



PO Box 21809
Waco, TX 76702-1809
305 Coke Street PO Box 1745
Hillsboro, TX 76645 Brownwood, TX 76804

Business Loan Application

Dated: _____ Lender: _____

NOTICE TO APPLICANT: IF YOU ARE MARRIED YOU MAY APPLY FOR A SEPARATE ACCOUNT.

IMPORTANT INFORMATION ABOUT APPLYING FOR A LOAN

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

JOINT CREDIT: The applicants intend to apply for joint credit. (Please initial) _____

LOAN REQUEST

ACCOUNT NUMBER:
APPLICATION TYPE: New Renewal/Change Other:
TYPE Line of Credit Term Loan Commercial Real Estate Other:

APPLICANT INFORMATION

FULL LEGAL BUSINESS NAME (Or Individual Name If Proprietor or Single Member LLC.)

ADDRESS		MAILING ADDRESS (If Different From Address)	
DBA OR ASSUMED NAME (If Applicable)		DISREGARDED ENTITY NAME (If Applicable)	
TELEPHONE NUMBER	CELL PHONE	TAX ID NUMBER	DATE ESTABLISHED
TYPE OF ORGANIZATION: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> Limited Liability Company ("LLC") <input type="checkbox"/> Organization/Association		STATE WHERE ORGANIZED	DATE OF BIRTH, (If Individ., Sole Prop, or Single Member LLC.)

GUARANTORS / AUTHORIZED REPRESENTATIVE(S)

NAME OF GUARANTOR 1	TELEPHONE NUMBER	SOCIAL SECURITY/TAX ID NUMBER	
HOME ADDRESS	DATE OF BIRTH	TITLE/POSITION	% OF OWNERSHIP %
<input type="checkbox"/> Personal Financial Statement Enclosed <input type="checkbox"/> Personal Credit Report Enclosed			

AUTHORIZED REPRESENTATIVE Yes No (If Yes, party will sign as both an Authorized Representative and Guarantor.)

Complete for Secured Credit or if you reside in a Community Property State (AK, AZ, CA, ID, LA, NM, NV, TX, WA, WI)

Married Separated Unmarried

NAME OF GUARANTOR 2	TELEPHONE NUMBER	SOCIAL SECURITY/TAX ID NUMBER	
HOME ADDRESS	DATE OF BIRTH	TITLE/POSITION	% OF OWNERSHIP %
<input type="checkbox"/> Personal Financial Statement Enclosed <input type="checkbox"/> Personal Credit Report Enclosed			

AUTHORIZED REPRESENTATIVE Yes No (If Yes, party will sign as both an Authorized Representative and Guarantor.)

Complete for Secured Credit or if you reside in a Community Property State (AK, AZ, CA, ID, LA, NM, NV, TX, WA, WI)

Married Separated Unmarried

NAME OF GUARANTOR 3	TELEPHONE NUMBER	SOCIAL SECURITY/TAX ID NUMBER	
HOME ADDRESS	DATE OF BIRTH	TITLE/POSITION	% OF OWNERSHIP %
<input type="checkbox"/> Personal Financial Statement Enclosed <input type="checkbox"/> Personal Credit Report Enclosed			

AUTHORIZED REPRESENTATIVE Yes No (If Yes, party will sign as both an Authorized Representative and Guarantor.)

Complete for Secured Credit or if you reside in a Community Property State (AK, AZ, CA, ID, LA, NM, NV, TX, WA, WI)

Married Separated Unmarried

NAME OF GUARANTOR 4	TELEPHONE NUMBER	SOCIAL SECURITY/TAX ID NUMBER	
HOME ADDRESS	DATE OF BIRTH	TITLE/POSITION	% OF OWNERSHIP %
<input type="checkbox"/> Personal Financial Statement Enclosed <input type="checkbox"/> Personal Credit Report Enclosed			

AUTHORIZED REPRESENTATIVE Yes No (If Yes, party will sign as both an Authorized Representative and Guarantor.)

Complete for Secured Credit or if you reside in a Community Property State (AK, AZ, CA, ID, LA, NM, NV, TX, WA, WI)

Married Separated Unmarried

Dated:	Lender:
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AUTHORIZED REPRESENTATIVE(S) FOR BUSINESS ENTITY

This section is used to identify any additional Authorized Representatives who are not Guarantors, but who have designated authority to act on behalf of the business entity and who have been granted such authority in the Authorization Designation for the member business entity.

NAME OF AUTHORIZED REPRESENTATIVE 1	TITLE/POSITION
HOME ADDRESS	OWNERSHIP PERCENTAGE (If Any) %
	DATE OF BIRTH
NAME OF AUTHORIZED REPRESENTATIVE 2	TITLE/POSITION
HOME ADDRESS	OWNERSHIP PERCENTAGE (If Any) %
	DATE OF BIRTH
NAME OF AUTHORIZED REPRESENTATIVE 3	TITLE/POSITION
HOME ADDRESS	OWNERSHIP PERCENTAGE (If Any) %
	DATE OF BIRTH
NAME OF AUTHORIZED REPRESENTATIVE 4	TITLE/POSITION
HOME ADDRESS	OWNERSHIP PERCENTAGE (If Any) %
	DATE OF BIRTH

TYPE(S) OF LOAN(S) / CREDIT LIMIT REQUESTED

A	AMOUNT \$	REPAYMENT PROGRAM
		PURPOSE
B	AMOUNT \$	REPAYMENT PROGRAM
		PURPOSE
C	AMOUNT \$	REPAYMENT PROGRAM
		PURPOSE

COLLATERAL OFFERED BY APPLICANT OR GUARANTOR(S)

<input type="checkbox"/> Accounts Receivable	<input type="checkbox"/> Real Estate	<input type="checkbox"/> Farm Products	<input type="checkbox"/> Cross Collateral
<input type="checkbox"/> Inventory	<input type="checkbox"/> Equipment	<input type="checkbox"/> Life Insurance	<input type="checkbox"/> Other:
<input type="checkbox"/> All Assets	<input type="checkbox"/> General Intangibles	<input type="checkbox"/> Leases and Rents	
<input type="checkbox"/> Titled Vehicles	<input type="checkbox"/> Investment Property	<input type="checkbox"/> Fixtures	
<input type="checkbox"/> Deposit Accounts	<input type="checkbox"/> Chattel Paper	<input type="checkbox"/> Instruments	

LOAN SECURITY (Leave this section blank for unsecured credit requests)

COLLATERAL DESCRIPTION:		
VALUE OF COLLATERAL	AMOUNT OF LIEN(S)/SECURITY INTEREST	STATE FILED
REAL PROPERTY ADDRESS	COLLATERAL ADDRESS	
COLLATERAL OWNER	ASSESSED VALUE \$	
NUMBER OF UNITS	YEAR BUILT	
INSURANCE POLICY NUMBER	COVERAGE AMOUNT \$	
INSURANCE COMPANY	AGENT NAME	
AGENT TELEPHONE NUMBER		

Dated:	Lender:
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STATE LAW NOTICE(S)

Notice to Nebraska Residents: A credit agreement must be in writing to be enforceable under Nebraska law. To protect you and us from any misunderstandings or disappointments, any contract, promise, undertaking, or offer to forebear repayment of money or to make any other financial accommodation in connection with this loan of money or grant or extension of credit, or any amendment of, cancellation of, waiver of, or substitution for any or all of the terms or provisions of any instrument or document executed in connection with this loan of money or grant or extension of credit, must be in writing to be effective.

Notice to 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.

Notice to Wisconsin Residents (Individual/Sole Prop/Single Member Borrowers and Guarantors. Not applicable to Authorized Representatives): (1) No provision of any marital property agreement, unilateral statement under Section 766.59, or court decree under Section 766.70 will adversely affect the rights of the Lender unless the Lender is furnished a copy of the agreement, statement or decree, or has actual knowledge of its terms, before the credit is granted or the account is opened. (2) Please sign if you are not applying for this account or loan with your spouse. The credit being applied for, if granted, will be incurred in the interest of the marriage or family of the undersigned.

Signature for Wisconsin Residents Only	Date
X	(Seal)

Signature for Wisconsin Residents Only	Date
X	(Seal)

Signature for Wisconsin Residents Only	Date
X	(Seal)

Signature for Wisconsin Residents Only	Date
X	(Seal)

EQUAL CREDIT OPPORTUNITY ACT

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, or age (provided that 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 checked below:

- Consumer Financial Protection Bureau, 1700 G Street NW, Washington, DC 20552**
- National Credit Union Administration, Office of Consumer Financial Protection, 1775 Duke Street, Alexandria, VA 22314**
- Federal Trade Commission, Consumer Response Center, 600 Pennsylvania Avenue NW, Washington, DC 20580**

If your application for business credit is denied, you have the right to a written statement of the specific reason for the denial. To obtain the statement, please contact the Lender identified below 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.

Lender:
Address:

Lender Phone Number:
 If checked, phone number above is Toll-free.

Dated:	Lender:
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CREDIT MONITORING

The information contained in this application is provided for the purpose of obtaining business (non-consumer) credit with the Lender on behalf of the undersigned. It is understood Lender will rely on the information provided in making its credit decision. The undersigned warrants and represents the information herein submitted is true and correct in all respects and Lender may consider this representation continuing until written notice to the contrary is received by the Lender from the undersigned. The undersigned further certify they are duly authorized to apply for the extension of credit on behalf of the applicant and bind the applicant to the terms of the credit. The Lender is authorized to make all inquiries it deems necessary to verify the accuracy of the statements herein made, or in its discretion, to further determine the Applicant's credit standing, or the credit standing of any general partner, LLC member/manager, owner, officer, or director acting as a personal Guarantor in connection with this credit request. Lender is authorized to obtain credit reports and any other information from any credit reporting agency and other sources for the purpose of reviewing this Application for credit, verifying information provided to Lender, and for any other purposes or uses as permitted by law. Applicant understands that Lender has the right to deny the request made in this Application entirely or to offer Applicant alternative credit amount(s) and/or term(s) than Applicant requested herein. Lender is hereby authorized to share the information provided by the undersigned with third parties in connection with obtaining credit, including for purposes of underwriting this credit request as reasonably necessary. Lender is further authorized to answer any questions from third parties concerning the undersigned's experience with the Lender.

Beneficial ownership authorization and consent: Each applicant hereunder specifically consents and authorizes FinCEN to disclose applicant's beneficial ownership information to Lender for use in accordance and for compliance with applicable law.

Authorized Representative Signature	Date
X	(Seal)

Authorized Representative Signature	Date
X	(Seal)

Authorized Representative Signature	Date
X	(Seal)

Authorized Representative Signature	Date
X	(Seal)

Guarantor Signature	Date
X	(Seal)

Guarantor Signature	Date
X	(Seal)

Guarantor Signature	Date
X	(Seal)

Guarantor Signature	Date
X	(Seal)

Dated: _____ Lender: _____

LENDER USE ONLY

VERIFICATION COMPLETION DATE _____ BY _____

GOVERNMENT LIST(S) CHECKED: Treasury Cip List OFAC Other:
 DESCRIBE ADDITIONAL DATA COLLECTED PURSUANT TO THE CREDIT UNION'S CIP:

REPORTING REQUIREMENTS: Monthly Accounts Receivable Agings Monthly Inventory Reports
 Annual Financial Statement Interim Financial Statements – Type:

COLLATERAL APPRAISAL: VALUE: _____ Appraisal Attached To This Application

EXISTING RELATIONSHIP

CREDIT LINE USAGE HISTORY HIGH \$ _____ LOW \$ _____ AVERAGE \$ _____

LOAN AND OVERDRAFT EXPERIENCE Excellent Satisfactory Review

LOAN DETAIL

TYPE	AMOUNT/LIMIT	MATURITY/EXPIRATION DATE	RATE	CLOSING FEE (If Applicable)
			%	\$
			%	\$
			%	\$

LOAN OFFICER COMMENTS:

DATE: Approved Declined Counter-Offer DATE ADVERSE ACTION SENT:

REASON(S):

DISBURSEMENT NUMBER

	CHECK NUMBER	AMOUNT	PAYABLE TO
(1)		\$	
(2)		\$	
(3)		\$	

Credit Committee or Loan Officer Signatures

X	Date
	(Seal)

X	Date
	(Seal)

Dated:	Lender:
CERTIFICATION OF BENEFICIAL OWNERS OF LEGAL ENTITY CUSTOMERS	FINANCIAL INSTITUTION – NAME AND ADDRESS
<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Recertification (only complete Section III) EFFECTIVE DATE OF CHANGE:	
BENEFICIAL OWNER INFORMATION	
<input type="checkbox"/> This account is exempt from the beneficial ownership requirements. <input type="checkbox"/> This entity is excluded from the definition of legal entity customer. <input type="checkbox"/> This is a non-profit entity. (If yes, then the beneficial owner data in paragraph (c) below is not required.)	
I. GENERAL INSTRUCTIONS	
WHAT IS THIS FORM?	
To help the government fight financial crime, Federal regulation requires certain financial institutions to obtain, verify, and record information about the beneficial owners of legal entity members. Legal entities can be abused to disguise involvement in terrorist financing, money laundering, tax evasion, corruption, fraud, and other financial crimes. Requiring the disclosure of key individuals who own or control a legal entity (i.e., the beneficial owners) helps law enforcement investigate and prosecute these crimes.	
WHO HAS TO COMPLETE THIS FORM?	
This form must be completed by the person opening a new account on behalf of a legal entity with any of the following U.S. financial institutions: (i) a bank or credit union; (ii) a broker or dealer in securities; (iii) a mutual fund; (iv) a futures commission merchant; or (v) an introducing broker in commodities.	
For the purposes of this form, a legal entity includes a corporation, limited liability company, or other entity that is created by a filing of a public document with a Secretary of State or similar office, a general partnership, and any similar business entity formed in the United States or a foreign country. Legal entity does not include sole proprietorships, unincorporated associations, or natural persons opening accounts on their own behalf.	
WHAT INFORMATION DO I HAVE TO PROVIDE?	
This form requires you to provide the name, address, date of birth and Social Security number (or passport number or other similar information, in the case of Non-U.S. persons) for the following individuals (i.e., the beneficial owners):	
<ul style="list-style-type: none"> (i) Each individual, if any, who owns, directly or indirectly, 25 percent or more of the equity interests of the legal entity member (e.g., each natural person that owns 25 percent or more of the shares of a corporation); and (ii) An individual with significant responsibility for managing the legal entity member (e.g., a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, or Treasurer). 	
The number of individuals that satisfy this definition of "beneficial owner" may vary. Under section (i), depending on the factual circumstances, up to four individuals (but as few as zero) may need to be identified. Regardless of the number of individuals identified under section (i), you must provide the identifying information of one individual under section (ii). It is possible that in some circumstances the same individual might be identified under both sections (e.g., the President of Acme, Inc. who also holds a 30% equity interest). Thus, a completed form will contain the identifying information of at least one individual (under section (ii)), and up to five individuals (i.e., one individual under section (ii) and four 25 percent equity holders under section (i)).	
The financial institution may also ask to see a copy of a driver's license or other identifying document for each beneficial owner listed on this form.	

CONTINUE TO THE FOLLOWING PAGE

Dated:	Lender:	
ACCOUNT NUMBER:		
II. CERTIFICATION OF BENEFICIAL OWNER(S)		
Persons opening an account on behalf of a legal entity must provide the following information.		
a. Name and Title of Natural Person Opening Account:		
NAME	TITLE	
b. Name, Type and Address of Legal Entity for Which the Account is Being Opened:		
NAME	TYPE	ADDRESS
c. The following information for each individual, if any, who directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 25 percent or more of the equity interests of the legal entity listed above. If no individual meets this definition, please check "Beneficial Owner Not Applicable" below and skip to the next section.		
<input type="checkbox"/> Beneficial Owner Not Applicable		
BENEFICIAL OWNER 1		
NAME	DATE OF BIRTH	ADDRESS (Residential or Business Street Address)
SOCIAL SECURITY NUMBER*	PASSPORT OR OTHER ID NUMBER*	COUNTRY OF ISSUANCE*
BENEFICIAL OWNER 2		
NAME	DATE OF BIRTH	ADDRESS (Residential or Business Street Address)
SOCIAL SECURITY NUMBER*	PASSPORT OR OTHER ID NUMBER*	COUNTRY OF ISSUANCE*
BENEFICIAL OWNER 3		
NAME	DATE OF BIRTH	ADDRESS (Residential or Business Street Address)
SOCIAL SECURITY NUMBER*	PASSPORT OR OTHER ID NUMBER*	COUNTRY OF ISSUANCE*
BENEFICIAL OWNER 4		
NAME	DATE OF BIRTH	ADDRESS (Residential or Business Street Address)
SOCIAL SECURITY NUMBER*	PASSPORT OR OTHER ID NUMBER*	COUNTRY OF ISSUANCE*
d. The following information for one individual with significant responsibility for managing the legal entity listed above, such as:		
<ul style="list-style-type: none"> • An executive officer or senior manager (e.g., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer); or • Any other individual who regularly performs similar functions (if appropriate, an individual listed under section (c) above may also be listed in this section (d)). 		
NAME	ADDRESS (Residential or Business Street Address)	
TITLE	DATE OF BIRTH	
SOCIAL SECURITY NUMBER*	PASSPORT OR OTHER ID NUMBER*	COUNTRY OF ISSUANCE*

* For U.S. Persons: Provide a Social Security Number.

For Non-U.S. Persons: Provide a Social Security Number, passport number and country of issuance, or other similar identification number, such as an alien identification card number or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

CERTIFICATION SIGNATURE	
I, _____ (name of natural person opening account), hereby certify, to the best of my knowledge, that the information provided above is complete and correct. I also agree, on behalf of the Legal Entity identified above, that the Lender will be notified of any change in such information.	
Signature 	Date (Seal)

CONTINUE TO THE FOLLOWING PAGE

Dated: _____ Lender: _____

III. COMPLETE THE BELOW SECTION IF THIS IS A RE-CERTIFICATION ONLY AND IS NOT A NEW CERTIFICATION OR A MODIFICATION TO THE BENEFICIAL OWNERSHIP(S) OF THE LEGAL ENTITY.

RE-CERTIFICATION OF BENEFICIAL OWNER INFORMATION

By signing below, I, _____, acknowledge and certify to the best of my knowledge, that no information has changed to the Certified Beneficial Owner Information previously certified for on _____ and I further acknowledge that it is complete and correct. I agree to notify the financial institution of any changes to the certified beneficial ownership information of the legal entity as soon as practicable and in a form and manner acceptable to the financial institution.

Signature	Date
X	(Seal)