



Business Banking Loan Application

PLEASE COMPLETE THE APPLICATION FULLY, AND PROVIDE THE ACCOMPANYING DOCUMENTATION REQUESTED.

BUSINESS INFORMATION

BUSINESS NAME(S): _____ TAXPAYER ID: _____

STREET ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____ PHONE: _____

MAILING ADDRESS (IF DIFFERENT FROM ABOVE): _____

CITY: _____ ST: _____ ZIP: _____ PHONE: _____

DESCRIBE YOUR BUSINESS: _____

WHERE IS BUSINESS INCORPORATED OR REGISTERED? _____

C-CORP S-CORP PARTNERSHIP SOLE PROPRIETORSHIP LLC OTHER: _____

DATE OPENED: _____ LENGTH OF CURRENT OWNERSHIP: _____ # OF EMPLOYEES: _____

GROSS SALES: \$ _____ NET PROFIT: \$ _____ NAICS OR SIC CODE: _____

OWNER'S NAME: _____ PH: _____ CELL: _____

ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____ DOB: ____/____/____

% OWNERSHIP: _____ TITLE: _____ SSN: _____ - _____ - _____ OFAC: _____

LICENSE #: _____ STATE: _____ EXP DATE: ____/____/____

OWNER'S NAME: _____ PH: _____ CELL: _____

ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____ DOB: ____/____/____

% OWNERSHIP: _____ TITLE: _____ SSN: _____ - _____ - _____ OFAC: _____

LICENSE #: _____ STATE: _____ EXP DATE: ____/____/____

LOAN REQUEST

PURPOSE OF LOAN: _____

TERM LOAN \$ _____ TERM REQUESTED _____

LINE OF CREDIT \$ _____ OVERDRAFT PROTECTION \$ _____

SBA LOAN \$ _____ REAL ESTATE FINANCING \$ _____

BUSINESS ASSETS / DEBTS

ASSET	CURRENT EST. MKT. VALUE	LOCATION	TO BE PLEDGED AS COLLATERAL?
LAND/BUILDING	\$ _____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
MACHINERY/EQUIP	\$ _____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
FURNITURE/FIXTURES	\$ _____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
RECEIVABLES	\$ _____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
INVENTORY	\$ _____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
OTHER	\$ _____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO

PLEASE FURNISH THE FOLLOWING INFORMATION ON ALL BUSINESS DEBTS. USE ADDITIONAL SHEETS IF NECESSARY.

INDICATE WITH AN ASTERISK (*) ANY TIEMS TO BE PAID WITH LOAN PROCEEDS.

NAME OF LIEN HOLDER	LINE/LOAN	DATE	ORIGINAL AMT.	CURRENT BAL.	MONTHLY PMT.	PLEDGED?
_____	_____	_____	\$ _____	\$ _____	\$ _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	_____	\$ _____	\$ _____	\$ _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	_____	\$ _____	\$ _____	\$ _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	_____	\$ _____	\$ _____	\$ _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	_____	\$ _____	\$ _____	\$ _____	<input type="checkbox"/> YES <input type="checkbox"/> NO



Business Banking Loan Application

OTHER BUSINESS INFORMATION

ATTORNEY: _____ PHONE: _____
 ACCOUNTANT: _____ PHONE: _____
 INSURANCE AGENT: _____ PHONE: _____

BUSINESS BANK: _____ PHONE: _____
 CHECKING ACCOUNT #: _____ CHECKING BALANCE: _____

BUSINESS BANK: _____ PHONE: _____
 CHECKING ACCOUNT #: _____ CHECKING BALANCE: _____

IF YOU ANSWER YES TO ANY OF THE FOLLOWING, PLEASE PROVIDE AN EXPLANATION ON A SEPARATE SHEET:

- ARE YOU / YOUR BUSINESS INVOLVED IN ANY CLAIM OR LAWSUIT? Yes No
 HAVE YOU / YOUR BUSINESS OR ANY PRIOR BUSINESS OWNED BY YOU, FILED FOR BANKRUPTCY OR RECEIVERSHIP? Yes No
 ARE YOU / YOUR BUSINESS DELINQUENT ON ANY TAXES (PAYROLL, FEDERAL, STATE, PROPERTY, ETC.) Yes No
 ARE YOU / YOUR BUSINESS AN ENDORSER / GUARANTOR / CO-MAKER OF ANY DEBTS NOT LISTED ON THIS APPLICATION? Yes No

OWNER/GUARANTOR FINANCES

PLEASE COMPLETE A SEPARATE SHEET FOR EACH OWNER/GUARANTOR

ASSETS		TOTAL	LIABILITIES		TOTAL
CASH/CASH EQUIVALENTS		\$ _____	MORTGAGE BALANCE(S)		\$ _____
MARKETABLE SECURITIES (SCHED A)		\$ _____	OTHER LOAN BALANCES (SCHED D)		\$ _____
REAL ESTATE OWNED (SCHED B)		\$ _____	UNPAID TAXES		\$ _____
OTHER INVESTMENTS (SCHED C)		\$ _____	ALL OTHER LIABILITIES		\$ _____
ALL OTHER ASSETS		\$ _____	TOTAL LIABILITIES		\$ _____
TOTAL ASSETS		\$ _____	NET WORTH*		\$ _____
		\$ _____	*TOTAL ASSETS MINUS TOTAL LIABILITIES		
LIFE INSURANCE CO.	FACE AMT OF POLICY		BENEFICIARY		AMT. BORROWED

SCHEDULE A: MARKETABLE SECURITIES AND RETIREMENT ACCOUNTS. USE ADDITIONAL SHEETS IF NECESSARY.

DESCRIPTION: _____ OWNERS: _____
 RETIREMENT ACCT? Yes No PLEDGED? Yes No COST: \$ _____ MARKET VALUE: _____
 DESCRIPTION: _____ OWNERS: _____
 RETIREMENT ACCT? Yes No PLEDGED? Yes No COST: \$ _____ MARKET VALUE: _____
 DESCRIPTION: _____ OWNERS: _____
 RETIREMENT ACCT? Yes No PLEDGED? Yes No COST: \$ _____ MARKET VALUE: _____
 DESCRIPTION: _____ OWNERS: _____

SCHEDULE B: REAL ESTATE OWNED. USE ADDITIONAL SHEETS IF NECESSARY.

PERSONAL RESIDENCE:
 ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____
 OWNERS: _____ PURCHASE PRICE: \$ _____ YEAR PURCHASED: _____
 MKT. VALUE: \$ _____ MORTGAGE BAL: \$ _____ MONTHLY PMT: \$ _____ LENDER: _____

INVESTMENT PROPERTIES:
 ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____
 OWNERS: _____ PURCHASE PRICE: \$ _____ YEAR PURCHASED: _____
 MKT. VALUE: \$ _____ MORTGAGE BAL: \$ _____ MONTHLY PMT: \$ _____ LENDER: _____



Business Banking Loan Application

ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____
 OWNERS: _____ PURCHASE PRICE: \$ _____ YEAR PURCHASED: _____
 MKT.VALUE:\$ _____ MORTGAGE BAL: \$ _____ MONTHLY PMT: \$ _____ LENDER: _____

ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____
 OWNERS: _____ PURCHASE PRICE: \$ _____ YEAR PURCHASED: _____
 MKT.VALUE:\$ _____ MORTGAGE BAL: \$ _____ MONTHLY PMT: \$ _____ LENDER: _____

SCHEDULE C: PARTNERSHIPS AND OTHER INVESTMENTS. USE ADDITIONAL SHEETS IF NECESSARY.

TYPE OF INVESTMENT:	DATE INVESTED:	COST:	% OWNED:	MARKET VALUE	DEBTS:
_____	_____	\$ _____	_____	\$ _____	\$ _____
_____	_____	\$ _____	_____	\$ _____	\$ _____
_____	_____	\$ _____	_____	\$ _____	\$ _____
_____	_____	\$ _____	_____	\$ _____	\$ _____

SCHEDULE D: DEBTS OTHER THAN MORTGAGE(S) LISTED ABOVE. USE ADDITIONAL SHEETS IF NECESSARY.

OWED TO:	BALANCE OWED:	MONTHLY PMT:	SECURED:	IF YES, WHAT IS COLLATERAL?
_____	\$ _____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	\$ _____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	\$ _____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	\$ _____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

EQUAL CREDIT OPPORTUNITY NOTICE -- WERE YOUR GROSS REVENUES \$1,000,000 OR LESS IN YOUR PREVIOUS FISCAL YEAR?

IF YOU ANSWERED YES AND IF YOUR APPLICATION FOR BUSINESS CREDIT IS DENIED, YOU HAVE THE RIGHT TO A WRITTEN STATEMENT OF THE SPECIFIC REASONS FOR THAT DENIAL. TO OBTAIN THE STATEMENT, PLEASE CONTACT THE BUSINESS BANKING DEPARTMENT, 312 W. FIRST STREET, SANFORD, FL 32771; PHONE: 407-323-1121 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.

NOTICE: THE FEDERAL EQUAL CREDIT OPPORTUNITY ACT PROHIBITS CREDITORS FROM DISCRIMINATING AGAINST CREDIT APPLICANTS ON THE BASIS OF RACE, COLOR, RELIGION, NATIONAL ORIGIN, GENDER, MARITAL STATUS, AGE (PROVIDED 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: OFFICE OF THE THRIFT SUPERVISION, REGIONAL DIRECTOR, S.E. REGION P.O. BOX 105217 ATLANTA, GA 30348-5217

ALL PRINCIPAL OWNERS/GUARANTORS ARE REQUIRED TO SIGN THIS APPLICATION

THE APPLICATION AND ANY ACCOMPANYING DOCUMENTATION ARE PROVIDED FOR THE PURPOSE OF OBTAINING CREDIT FOR THE APPLICANT/SIGNER(S). EACH PERSON WHO SIGNS BELOW (THE "SIGNER") CERTIFIES TO FEDERAL TRUST BANK, SANFORD FL (THE "BANK") THAT THE INFORMATION FILLED IN ABOVE AND IN ANY ACCOMPANYING DOCUMENTATION IS TRUE, COMPLETE AND ACCURATE, AND THAT EACH SIGNER WILL PROMPTLY NOTIFY THE BANK OF ANY MATERIAL CHANGES TO SUCH INFORMATION. EACH SIGNER IS AUTHORIZED BY THE BUSINESS TO ACT ON ITS BEHALF AND ON BEHALF OF EACH OWNER, PRINCIPAL AND GUARANTOR. EACH SIGNER AUTHORIZES THE BANK TO MAKE ALL INQUIRIES RELATING TO THE SIGNER(S) AND APPLICANT FROM TIME TO TIME, INCLUDING, BUT NOT LIMITED TO, CONSUMER REPORTS FROM ANY CONSUMER REPORTING AGENCIES AND TO CONTACT ANY REFERENCES RELATING TO THE APPLICANT OR THE SIGNER(S) THE BANK DEEMS NECESSARY OR APPROPRIATE, WITHOUT NOTICE TO THE SIGNER. IF THE BANK TAKES AN ADVERSE ACTION RELATING TO A BUSINESS CREDIT APPLICATION IN WHOLE OR IN PART BECAUSE OF INFORMATION ABOUT ANY SIGNER(S) (INCLUDING, BUT NOT LIMITED TO, INFORMATION CONTAINED IN A CONSUMER REPORT), EACH SIGNER AUTHORIZES THE BANK TO NOTIFY THE APPLICANT WHICH HAS APPLIED TO THE BANK FOR A LOAN, OF SUCH FACT. THE BANK IS FURTHER AUTHORIZED TO ANSWER ANY QUESTIONS ABOUT THE BANK'S CREDIT EXPERIENCES WITH APPLICANT/SIGNER(S). THE PROCEEDS OF THE PROPOSED LOAN WILL BE USED FOR BUSINESS PURPOSES AND NOT FOR PERSONAL, FAMILY OR HOUSEHOLD PURPOSES. APPLICANT/SIGNER(S) ARE AWARE THAT ANY KNOWING OR WILLFUL FALSE STATEMENTS FOR PURPOSES OF INFLUENCING THE ACTIONS OF THE BANK CAN BE A VIOLATION OF FEDERAL LAW. THIS APPLICATION AND ANY ACCOMPANYING DOCUMENTATION REMAIN THE BANK'S PROPERTY.

BUSINESS NAME(S): _____

AUTHORIZED SIGNATURE : _____ TITLE: _____

PRINT NAME: _____ DATE: _____

OWNER/GUARANTOR #1 SIGNATURE: _____ DATE: _____

OWNER/GUARANTOR #2 SIGNATURE: _____ DATE: _____

