Name or Cor	mpany N	lame			First Name ar	nd MI	l		SSN, Tax II) Nu	Number Date of Birth			
Street Address (re	esidence	e, no PO Bo	oxes)			C	City				State	ZIP		
Mailing Address (i	if differe	nt from stre	et address ab	ove)		C	City			5	State	ZIP		
Telephone		A	Alternate Telep	hone ((Mobile)	E	Email A	ddress o	r Website					
Employer (Name and Telephone) Self Employed Years Occupation / Profession / Title Retired								Retired						
ID Security Question ID Security Answer Place of Birth														
Identification Type	Э	ID Numbe	er	Issue	ed By		Issue Place				ID Issue Date ID Expiration		ID Expiration Date	
CIP Verified By	CIP D	ate	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 Votes Ves No														
								plication i	s true and corre				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	Signature Date													
CUSTOMER IDENTIFICATION PROGRAM DISCLOSURE To help the government fight the funding of terrorism and money laundering activities, federal law requires that all														

CUSTOMER IDENTIFICATION PROGRAM DISCLOSURE To help the government fight the funding of terrorism and money laundering activities, federal law requires that al 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.

Applicant Loan Request Amount										ount				
CO-APPLICANT, REPRESENTATIVE OR GUARANTOR INFORMATION * Existing Bank Customer: CIF Number:											mber:			
Co-Borrower Signer Guarantor Relationship to I								s)	Guarantee	Туре	ре			
Last Name or Cor	mpany N	lame			First Name ar	nd MI	l		SSN, Tax II) Nu	mber	Date o	f Birth	
Street Address (re	esidence	e, no PO Bo	oxes)			C	City			5	State	ZIP		
Mailing Address (i	if differe	nt from stre	et address ab	ove)		C	City			5	State	ZIP		
Telephone		Α	Alternate Telep	hone ((Mobile)	E	Email A	ddress o	r Website					
Employer (Name	and Te	lephone)			☐ Self Er	mploy	yed Y	ears	Occupation / F	Profe	ssion / Title		Retired	
ID Security Quest	ion					ID S	ecurity	Answer			Place of Birth			
Identification Type	Э	ID Numbe	er	Issue	ed By			Issue	Place		ID Issue Da	te	ID Expiration Date	
CIP Verified By	CIP D	ate	CIP Discrepa	ancies	and Resolutior	n (Indi	licate "N	lone" if n	o discrepancie	es we	re noted.)			
OFAC / Gvt List	List Da	ate	BSA / AML /	OFAC	Risk Designat	tion	PEP or Other HRC Notes Yes No							
CO-APPLICAN	IT, REI	PRESENT	ATIVE OR	SUAR	ANTOR INFO	ORM	IATION	l *	Existing	Ban	c Customer:	CIF Nu	mber:	
Co-Borrower Other:		Signer	Guarantor		Relationship t	to Boı	rrower(s)	Guarantee	Туре				
Last Name or Cor	mpany N	lame			First Name ar	nd MI	l		SSN, Tax II) Nu	Number Date of Birth			
Street Address (re	esidence	e, no PO Bo	oxes)			C	City				State	ZIP		
Mailing Address (i	if differe	nt from stre	et address ab	ove)		C	City			5	State	ZIP		
Telephone		A	Alternate Telep	hone ((Mobile)	E	Email A	ddress o	r Website					
Employer (Name and Telephone) Self Employed Years Occupation / Profession / Title Retired								Retired						
ID Security Question ID Security Answer Place of Birth														
Identification Type	Э	ID Numbe	er	Issue	ed By		Issue Place				ID Issue Date ID Expiration		ID Expiration Date	
CIP Verified By	CIP D	ate	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 Votes Ves No														
								plication i	s true and corre				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	Signature Date													
CUSTOMER IDENTIFICATION PROGRAM DISCLOSURE To help the government fight the funding of terrorism and money laundering activities, federal law requires that all														

CUSTOMER IDENTIFICATION PROGRAM DISCLOSURE To help the government fight the funding of terrorism and money laundering activities, federal law requires that al 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.

Applicant	Loan Request Amount
ADDITIONAL INFORMATION	N, COMMENTS AND NOTES
Disci	DSURES
IMPORTANT DISCLOSURES FOR COMMERCIAL CREDIT information provided in this application and any accompanyin be relied upon by the Lender in connection with its consideral misrepresentations or omissions in the information provided to or State law. The Lender is authorized to undertake, to the extent consider the information provided by the applicant(s) and to obtain obtain organization or individual named as an applicant, co-apportage of the 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.	APPLICANTS Representations by the applicant(s) and the gratements, schedules, tax returns or other materials, may tion of this application and its credit decision. Intentional to the Lender may result in criminal prosecution under federal red necessary, any reasonable investigation or verification of the ain reports covering the credit history and creditworthiness of licant, co-borrower, or guarantor. 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:
APPRAISAL RIGHTS DISCLOSURE FOR REAL ESTATE	ESTATE LOAN APPLICANTS LOAN APPLICANTS
AT TO MORE MOTITO DIOCEOUNE FOR REAL ESTATE	EO/III/II I EIO/IIII O