



## 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 **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 PROFILE

Business Name		Tax ID #	
Business Telephone		Fax Number	
Business 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	Are you or your business a party to any claim or lawsuit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Other	If you answered yes to any of these questions, please provide the details as an attachment.		

### LOAN REQUEST

<input type="checkbox"/> Business Line of Credit	Amount Requested: \$		
<input type="checkbox"/> Business Term Loan	Amount Requested: \$	Preferred Term (3, 4 or 5 years): _____ years	
<input type="checkbox"/> Commercial Mortgage	Amount Requested: \$	Preferred Term (up to 20 years): _____ years	
Monthly Payment Option:	<input type="checkbox"/> Automatic Deduction from Savers Business Checking Account #	<input type="checkbox"/> Monthly Payment Coupon	
What is the purpose of this loan?			
Will the proceeds from this loan be used to pay off an existing loan?		<input type="checkbox"/> No	<input type="checkbox"/> Yes
If yes, what is the name of the current lender?		Amount \$	
		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	Account Number/ Bank Name:		
<input type="checkbox"/> Marketable Securities	Current Market Value:		
<input type="checkbox"/> Equipment	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

Name	Title	% Ownership	SS Number

## WHO PROVIDES YOUR PROFESSIONAL BANKING 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 here in 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.*

Applicant/Company Name		Applicant/Company Name	
Authorized Signature	Date	Authorized Signature	Date

## INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The following information is requested by the Federal Government for certain types of loans related to a dwelling in order to monitor the Lender's compliance with equal credit opportunity, fair housing, and home mortgage disclosure laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a Lender may neither discriminate on the basis of this information, nor on whether you choose to furnish it. However, if you choose not to furnish it, under Federal regulations this Lender is required to note race and sex on the basis of visual observation or surname. If you do not wish to furnish the above information, please check the box below. (Lender must review the above material to assure that the disclosures satisfy all requirements to which the Lender is subject under applicable state law for the type of loan applied for).

### Borrower

### Co-Borrower

<input type="checkbox"/> I do not wish to furnish this information			<input type="checkbox"/> I do not wish to furnish this information		
Ethnicity	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Not Hispanic or Latino	Ethnicity	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Not Hispanic or Latino
Race	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Black or African American	Race	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Black or African American
	<input type="checkbox"/> Asian	<input type="checkbox"/> White		<input type="checkbox"/> Asian	<input type="checkbox"/> White
	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander			<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	
Sex	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Sex	<input type="checkbox"/> Male	<input type="checkbox"/> Female

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

<input type="checkbox"/> Face to face interview	Interviewer's Name (print or type)	Name and Address of Interviewer's Employer Savers Bank 270 Main Street / P.O. Box 250 Southbridge, MA 01550
<input type="checkbox"/> By mail	Interviewer's Signature	
<input type="checkbox"/> By telephone	Interviewer's Phone Number	

## EQUAL CREDIT OPPORTUNITY NOTICE

Were your gross revenues \$1,000,000. or less in your previous fiscal year?	<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:
<input type="checkbox"/> Yes <input type="checkbox"/> No	
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. To obtain the statement please contact: <b>Savers Bank</b> <b>John L. Fearing, VP</b> <b>270 Main Street</b> <b>P. O. Box 250</b> <b>Southbridge, MA 01550</b> Within 60 days from the date you are notified of Creditor's decision. 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.	<b>FEDERAL DEPOSIT INSURANCE CORPORATION</b> <b>2345 Grand Boulevard, Suite 100</b> <b>Kansas City, Missouri 64108</b>