

COMMERCIAL LOAN APPLICATION

CREDIT REQUESTED				
Amount Requested	Term of Credit Requested	Loan Type	Credit Request <input type="checkbox"/> Applicant Only <input type="checkbox"/> Joint With Co-Applicant(s)	
Market Survey	Purpose of Credit Request	App #	We intend to apply for joint credit: Applicant _____ Co-Applicant _____	

COMPLETION INSTRUCTIONS FOR APPLICANT

Complete the Applicant information for the first Applicant. Mark the appropriate box to indicate whether the Applicant is applying as a Borrower, Guarantor, Cosigner, Grantor (of collateral), or Other for a different capacity. If the Applicant is a married individual, he or she may apply for individual credit. **(Do Not complete Marital Status question below if application is for individual unsecured credit)**

APPLICANT INFORMATION:

Applicant is a: Borrower Guarantor Cosigner Grantor Other _____

Name of Applicant (Business Name or Last Name if Individual)	Applicant First Name (if individual)	SSN/TIN#
Assumed Business Names (if Any)	Filing Dates	Filing Locations
		DBA Name

<p>Check Appropriate Box</p> <p><input type="checkbox"/> Individual If you are applying for individual credit 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, do not complete the section for marital status.</p> <p><input type="checkbox"/> 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 sections to the extent possible, providing information about the person whose alimony, support or maintenance payments or income or assets you are relying.</p> <p><input type="checkbox"/> If you are applying for joint credit with another applicant, complete all sections and attach joint application.</p>	<p>Marital Status (if Borrower)</p> <p><input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Separated</p>
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Street Address	City	ST	Zip Code	Phone Number
Mailing Address	City	ST	Zip Code	
Principal Office Address (if not listed above)	City	ST	Zip Code	

State of Organization	Applicant is: <input type="checkbox"/> An Individual <input type="checkbox"/> A Proprietorship <input type="checkbox"/> A Partnership <input type="checkbox"/> A Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> An Association <input type="checkbox"/> A Trust <input type="checkbox"/> A Gov't Entity <input type="checkbox"/> A LLC
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SCHEDULE OF COLLATERAL OFFERED BY THIS APPLICANT				
Description	Value	Total Liens	Ownership Status for This Applicant	Creditor Name
		\$	<input type="checkbox"/> Purchase Money <input type="checkbox"/> Presently Owned	
		\$	<input type="checkbox"/> Purchase Money <input type="checkbox"/> Presently Owned	
		\$	<input type="checkbox"/> Purchase Money <input type="checkbox"/> Presently Owned	
		\$	<input type="checkbox"/> Purchase Money <input type="checkbox"/> Presently Owned	
		\$	<input type="checkbox"/> Purchase Money <input type="checkbox"/> Presently Owned	

FINANCIAL AND INCOME STATEMENT SUMMARY

Alimony, Child Support or Separate Maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.

Total Assets: \$ _____ Total Annual Income: \$ _____
 Total Liabilities: \$ _____ Total Annual Expenses: \$ _____
 Net Worth: \$ _____ Net Annual Cash Flow: \$ _____
 See Attached Financial statements.

RELATIONSHIP INFORMATION - APPLICANT'S HISTORY WITH LENDER

New Customer Customer Since(MM-YYYY): _____ Last Financial Statement Date(MM-DD-YYYY): _____
 Existing Customer Last Tax Return Date on File(YYYY): _____ Last Credit Report Date(MM-DD-YYYY): _____
 Last Credit Bureau: _____

Liabilities with Lender	Deposits with Lender	Total Credit With Lender
Direct: \$ _____	DDA Avg: \$ _____	New Credit: \$ _____
Contingent: \$ _____	Other Avg: \$ _____	Proposed Total: \$ _____
Total: \$ _____	Total Avg: \$ _____	

SIGNERS FOR THIS APPLICANT

Name	Title	Authorized	SSN #
Street Address	City	ST	Zip Code Phone Number
Name	Title	Authorized	SSN #
Street Address	City	ST	Zip Code Phone Number
Name	Title	Authorized	SSN #
Street Address	City	ST	Zip Code Phone Number
Name	Title	Authorized	SSN #
Street Address	City	ST	Zip Code Phone Number

Use Additional Sheet If Necessary

APPLICANT SIGNATURES

I/We hereby apply for the loan or credit described in this application on behalf of the applicant business. I/We certify that I/we made no misrepresentation in this loan application or in any related documents, that all information is true and complete, and that I/we did not omit any important information. I/We agree that any property securing the loan or credit will not be used for any illegal or restricted purpose. Lender is authorized to verify with other parties and to make any investigation of my/our credit, either directly or through any agency employed by the Lender for that purpose. Lender may disclose to any other interested parties information as to Lender's experiences or transactions with my/our account. I/We understand that Lender will retain this application and any other credit information Lender receives, even if no loan or credit is granted. These representations and authorizations extend not only to Lender, but also to any insurer of the loan and to any investor to whom Lender may sell all or any part of the loan. I/We further authorize Lender to provide any such insurer or investor any information and documentation that they may request with respect to my/our application, credit or loan.

APPLICANT:
 By: _____ By: _____
 By: _____ By: _____

Use Additional Sheet If Necessary

FOR LENDER'S USE ONLY

Officer No. / Name	Approved By	Concurrence By (If Needed)	Committee Date	Decision Date
Branch	Application Date	Application No.	Commitment No.	Loan No.

Decision and Comments: Approved Denied Incomplete Counteroffer Conditional Approval Withdrawal Other: _____



7664

APPRAISAL NOTICE

App. Date	Application No.	Loan Amount	Dept.	Collateral	Officer	Init.
References in the boxes above are for Lender's use only and do not limit the applicability of this document to any particular loan or item.						

Applicant:

Lender:

Washington Savings Bank
 200 S Banker St.
 P.O. Box 707
 Effingham, IL 62401

Document Date:

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 cost.

By signing below, you acknowledge receipt of this Appraisal Notice.

APPLICANT:

X _____ X _____
 Applicant Date Applicant Date