



## BUSINESS LOAN APPLICATION

### IMPORTANT: READ THESE DIRECTIONS AND CHECK THE APPROPRIATE BOX BEFORE COMPLETING THIS APPLICATION

Please check one box:

- If you are applying for **individual** credit in your own name and are relying on your own income or assets and not the income or assets of another person as the basis for repayment of the credit requested, complete all the applicable sections.
- If this is an application for **joint credit** with another person, complete all sections, providing information about the applicant and the joint applicant.

**We intend to apply for joint credit:** \_\_\_\_\_ (Initials)

APPLICANT CO-APPLICANT

- If you are applying for individual credit, but are **relying on income** from alimony, child support or separate maintenance or on the income or **assets of another person** as the basis for repayment of the credit requested, complete all applicable sections to the extent possible, providing information about the person on whose alimony, support, or maintenance payments or income or assets you are relying.

### BUSINESS/BORROWER PROFILE

Borrower Name			Tax ID #		
Borrower Telephone			Fax Number		
Borrower Address					
City			State		ZIP +4
Trade Name (if different)					
Mailing Address (if different)					
Nature of Business					
Year Established			Years Under Current Ownership		
Number of Employees		Will this loan create jobs?	Annual Sales	\$	

### BUSINESS STRUCTURE

<input type="checkbox"/> Sole Proprietorship	Are you or your business a party to any claim or lawsuit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Limited Partnership	Have you or any business that you owned or operated ever declared bankruptcy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Corporation	Do you or your business owe any taxes for years prior to the current year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Limited Liability Corporation	Is the business an Endorser, Guarantor, or Co-maker for any obligations not listed on its financial statements?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> General Partnership	If you answered yes to any of these questions, please provide the details as an attachment.		
<input type="checkbox"/> Other	Please describe:		

### LOAN REQUEST

<input type="checkbox"/> Business Line of Credit	Amount Requested: \$		
<input type="checkbox"/> Business Term Loan	Amount Requested: \$	Preferred Term (4, 5 or 7 years)	
<input type="checkbox"/> Commercial Mortgage	Amount Requested: \$	Preferred Term (up to 20 years)	
Monthly Payment Option	<input type="checkbox"/> Automatic Deduction from Savers Business Checking Account	Account #	<input type="checkbox"/> Monthly Statement
What is the purpose of this loan?			
Will the proceeds from this loan be used to pay off an existing loan?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Amount	\$
If yes, what is the name of the current lender?		Loan Number:	

### WHAT WILL YOU OFFER AS COLLATERAL FOR THIS LOAN?

Type of collateral	Please complete and attach the following:		
<input type="checkbox"/> Deposit Account	<input type="checkbox"/> Account Number/ Bank Name:		
<input type="checkbox"/> All Business Assets	<input type="checkbox"/> Marketable Securities	Current Market Value:	\$
<input type="checkbox"/> Equipment	<input type="checkbox"/> A listing of primary equipment to be pledged with estimated value of:		\$
<input type="checkbox"/> Real Estate	<input type="checkbox"/> Residential	<input type="checkbox"/> Industrial	<input type="checkbox"/> Commercial
Property Address:	Estimated Value:		\$
<input type="checkbox"/> Other	Please describe:		

### PRINCIPALS / GUARANTORS / BENEFICIAL OWNERS (25% or greater ownership and controlling person)\*

Name	Title	% Ownership	SS Number

\*Additional information (date of birth; address; identification (or a copy), including ID number, ID Type, Issuer) will be required at closing for Beneficial Owners.

**WHO PROVIDES YOUR PROFESSIONAL SERVICES?**

Name	City / State	Telephone
Accountant		
Attorney		
Business Insurance		

This information and the information provided on all accompanying financial statements and schedules is provided for the purpose of obtaining credit for the Applicant(s) or for the purpose of Applicant(s) and/or individuals (Guarantor(s)) guaranteeing credit for others and I/we further agree that the Bank may, from time to time, request consumer credit reports containing credit and other information about me/us from third parties, such as credit bureaus and trade references. Applicant(s) acknowledge that representations made in this statement will be relied on by Savers Co-operative Bank herein named "Creditor" in its decision to grant such credit. This Statement is true and correct in every detail and accurately represents the financial condition of the Applicant(s) on the date below. Creditor is authorized to make all inquiries it deems necessary to verify the accuracy of the information contained herein and to determine the creditworthiness of the Applicant(s) and/or Guarantor(s). Applicant(s) will promptly notify Creditor of any subsequent changes, which would affect the accuracy of this Statement. Creditor is further authorized to answer any questions about Creditor's credit experience with Applicant(s). Applicant(s) are aware that any knowing or willful false statements regarding the value of the above property for purposes of influencing the actions of Creditor can be a violation of federal law, 18 U.S.C. § 1014, and may result in a fine or imprisonment or both.

We may report information about your account to credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.

**IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT**

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account.

**What this means for you:** When you open an account, we will ask you for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

*By signing below, each applicant declares that he/she has read and understands the statement above.*

<b>Applicant/Company Name:</b>		<b>Co-Applicant/Company Name:</b>	
<b>Authorized Signature</b>		<b>Authorized Signature</b>	
<b>Date</b>		<b>Date</b>	

**EQUAL CREDIT OPPORTUNITY NOTICE**

Were your gross revenues \$1,000,000 or less in your previous fiscal year?		<p><b>NOTICE:</b> 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:</p> <p><b>FEDERAL DEPOSIT INSURANCE CORPORATION</b>  <b>Consumer Response Center</b>  <b>1100 Walnut St, Box #11</b>  <b>Kansas City, MO 64106</b></p>
<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>	
<p>If you answered "yes" and the Creditor denies your application for credit, you have the right to a written statement of the specific reasons for the denial. Within 60 days from the date you are notified of Creditor's decision you may obtain a copy of the statement by contacting:</p> <p><b>Savers Bank</b>  <b>John L. Fearing, SVP</b>  <b>270 Main Street / P. O. Box 250</b>  <b>Southbridge, MA 01550</b></p> <p>The Creditor will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement. The notice at right describes additional protections extended to you.</p>		

**DISCLOSURE OF RIGHT TO RECEIVE A COPY OF APPRAISALS**

We may order an appraisal to determine the value of the collateral property listed above and charge you for this appraisal. If this appraisal is related to a one to four family residential property, we will promptly provide you with a copy of any valuation, even if your loan does not close.

You may also pay for an additional appraisal for your own use at your cost.

By signing below, I / we acknowledge that I / we have read and received a copy of this document.

Authorized Signature	Date	Authorized Signature	Date

To be completed by interviewer. This application was taken by:

Name (Print or type)	<p><b>Savers Bank</b>                  270 Main Street                  P.O. Box 250                  Southbridge, MA 01550</p>
Signature	
Phone Number	



## BUSINESS LOAN APPLICATION Demographic Information Addendum

### INFORMATION FOR GOVERNMENT MONITORING PURPOSES

**The purpose of collecting this information** is to help ensure that all applicants are treated fairly and that the housing needs of communities and neighborhoods are being fulfilled. For residential mortgage lending, Federal law requires that we ask applicants for their demographic information (ethnicity, sex, and race) in order to monitor our compliance with equal credit opportunity, fair housing, and home mortgage disclosure laws. You are not required to provide this information, but are encouraged to do so. You may select one or more designations for "Ethnicity" and one or more designations for "Race." **The law provides that we may not discriminate on the basis of this information**, or on whether you choose to provide it. However, if you choose not to provide the information and you have made this application in person, Federal regulations require us to note your ethnicity, sex, and race on the basis of visual observation or surname. The law also provides that we may not discriminate on the basis of age or marital status information you provide in this application. If you do not wish to provide some or all of this information, please check below.

<b>Borrower:</b> <input type="text"/>	<b>Co-Borrower:</b> <input type="text"/>
<b>Ethnicity</b> (Check one or more) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Other Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<b>Ethnicity</b> (Check one or more) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Other Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
Other Hispanic/Latino: <input type="text"/>	Other Hispanic/Latino: <input type="text"/>
<input type="checkbox"/> I do not wish to furnish this information	<input type="checkbox"/> I do not wish to furnish this information

<b>Race</b> (Check one or more) <input type="checkbox"/> American Indian/Alaskan Native Name of Principal Tribe: <input type="text"/>	<b>Race</b> (Check one or more) <input type="checkbox"/> American Indian/Alaskan Native Name of Principal Tribe: <input type="text"/>
<input type="checkbox"/> Asian <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian: <input type="text"/>	<input type="checkbox"/> Asian <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian: <input type="text"/>
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Black or African American
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander: <input type="text"/>	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander: <input type="text"/>
<input type="checkbox"/> White	<input type="checkbox"/> White
<input type="checkbox"/> I do not wish to furnish this information	<input type="checkbox"/> I do not wish to furnish this information

<b>Sex</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Sex</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
<input type="checkbox"/> I do not wish to furnish this information	<input type="checkbox"/> I do not wish to furnish this information

### For Bank Use Only

Application Method	<input type="checkbox"/> Face to face interview	<input type="checkbox"/> By mail	<input type="checkbox"/> By telephone	<input type="checkbox"/> Email/Internet			
Basis for Information Collection (Visual Observation or Surname)		<b>Ethnicity</b>		<b>Sex</b>		<b>Race</b>	
	<b>Borrower</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<b>Co-Borrower</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No