



# FIRST BANK BUSINESS LOAN APPLICATION

Please complete all sections to get the quickest decision possible.



## Tell Us About your Credit Request

### This request is for:

- |                          |   |                   |               |
|--------------------------|---|-------------------|---------------|
| <input type="checkbox"/> | First Business Line                         | Amount Requested: | _____         |
| <input type="checkbox"/> | First Business Equity Line                  | Amount Requested: | _____         |
| <input type="checkbox"/> | Business Equity Line                        | Amount Requested: | _____         |
| <input type="checkbox"/> | Commercial Line of Credit                   | Amount Requested: | _____         |
| <input type="checkbox"/> | Construction Loan                           | Amount Requested: | _____         |
| <input type="checkbox"/> | Business Installment Loan                   | Amount Requested: | _____         |
| <input type="checkbox"/> | Increase existing Business Line Account No. | _____             | Amount: _____ |

### Type of Credit:

Term Requested : \_\_\_\_\_

- Unsecured Credit  
 Secured Credit (other than real estate)

Collateral Description: \_\_\_\_\_ Value: \_\_\_\_\_

- Secured Credit (real estate secured)      Lien Position:     Sr.     Jr.
- 1-4 Family Dwelling       Business Property       Other \_\_\_\_\_

Property Address: \_\_\_\_\_ Value: \_\_\_\_\_

### How will your business use these funds?

## Your Business Information

Business Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Street Address \_\_\_\_\_

Mailing Address \_\_\_\_\_ Fax No. \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Last Full Year Gross Revenue \_\_\_\_\_

Month/Year Established _____	Tax Identification Number _____	Length of time under current management _____
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### Business Type:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Limited Liability Partnership | <input type="checkbox"/> Sub Chapter S Corp. |
| <input type="checkbox"/> Partnership         | <input type="checkbox"/> Limited Liability Corporation | <input type="checkbox"/> Trust               |
| <input type="checkbox"/> Corporation         | <input type="checkbox"/> Non Profit Organization       | <input type="checkbox"/> Other _____         |

- Yes     No    Is the business an endorser, guarantor or co-maker for any obligations not listed on your business financial statements?
- Yes     No    Does the business have existing loans or lines? If yes, attach a summary including payment schedule and collateral.
- Yes     No    Are you aware of any environmental liabilities, problems or potential problems (including underground storage tanks) associated with your business or any owner, or at any property ever owned or used by your business or an owner?
- Yes     No    Is this business or its principals involved in any claim or lawsuit?
- Yes     No    Has this business, its owners, or any guarantors ever been involved in a failure or bankruptcy?
- Yes     No    Does this business owe any taxes for years prior to this year?
- Yes     No    Has the business had a loss in the last three years?

(If you answered yes to any of these questions, please attach a written explanation)

## Tell Us About the Business Owners or Principals

### 1. Owner/Principal

Full Name: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Years/Months at Address: \_\_\_\_\_ Monthly Housing Payment: \_\_\_\_\_

Position at Company: \_\_\_\_\_ Percent Ownership: \_\_\_\_\_ Gross Monthly Salary: \_\_\_\_\_

Other Annual Income/Source:\* \_\_\_\_\_ Total Minimum Monthly Credit Card Payment: \_\_\_\_\_

**2. Owner/Principal**

Full Name:		Social Security No.:	
Date of Birth:	Home Phone:	Cell Phone:	
Street Address:			
Mailing Address:			
Years/Months at Address:		Monthly Housing Payment:	
Position at Company:	Percent Ownership:	Gross Monthly Salary:	
Other Annual Income/Source:*		Total Minimum Monthly Credit Card Payment:	

**3. Owner/Principal**

Full Name:		Social Security No.:	
Date of Birth:	Home Phone:	Cell Phone:	
Street Address:			
Mailing Address:			
Years/Months at Address:		Monthly Housing Payment:	
Position at Company:	Percent Ownership:	Gross Monthly Salary:	
Other Annual Income/Source:*		Total Minimum Monthly Credit Card Payment:	

**4. Owner/Principal**

Full Name:		Social Security No.:	
Date of Birth:	Home Phone:	Cell Phone:	
Street Address:			
Mailing Address:			
Years/Months at Address:		Monthly Housing Payment:	
Position at Company:	Percent Ownership:	Gross Monthly Salary:	
Other Annual Income/Source:*		Total Minimum Monthly Credit Card Payment:	

\* you need not disclose income from alimony, child support, or separate maintenance unless you wish to have this income considered in the credit decision.

**Statement and Signatures of All Business Owners/Principals/Guarantors**

Each person signing (below) certifies that he/she is authorized to sign for the business related to this credit application.

I am applying individually as owner, partner, principal, shareholder or authorized signer of the business or entity and not relying on the income or assets from another person or business as the basis for repayment of the credit requested.

I am applying individually as owner, partner, principal, shareholder or authorized signer of the business or entity and I am relying on the income or assets from another person or business as the basis for repayment of the credit requested

We are applying for joint credit as owners, partners, shareholders, or authorized signers of the business or entity and we are relying jointly on income or assets as the basis for repayment for the credit requested

Please check the appropriate box and **ALL** applicants must sign below.

_____ Signature	_____ Signature	_____ Signature	_____ Signature
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Each signer submits the information contained in this application and any supplemental documents as full, true, and correct statements on the date stated. Each signer authorizes and directs First Bank to obtain personal credit reports for the business and the signer in conjunction with this application, or any renewal, monitoring, or collection of credit, if this loan/line is approved.

1. Signer _____	Title _____	Date _____
2. Signer _____	Title _____	Date _____
3. Signer _____	Title _____	Date _____
4. Signer _____	Title _____	Date _____

Any commitments or agreements on the part of First Bank must be in writing to be enforceable under Alaska Law.

**Attachments**

Please attach copies of the documents specified below according to the type of business you have:

<p align="center"><b>Sole Proprietorship</b></p> <p><input type="checkbox"/> Current personal financial statement (can use First Bank form)</p> <p><input type="checkbox"/> Personal tax returns for past three years, including Schedule C</p> <p><input type="checkbox"/> Last three years business financial statements, if available</p>	<p align="center"><b>Partnership/LLC/Corporation</b></p> <p><input type="checkbox"/> Complete business tax returns for past three years</p> <p><input type="checkbox"/> Last 3 years business financial statements, if available</p> <p><input type="checkbox"/> Current personal financial statement and three years tax return for each partner/principal</p>
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Branch	Date	Comments:
Rel. Mgr:	Received:	



# Business Debt Schedule



**FIRST BANK**

*The **one** who's here.*

Include the following information for all installment debts, notes, contracts, and mortgages.  
Do not include accounts receivable and accounts payable.

Business Name: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Creditor	Original Amount	Original Date	Current Balance	Interest Rate	Maturity Date	Monthly Payment	Collateral	Comments
Total Current Balance				Total Monthly Payments				

Signature: \_\_\_\_\_ Title: \_\_\_\_\_