



First National Bank

SMALL BUSINESS FINANCE

Small Business Lending Application

Applicant Information

If applicant is a business entity, please complete this section.					
Full legal name of the business entity					
DBA					
State of Incorporation or organization			Country of Registration (Business Entity) <input type="checkbox"/> USA <input type="checkbox"/> Other:		No. of Business Locations
Federal Tax ID/SSN/EIN	Number of Employees	Date Business Established	Current Owner(s) Since		
Primary Business Location (P.O. Box not allowed)					
Street		City	State	Zip Code	Primary Phone
Mailing Address, if different (Street Address or P.O. Box)					
Street		City	State	Zip Code	Fax Number
Individual or Sole Proprietor Primary Residential Address					
Street		City	State	Zip Code	Email Address
Type of Ownership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> Individual <input type="checkbox"/> Limited Partnership <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Trust <input type="checkbox"/> Statutory/Business Trust <input type="checkbox"/> Other:			Nature of Business <input type="checkbox"/> Manufacturing <input type="checkbox"/> Wholesale <input type="checkbox"/> Retail <input type="checkbox"/> Services <input type="checkbox"/> Other: Describe product/service:		
If this application is by two or more persons or businesses for joint credit, insert the names of the co-applicant(s) here					
1.		2.		3.	

Owner Information

List owners below, 100% of ownership must be accounted for. Additional owners may be listed on the next page.

Name			% of Ownership		
Title	Date of Birth	Social Security Number	Phone		
Street Address	City	State	Zip Code		

Name			% of Ownership		
Title	Date of Birth	Social Security Number	Phone		
Street Address	City	State	Zip Code		

Name			% of Ownership		
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Owner Information

Continue from previous page, if needed.

Name			% of Ownership
Title	Date of Birth	Social Security Number	Phone
Street Address	City	State	Zip Code

Name			% of Ownership
Title	Date of Birth	Social Security Number	Phone
Street Address	City	State	Zip Code

Are all the above U.S. Citizens? <input type="checkbox"/> Yes <input type="checkbox"/> No If the answer is NO, please list the name of the individual(s) and their country of citizenship and permanent resident alien status.					
Name	Country of Citizenship	Perm. Resident Alien? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Country of Citizenship	Perm. Resident Alien? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name	Country of Citizenship	Perm. Resident Alien? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Country of Citizenship	Perm. Resident Alien? <input type="checkbox"/> Yes <input type="checkbox"/> No

Applicant Information

If your answer to any of the questions below is YES, please attach a description providing further information.

1	Is the Applicant or any officer, Principal or Partner of the Applicant currently on the Board of Directors of an executive officer of First National Bank or any other bank, correspondent bank, thrift, or S&L? If YES, note the institution name:	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	Has any Applicant, co-borrower, co-signer, or guarantor ever been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	Has the Applicant used or done business under any other names?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	Does the Applicant use hazardous substances in the normal course of business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Does the Applicant or business guarantor hold any assets in trust? (AL, AR, AZ, CA, DE, ID, IA, IN, KS, MI, MN, MO, ND, NM, NV, OH, OR, SD, TN, TX, UT or WY customers provide a copy of the title page and signature page only. All other states should provide a copy of the complete Trust Agreement.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Does the Applicant own 25% or more of another company or any guarantor? If YES, note Company Name:	<input type="checkbox"/> Yes <input type="checkbox"/> No
7	Is the Applicant, or any officer, Principal or Partner of the Applicant, or a member of their respective household, currently a GS-13 or higher government employee, Major or Lieutenant Commander or higher in the military?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8	Have you ever filed bankruptcy? If so, please provide details.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Money Services Business Questions

1	Do you deal in or exchange currency for your customers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	Do you issue or sell money orders, traveler's checks or open stored value cards to your customers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	Do you cash checks, money orders, or traveler's checks from your customers? (e.g., Check Cashers)	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	Do you cash or provide money back from checks, money orders, traveler's checks or open stored value cards for your customers? (e.g., Check Cashers)	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Do you offer foreign exchange services for your customers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Do you ever do any of the prior items for more than \$1,000 in one day to the same customers in one or more transactions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7	Does your business accept funds from customers and send the funds based on customers' instructions (Money Transmitter)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8	Do you transmit funds for your customers in any amounts (send/receive wires or ACH transactions for your customers)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9	Do you sell prepaid access products such as gift cards to your customers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10	Do you offer Internet Gambling services to your customers?	<input type="checkbox"/> Yes <input type="checkbox"/> No

PREVIOUS SBA OR OTHER FEDERAL GOVERNMENT DEBT: If you or any principals or affiliates have 1) ever requested Government Financing, or 2) are currently delinquent on the repayment of any Federal Debt, please complete the following:

Name of Agency	Original Amount of Loan	Date of Request	Approved or Declined	Balance	Current or Past Due

Information for Government Monitoring Purposes

The following information is requested by the U.S. Small Business Administration in order to monitor that SBA assistance is being provided to diverse populations. You are not required to furnish this information, but please provide both ethnicity and race. For race, you may check more than one designation. If you choose not to furnish ethnicity, race, or gender information, and you have made this application in person, under Federal regulations we are required to note that information on the basis of visual observation or surname. If you do not wish to furnish the information please check the box below. (Lender must review the above material to assure that the disclosures satisfy all requirements to which to lender is subject under applicable state law for the particular type of loan applied for.)

Applicant	<input type="checkbox"/> I do not wish to furnish gender, race or ethnicity information		
Race (Check all that apply)	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Pacific Islander		
Ethnicity	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male
Are you currently serving in the United States Military?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a Veteran of the United States Military?			<input type="checkbox"/> Yes <input type="checkbox"/> No

Applicant Questions

1	Are there co-applicants? (If "Yes," please complete a separate Section I: Applicant Business Information for each.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	Has an application for the requested loan ever been submitted to the SBA, a lender, or a Certified Development Company, in connection with any SBA program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	Has the Applicant and/or its Affiliates ever obtained or applied for a direct or guaranteed loan from SBA, or another Federal agency loan program (including, but not limited to USDA, B&I, FSA, EDA), or been a guarantor on such a loan? (If "Yes," answer questions 3.a) and 3.b) below.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
3a	Is any of the financing currently delinquent?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3b	Did any of this financing ever default and cause a loss to the Federal Government?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	Is the Applicant presently suspended, debarred, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Does the Applicant Business operate under a Franchise/License/Distributor/Membership/Dealer/Jobber or other type of Agreement? (If "Yes," provide copies of your agreement(s) and any other relevant documents.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Does the Applicant have any Affiliates per 13 CFR 121.301 ? (If "Yes," attach a listing of all Affiliates.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
7	Has the Applicant and/or its Affiliates ever filed for bankruptcy protection?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8	Is the Applicant and/or its Affiliates presently involved in any pending legal action?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9	Are any of the Applicant's products and/or services exported (directly or indirectly), is there a plan to begin exporting (directly or indirectly) as a result of this loan, or is this an Export Working Capital Program (EWCP)* loan? (If "Yes," answer questions 9.a) and 9.b) below.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
9a	Provide the estimated total export sales this loan will support.	\$ _____
* (For EWCP loans, in a separate attachment, provide details of the underlying transaction(s) for which the loan is needed, countries where the buyers are located and a description of products and/or services to be exported.)		
9b	List of principal countries of export (list at least 1)	
10	Has the Applicant paid or committed to pay a fee to the Lender or a third party to assist in the preparation of the loan application or application materials, or has the Applicant paid or committed to pay a referral agent or broker a fee?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11	Are any of the Applicant's revenues derived from gambling, loan packaging, or from the sale of products or services, or the presentation of any depiction, displays or live performances, of a prurient sexual nature? If "Yes," provide details under a separate attachment.	<input type="checkbox"/> Yes <input type="checkbox"/> No
12	Is any sole proprietor, partner, officer, director, stockholder with a 10 percent or more interest in the Applicant an SBA employee or a Household Member of an SBA employee? (13 CFR 105.204). "Household Member" means spouse and minor children of an employee, all blood relations of the employee and any spouse who resides in the same place of abode with the employee (13 CFR §105.201(d)).	<input type="checkbox"/> Yes <input type="checkbox"/> No
13	Is any employee, owner, partner, attorney, agent, owner of stock, officer, director, creditor or debtor of the Applicant a former SBA employee who has been separated from SBA for less than one year prior to the request for financial assistance? (13 CFR 105.203)	<input type="checkbox"/> Yes <input type="checkbox"/> No
14	Is any sole proprietor, general partner, officer, director, or stockholder with a 10 percent or more interest in the Applicant, or a household member of such individual, a member of Congress, or an appointed official or employee of the legislative or judicial branch of the Federal Government? (13 CFR 105.301(c))	<input type="checkbox"/> Yes <input type="checkbox"/> No
15	Is any sole proprietor, general partner, officer, director, or stockholder with a 10 percent or more interest in the Applicant, or a household member of such individual, a Federal Government employee or Member of the Military having a grade of at least GS-13 or higher (or Military equivalent)? (13 CFR 105.301(a))	<input type="checkbox"/> Yes <input type="checkbox"/> No
16	Is any sole proprietor, general partner, officer, director, or stockholder with a 10 percent or more interest in the Applicant, or a household member of such individual, a member or employee of a Small Business Advisory Council or a SCORE volunteer? (13 CFR 105.302(a))	<input type="checkbox"/> Yes <input type="checkbox"/> No
17	Are you presently subject to an indictment, criminal information, arraignment, or other means by which formal criminal charges are brought in any jurisdiction? (If "YES," the loan request is not eligible for SBA assistance.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
18	Have you been arrested in the last 6 months for any criminal offense?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Applicant Questions, continued

19	For any criminal offense - other than a minor vehicle violation - have you ever: 1) been convicted; 2) pleaded guilty; 3) pleaded nolo contendere; 4) been placed on pretrial diversion; or 5) been placed on any form of parole or probation (including probation before judgment)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
20	<input type="checkbox"/> I am a U.S. Citizen <u>OR</u> <input type="checkbox"/> I have Lawful Permanent Resident (LPR) status. <input type="checkbox"/> I am not a U.S. Citizen or Lawful Permanent Resident.*	USCIS Registration Number:	
		Country of Citizenship:	
* Businesses with ownership that includes Foreign Nationals or Foreign Entities may be eligible only if the business is at least 51% owned and controlled by U.S. citizens and/or those who have LPR status from USCIS whose status will be verified by the Lender in accordance with SBA Loan Program Requirements.			
21	Are you presently suspended, debarred, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency? (If "Yes," the application is not eligible for SBA financial assistance).		<input type="checkbox"/> Yes <input type="checkbox"/> No
22	If you are a 50% or more owner of the Applicant, are you more than 60 days delinquent on any obligation to pay child support arising under an administrative order, court order, repayment agreement between the holder and a custodial parent, or repayment agreement between the holder and a state agency providing child support enforcement services. (If "Yes," the application is not eligible for SBA financial assistance.)		<input type="checkbox"/> Yes <input type="checkbox"/> No
23	Do you have any ownership in other businesses which would be defined as an Affiliate of the Applicant in the definition found on page 1? (If "Yes," attach a listing of all businesses, your title and ownership percentage in the business.)		<input type="checkbox"/> Yes <input type="checkbox"/> No
24	Have you, or any business you controlled, ever filed for bankruptcy protection? If yes, provide details.		<input type="checkbox"/> Yes <input type="checkbox"/> No
25	Are you, or any business you control, presently involved in any legal action (including divorce)? If yes, provide details.		<input type="checkbox"/> Yes <input type="checkbox"/> No
26	Have you or any business owned or controlled by you ever obtained a direct or guaranteed loan from SBA or any other Federal agency or been a guarantor on such a loan? (This includes, but is not limited to USDA, FHA, EDA, and student loans.)		<input type="checkbox"/> Yes <input type="checkbox"/> No
26a	If you answered "Yes" to Question 26, is any of the financing presently considered delinquent?		<input type="checkbox"/> Yes <input type="checkbox"/> No
26b	If you answered "Yes" to Question 26, did any loan that was made for business purposes ever default and cause a loss to the Government, including a compromise, resolution or settlement of a loan's principal balance for less than the full amount due? (If you answer "Yes" to either 26(a) or 26(b) above, please provide Lender with a written explanation.)		<input type="checkbox"/> Yes <input type="checkbox"/> No
If any of the questions below are answered "Yes," please provide details on a separate sheet.			
27	Is the Entity, or any of its owners, presently suspended, debarred, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency? (If "Yes," the application is not eligible for SBA financial assistance).		<input type="checkbox"/> Yes <input type="checkbox"/> No
28	Does the entity have any Affiliates? (If "Yes," attach a listing of all Affiliates.)		<input type="checkbox"/> Yes <input type="checkbox"/> No
29	Has the entity and/or its Affiliates ever filed for bankruptcy protection?		<input type="checkbox"/> Yes <input type="checkbox"/> No
30	Is the entity and/or its Affiliates presently involved in any pending legal action?		<input type="checkbox"/> Yes <input type="checkbox"/> No
31	Has the Entity ever obtained a direct or guaranteed loan from SBA or any other Federal agency or been a guarantor on such a loan? (This includes, but is not limited to USDA, FHA, EDA.)		<input type="checkbox"/> Yes <input type="checkbox"/> No
31a	If you answered "Yes" to Question 31, is any of the financing presently considered delinquent?		<input type="checkbox"/> Yes <input type="checkbox"/> No
31b	If you answered "Yes" to Question 31, did any loan that was for a business purpose ever default and cause a loss to the Government, including a compromise, resolution or settlement of a loan's principal balance for less than the full amount due? (If you answer "Yes" to either 31(a) or 31(b) above, please provide Lender with a written explanation).		<input type="checkbox"/> Yes <input type="checkbox"/> No

Agreement

By signing below, the signer(s) certifies that he/she is authorized to execute this Application for the business named above ("Applicant") and that I (we) further certify that I (we) have verified that all the information in this application and all related documents, forms, financial information, and federal income tax returns is complete and correct. The signer(s) further agrees to notify First National Bank ("Bank") promptly of any material change in any such information. The signer(s) authorizes Bank to obtain consumer and/or business reports, including, inquiries to the Internal Revenue Services or the Franchise Tax Board, in their names as individuals at any time. The signer(s) further authorizes the Bank to obtain balance and payoff information on all accounts requiring payoff as a condition of gaining credit. The signer(s) understands and agrees that this application is subject to final credit approval. Except in Arizona, if the business owner is married, a spouse's signature is not required unless he or she is a co-owner of the business. An electronic transmission or other facsimile of this signed document shall be deemed an original and shall be admissible as evidence of the document and the signer's execution.

If Applicant's request for credit is approved, the credit approval will expire without notice no later than 90 calendar days following approval. Closing the approved credit facility must be completed and all conditions of approval must be satisfied within 90 calendar days of approval, or within any shorter time period that might be specified with respect to this credit request. Bank in its sole discretion and at its own initiative may reconsider any application if its credit approval might otherwise expire, and may in its discretion reapprove and extend the credit approval. Bank may in its discretion obtain additional personal credit reports as part of the reconsideration process. Applicant agrees to pay any appraisal costs, attorney's fees and other expenses incurred in connection with Applicant's credit request under all circumstances, including without limitation, failure to close due to inadequate collateral value, title or environmental problems, or Applicant's inability or refusal to meet all closing conditions.

THIS APPLICATION MUST BE REVIEWED, SIGNED, AND INITIALED BY ONE OR MORE OWNERS / OFFICERS / MEMBERS / PARTNERS / INDIVIDUALS HAVING THE AUTHORITY TO SIGN AND MAKE THE STATEMENTS CONTAINED HEREIN ON BEHALF OF THE APPLICANT.

	Owner Applicant Signature(s)	Title	Date
1	X		
2	X		
3	X		
4	X		
5	X		

Notice of Right to Receive Copy of Appraisals



First National Bank

SMALL BUSINESS FINANCE

Loan Number:	Date:
Full legal name of the business entity	
DBA	
Property Address:	

NOTICE TO APPLICANT

We may order an appraisal to determine the property's value and charge you for this appraisal. We will promptly give you a copy of any appraisal, even if your loan does not close.

You can pay for an additional appraisal for your own use at your own costs.

By signing below, you acknowledge that you have received and read a copy of the above Notice.

	Owner/Applicant Signature(s)	Date
1	X	
2	X	
3	X	
4	X	
5	X	

Under Federal law, we are required to provide you a copy of any appraisals promptly upon completion or three days prior to closing, whichever is earlier. You may waive this timing requirement and instead receive a copy at closing or account opening, or if the loan is not completed, within 30 days.

By signing below, you waive your right to receive a copy of any appraisals prior to closing or account opening (in which case, you will receive a copy at time of loan closing, or consummation).

	Owner/Applicant Signature(s)	Date
1	X	
2	X	
3	X	
4	X	
5	X	

Applicant Owner Authorization to Release Information

I hereby authorize First National Bank or any credit bureau or investigative agency employed by the bank, to investigate the references, credit and employment history I have listed and the statement or other information I or any person have supplied relative to my credit and financial responsibility and to exchange information about how I handle my account with proper persons and credit bureaus. I am hereby notified that a consumer report may be requested in connection with this credit application. If I request, I will be informed whether or not a consumer report was requested, and if such report was requested, I will be informed of the name and address of the consumer reporting agency that furnished the report. The bank may at any time in the future obtain additional credit reports to review my account. I certify that the financial statements given to you herewith are true and correct with knowledge that you will rely on them.

Name	Signature X		Date
Title	Date of Birth	Social Security Number	Phone
Street Address	City	State	Zip Code

Name	Signature X		Date
Title	Date of Birth	Social Security Number	Phone
Street Address	City	State	Zip Code

Name	Signature X		Date
Title	Date of Birth	Social Security Number	Phone
Street Address	City	State	Zip Code

Name	Signature X		Date
Title	Date of Birth	Social Security Number	Phone
Street Address	City	State	Zip Code

Name	Signature X		Date
Title	Date of Birth	Social Security Number	Phone
Street Address	City	State	Zip Code

Equal Credit Opportunity Act Notice of Important Information

This Notice is being provided to you to inform you about your rights under the Equal Credit Opportunity Act. Please retain this Notice for your records.

The Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, religion, national origin, sex, 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 Protection Act. The Federal agency that administers compliance with this law concerning this creditor is the Bureau of Consumer Financial Protection (CFPB) 1700 G Street NW., Washington, DC 20006.

Right to Request Specific Reasons for Credit Denial

If your credit request is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact the person or office from which the request for credit was submitted or contact Customer Service at 855-935-6722 located at 10200 Mallard Creek Rd., Charlotte, NC 28262 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.

Schedule of Debt

As of (Date)	Full legal name of the business entity
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Creditor	Line (LOC) Loan (LN) Lease (LE) Other (o)	Collateral	Commitment or Original Amount	Note Date (mm/yyyy)	Current Balance	Maturity Date (mm/yyyy)	Interest Rate	Monthly Payment	Annual Payments (Bank Use Only)

Owner Applicant Signature	Title	Date
X		

Management Resume

Owner/Applicant Name

General Information If married, these questions apply to both you and your spouse.

1	Have you ever obtained credit under any other name(s)? If YES, furnish details under a separate page.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	Have you ever been a principal or guarantor of a firm that declared bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	Are any assets held in a Trust? If YES, please include a copy of the first and last page of the Trust Agreement.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	Are you party to any claims or lawsuits?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Do you have any outstanding judgments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Are you a co-signer or guarantor of any other debt?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7	Have you ever been disbarred from doing business with the U.S. Government?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8	Are all your business and personal taxes current?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Work Experience List chronologically for the past 10 years, beginning with present employment. Attach additional sheets if necessary.

Company Name		Location	
From	To	Title	
Duties			

Company Name		Location	
From	To	Title	
Duties			

Military Service Background

Branch	From	To
Honorable Discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No	Rank at Discharge	Grade

Education

College or Technical Training	Location	Dates Attended (From / To)	Major	Degrees or Certificates

Signature X	Date
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