

## Complete all information and sign below. Application MUST be signed and witnessed. Upload your completed application by visiting BankFive.com/BackToBusiness, or return it to the nearest BankFive branch office. Additional information may be required

Amount \$ \$25,000 - \$250,000	Monthly payments will be charged to BankFive Business Checking Account #	You Will Be Required To Maintain This Account As Long As Amounts Remain Due Under This Credit Facility.		
Real Estate collateral address				
Other collateral				
Business Information	Date Established	Current Ownership Began D/B/A Name (if different)		Tax ID #
Business Address (not a P.O. Box)		Distribution (in differently)		
Mailing Address (if different)				
No. of Employees	Last FYE	Net Sales (YE or projected) \$		Net Profits (YE or projected) \$
Type of Business (must be U.S. business)  Proprietorship Partnership  Ltd. Partnership Ltd. Liability Corp.	S Corp. C Corp.	Business Information		Total (TEX) projection (TEX)
Business Phone		Email		
Are you or your business party to or threatened Are your payroll, federal, state and property ta Have you or any business you have owned ev Have (either of) you or any firm of which you	d with any claim of lawsuit?  exes overdue?  er declared bankruptcy?  were a major owner ever been  ense other than a minor motor vehicle violation?	Yes Yes Yes Yes	No No No No	
	d) deposit or loan accounts with BankFive?	Account ##		Balance \$ \$ \$ \$
governing authority of the Borrower. The undersi	ized to act on behalf of the Borrower to apply for and n gned certify that all information in the application is co during in the life of the loan, at the Bank's discretion.			
Ву:		Title:		Date:
Ву:		Title:		Date:
Signatures witnessed by		Date:		





## OWNER(S) ENDORSER(S)/GUARANTOR(S) - ATTACH SIMILAR INFORMATION FOR EACH ADDITIONAL OWNER/GUARANTOR

I am applying for individual credit in my own name.	INITIAL	This is an a	pplication for joint credit.	INITIAL INITIAL
MR. MRS. MISS MS.	Name			
Home Address	City	State	Zip Code	% of business owned
Social Security #	Annual Income \$		Personal Assets \$	Personal Liabilities \$
Position / Title	Home Phone Number		Monthly Housing Payment \$	Do you RENT OWN
ASSETS  Cash  Marketable Securities  Real Estate owned  Retirement Funds  Personal Property  Other  TOTAL	VALUE	Credit Cai Other Loa Mortgage Other Liai Tota Net Wortl	ons es bilities <i>Liabilities</i>	VALUE
MR. MRS. MISS MS.	Name			
Home Address	City	State	Zip Code	% of business owned
Social Security #	Annual Income \$		Personal Assets \$	Personal Liabilities \$
Position / Title	Home Phone Number		Monthly Housing Payment	Do you RENT OWN
ASSETS  Cash  Marketable Securities  Real Estate owned  Retirement Funds  Personal Property  Other	VALUE	Credit Ca Other Loa Mortgage Other Lia Tota Net Wortl	ons es bilities <i>I Liabilities</i>	VALUE
TOTAL		TOTAL		

THE GUARANTEE OF PARTNERS, DIRECTORS, AND OFFICERS OF THE BUSINESS MAY BE REQUIRED.

