Complete all information and sign below. Application MUST be completed in ink and MUST be signed and witnessed. Return completed applications to the nearest BankFive branch office. Additional information may be required.

In applying for an Express5 Business Loan, the Borrower confirms and agrees that proceeds of the loan will be used solely for the business purpose of

Amount \$ Business Line of Credit Term Loan Commercial Mortgage Overdraft protection line for deposit	Monthly payments will be charged to BankFive Business Checking Account # (Real Estate collateral address) Account #	You Will Be Required To Maintain This Account As Long As Amounts Remain Due Under This Credit Facility.			
Business Information	Date Established	Current Ownership Began		Tax ID #	
Business Name	D/B/A Name (if different)				
Business Address (not a P.O. Box)					
Mailing Address (if different)					
No. of Employees	Last FYE	Net Sales (YE or projected) \$		Net Profits (YE or projected) \$	
Type of Business (must be U.S. business) Proprietorship Partnership Ltd. Partnership Ltd. Liability Corp.	S Corp. C Corp.	Business Information			
Business Phone		Email			
Are you or your business party to or threatened Are your payroll, federal, state and property ta Have you or any business you have owned ev Have (either of) you or any firm of which you charged with or convicted of any criminal offe If yes to any of the above, please provide an ex-	xes overdue? er declared bankruptcy? were a major owner ever been .nse other than a minor motor vehicle violation?	Yes Yes Yes Yes	No No No No		
Does the business or guarantors have (or ha	d) deposit or loan accounts with BankFive?				
Name		Account # # #		Balance \$\$ \$\$\$	
governing authority of the Borrower. The undersi	ized to act on behalf of the Borrower to apply for and m gned certify that all information in the application is co during in the life of the loan, at the Bank's discretion.	•		• • • •	
Ву:		Title:		Date:	

Title:

Date:

Date:



Ву:

Signatures witnessed by:

OWNER(S) ENDORSER(S)/GUARANTOR(S) - ATTACH SIMILAR INFORMATION FOR EACH ADDITIONAL OWNER/GUARANTOR

I am applying for individual credit in my c	wn name.	INITIAL	This is an a	pplication for	joint credit.	ITIAL INITIAL
MR. MRS. MISS	MS.	Name				
Home Address		City	State		Zip Code	% of business owned
Social Security #		Annual Income \$		Personal Assets \$		Personal Liabilities \$
Position / Title		Home Phone Number		Monthly Housing Payment \$		Do you Image: Rent image:
ASSETS Cash		VALUE	Credit Ca	LIABIL	ITIES	VALUE
Marketable Securities			Other Loa		-	
Real Estate owned			Mortgage		-	
Retirement Funds			Other Lia		-	
Personal Property			Total Liabilities		-	
Other			Net Wort		-	
TOTAL	TOTAL					
MR. MRS. MISS	MS.	Name				
Home Address		City	State Zip Code		Zip Code	% of business owned
Social Security #		Annual Income \$		Personal Assets \$		Personal Liabilities \$
Position / Title		Home Phone Number		Monthly Housing Payment \$		Do you RENT OWN
ASSETS Cash		VALUE	LIAB Credit Cards		ITIES	VALUE
Marketable Securities Real Estate owned Retirement Funds Personal Property Other	tate owned		Other Loans Mortgages Other Liabilities <i>Total Liabilities</i> Net Worth		-	
TOTAL	L					
	THE GUARANTEE	OF PARTNERS, DIRECTORS, A	ND OFFICERS	OF THE BUSII	NESS MAY BE REQUIRED.	
LOAN APPROVED LOAN DENIED				DATE:		

