

# Commercial Loan Application

ONB BANK  
975 34TH AVE NW, STE 101  
ROCHESTER, MN 55901  
(507) 280-0621

**Important Applicant Information:** Federal law requires financial institutions to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

*(Creditor Name, Address and Telephone Number)*

## 1. TYPE OF CREDIT REQUESTED.

**Joint Credit Requested:** We intend to apply for joint credit. (initials) \_\_\_\_\_

- New Credit
- Refinance or Consolidation
- Renewal/Extension (No New Advances)
- Renewal with New Advance
- Modification

*For refinance/consolidation, renewal, extension or modification only*

	Loan Number	Balance	Lender Name and Address
1.		\$	1.
2.		\$	2.
3.		\$	3.

See Addendum for additional credits

## 2. APPLICANT. Applicant General Information.

Legal Name \_\_\_\_\_ Organizational Form, Where and When Organized (ex., Corporation, Delaware, 1984)

Franchise, in full force and without defaults, with (Name of Franchiser)

Name(s) of Affiliated Entities \_\_\_\_\_

Current Tradename(s) \_\_\_\_\_

Other Tradenames Used in Last 10 Years \_\_\_\_\_

Local Address \_\_\_\_\_

Principal Executive Office Address \_\_\_\_\_

Phone No: \_\_\_\_\_

Phone No: \_\_\_\_\_

Fax No: \_\_\_\_\_

Fax No: \_\_\_\_\_

Tax Identification Number \_\_\_\_\_

Nature of Business \_\_\_\_\_

NAICS Code \_\_\_\_\_

Principals' Names, Addresses, Position Title and Social Security Numbers \_\_\_\_\_

Accountant Name, Address, and Phone Number \_\_\_\_\_

Financial Statements. (Check all that apply and attach statements to this application.)

Fiscal Year \_\_\_\_\_ Calendar Year \_\_\_\_\_

Financial Statements covering \_\_\_\_\_ to \_\_\_\_\_

Accounts Receivable Schedule covering \_\_\_\_\_ to \_\_\_\_\_

Inventory Schedule covering \_\_\_\_\_ to \_\_\_\_\_

Income Tax/Informational Returns for tax years \_\_\_\_\_

Other (Specify) \_\_\_\_\_

Other Statements. (Check all that apply and attach statements to this application.)

Business Plan dated \_\_\_\_\_

Project Plans & Specifications  Project Budget dated \_\_\_\_\_

Franchise Agreement, FTC Franchiser Disclosure Statement

List of outstanding judgments or threatened lawsuits, arbitration, or other proceeding against loan applicant.

Other (Articles of Incorporation, Resolutions, etc.) \_\_\_\_\_

**3. LOAN REQUEST AND SOURCES OF REPAYMENT.**

Amount Requested \$ \_\_\_\_\_

Commercial Purpose Credit

Agricultural Purpose Credit

Use of Proceeds (Brief Description of Intended Use): \_\_\_\_\_

Loan Advances (Choose One)

Single Advance/Closed End

Revolving Draw Line of Credit

Draw Loan

Construction/Permanent Loan

Revolving Draw Construction Line of Credit

Draw Construction Loan

Loan Payment (Choose One)

Principal and Interest

Principal, plus Interest

Interest Only

Single Payment

Other (describe) \_\_\_\_\_

Requested Payment Amount \$ \_\_\_\_\_  with Balloon \$ \_\_\_\_\_

Requested First Payment Date \_\_\_\_\_ Requested Loan Term \_\_\_\_\_

Payment Frequency (if Installment)  Monthly  Quarterly  Semi-Annually  Other (describe) \_\_\_\_\_

Requested Interest Rate  Fixed  Variable Index (If Variable) \_\_\_\_\_

\_\_\_\_\_

List of primary and secondary sources of repayment for this Credit:

\_\_\_\_\_

**4.  LOAN SECURITY. The requested loan will be secured. (Complete this section if checked)**

All loan proceeds will be for purchase of collateral.  \$ \_\_\_\_\_ of the proceeds will be for purchase of collateral.

Description of purchase money collateral: \_\_\_\_\_ Appraised value of purchase money collateral \$ \_\_\_\_\_

Brief description of non-purchase money collateral: \_\_\_\_\_ Description of current property insurance on non-purchase money collateral

Appraised value \$ \_\_\_\_\_ Type: \_\_\_\_\_ Deductible: \_\_\_\_\_

Coverage: \_\_\_\_\_ Term: \_\_\_\_\_

Liens on collateral (List any collateral with liens on it, the amount of underlying debt, the names and addresses of collateral's lienholders)

\_\_\_\_\_

Non-Applicant owners of collateral. Attach a separate list with name(s), address(es), and phone number(s) of any other owner(s) of the collateral.

**5.  LOAN GUARANTY. The requested loan will be guaranteed. (Complete this section if checked)**

Legal name \_\_\_\_\_

Address \_\_\_\_\_

Phone No: \_\_\_\_\_

Guarantor or affiliate were declared bankrupt within the last 10 years.

There are outstanding judgments against Guarantor. (Attach Summary)

On a separate sheet, list each threatened or pending lawsuit, arbitration, or other proceeding and its amount claimed.

Guarantor Financial Statements. If checked, Guarantor is an entity and will provide financial statements upon request by Lender.

Security. Brief description of collateral to secure this guaranty \_\_\_\_\_ Description of current property insurance on existing collateral

Appraised value of guaranty collateral \$ \_\_\_\_\_ Type: \_\_\_\_\_ Deductible: \_\_\_\_\_

Coverage: \_\_\_\_\_ Term: \_\_\_\_\_

Liens on collateral (List any collateral with liens on it, the amount of underlying debt, and the names and addresses of collateral's lienholders):

\_\_\_\_\_

Non-Guarantor owners of collateral. If checked, attach a separate list with the name(s), address(es), and phone number(s) of any other owner(s) of the collateral.

**Equal Credit Opportunity Notice**

**CREDIT DENIAL NOTICE.** If your gross revenues were \$1,000,000 or less in your previous fiscal year, or you are requesting trade credit, a factoring agreement, or similar types of business credit in this Commercial Loan Application, and if your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement please contact (Name, address, and telephone number of the person or office from which the statement of reasons can be obtained):

\_\_\_\_\_

within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement. The notice that follows describes additional protections extended to you.

**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 a 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:

\_\_\_\_\_

**Notices, Consent and Signatures**

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**Ohio Residents:** The Ohio laws against discrimination require that all creditors make credit equally available to all creditworthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law. Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**SIGNATURES.** By signing below, Loan Applicant submits this application and the information provided on all accompanying financial statements and schedules for the purpose of obtaining credit and represents that the information submitted is accurate and complete. Loan Applicant acknowledges that representations made in this application will be relied on by Lender in evaluating this application and, if approved, in extending credit. Loan Applicant represents that none of the parties named in this application have relied on advice from the Lender in applying for or receiving any credit. Loan Applicant acknowledges that Lender has not made any commitment to approve this application and extend credit, unless otherwise agreed to in writing. Lender is authorized to conduct any inquiries it decides are necessary to verify the accuracy of the information contained in this application and to use any reasonable method to determine the creditworthiness of the Loan Applicant. Lender is also authorized to answer any questions from others about Lender's credit experience with the parties in this application. Loan Applicant will promptly notify Lender of any subsequent changes which would affect the accuracy of this application, and will provide all documents and information that Lender decides are necessary to complete this application. Loan Applicant authorizes Lender to retain this application, whether or not Lender approves any extension of credit. Any intentional misrepresentation of the information contained herein could result in criminal action under federal law.

In addition, each individual signing below authorizes the Creditor to check their individual credit account and employment history and have a credit reporting agency prepare a consumer credit report on them.

\_\_\_\_\_  
Applicant Name

By X \_\_\_\_\_  
for Applicant Date Title

By X \_\_\_\_\_  
for Applicant Date Title

**For Creditor's Use Only**

<b>Date Application Received</b>	<b>Received By</b>	<b>Decision</b> <input type="checkbox"/> Approved <input type="checkbox"/> Denied	<b>Decision By</b>	<b>Date of Notification</b>	<b>Notification Given</b> <input type="checkbox"/> Email or Text <input type="checkbox"/> Face-To-Face <input type="checkbox"/> Mail or Fax <input type="checkbox"/> Telephone
<b>HMDA Reportable</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Census Tract</b>	<b>Account No. or HMDA ULI</b>		<i>Instruction: If this application for credit is HMDA reportable and one or more applicants are a natural person, have the separate HMDA Demographic Information form completed. Even if HMDA-reportable, do not complete the HMDA Demographic Information form for any guarantor.</i>	
<b>The HMDA Demographic information was provided through:</b>					
<input type="checkbox"/> Mail or Fax <input type="checkbox"/> Email or Internet <input type="checkbox"/> Telephone Interview <input type="checkbox"/> Face-To-Face Interview (includes Electronic Media with Video Component)					