

COMMERCIAL LOAN APPLICATION

IMPORTANT APPLICANT INFORMATION: Federal law requires financial institutions to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

<input type="checkbox"/> New <input type="checkbox"/> Refinance/Consolidation <input type="checkbox"/> Renewal/Extension (No New Advances) <input type="checkbox"/> Renewal with New Advance <input type="checkbox"/> Other Modification (Explain)	<input type="checkbox"/> Joint application (Identify other applicants) Loan Number(s), Balance, and Lender's Name:
To:	<i>For Internal Use Only</i>
	Date Received _____ By _____ Action Taken: <input type="checkbox"/> Approved <input type="checkbox"/> Declined <input type="checkbox"/> Rejected Date Reviewed _____ By _____ Action Taken: <input type="checkbox"/> Approved <input type="checkbox"/> Declined <input type="checkbox"/> Rejected Date Notified _____ By _____ Notification Sent: <input type="checkbox"/> In Person <input type="checkbox"/> Telephone <input type="checkbox"/> Letter

1. LOAN APPLICANT. Loan Applicant General Information.

Legal Name <input type="checkbox"/> Franchise, in full force and without defaults, with (Name of Franchiser) Name(s) of Affiliated Entities Current Tradename(s)	Organizational Form, Where and When Organized (ex., Corporation, Delaware, 1984) Other Tradenames Used in Last 10 Years	
Local Address Phone No: Fax No:	Principal Executive Office Address Phone No: Fax No:	
Tax Identification Number	Nature of Business	NAICS Code
Principals' Names, Addresses, Position Titles, Social Security Numbers and Date of Birth - (for individuals only)		
Accountant Name, Address, and Phone Number		
Financial Statements. (Check all that apply and attach statements to this application.) Fiscal Year _____ Calendar Year _____ <input type="checkbox"/> Financial Statements covering _____ to _____ <input type="checkbox"/> Accounts Receivable Schedule covering _____ to _____ <input type="checkbox"/> Inventory Schedule covering _____ to _____ <input type="checkbox"/> Income Tax/Informational Returns for tax years _____ <input type="checkbox"/> Other (Specify) _____		
Other Statements. (Check all that apply and attach statements to this application.) <input type="checkbox"/> Business Plan dated _____ <input type="checkbox"/> Project Plans & Specifications <input type="checkbox"/> Project Budget dated _____ <input type="checkbox"/> Franchise Agreement, FTC Franchiser Disclosure Statement <input type="checkbox"/> List of outstanding judgments or threatened lawsuits, arbitration, or other proceeding against loan applicant. <input type="checkbox"/> Other (Articles of Incorporation, Resolutions, etc.) _____		

2. LOAN REQUEST AND SOURCES OF REPAYMENT.

Amount Requested \$ _____ <input type="checkbox"/> Commercial Purpose Loan <input type="checkbox"/> Agricultural Purpose Loan Use of Proceeds (Brief Description of Intended Use):	Loan Advances (Choose One) <input type="checkbox"/> Single Advance/Closed End <input type="checkbox"/> Revolving Draw Loan <input type="checkbox"/> Draw Loan <input type="checkbox"/> Construction/Permanent Loan <input type="checkbox"/> Revolving Draw Construction Loan <input type="checkbox"/> Draw Construction Loan	Loan Payment (Choose One) <input type="checkbox"/> Principal and Interest <input type="checkbox"/> Principal, plus Interest <input type="checkbox"/> Interest Only <input type="checkbox"/> Single Payment <input type="checkbox"/> Other (describe)
Requested Payment Amount \$ _____ <input type="checkbox"/> with Balloon \$ _____ Requested First Payment Date _____ Requested Loan Term _____ Payment Frequency (if Installment) <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Other (describe) _____ Requested Interest Rate <input type="checkbox"/> Fixed <input type="checkbox"/> Variable Index (If Variable) _____ List of primary and secondary sources of repayment for this loan:		

3. LOAN SECURITY. The requested loan will be secured. (Complete this section if checked)

<input type="checkbox"/> All loan proceeds will be for purchase of collateral. Description of purchase money collateral: _____	<input type="checkbox"/> \$ _____ of the proceeds will be for purchase of collateral. Appraised value of purchase money collateral \$ _____
Brief description of non-purchase money collateral: _____ Appraised value \$ _____ Liens on collateral (List any collateral with liens on it, the amount of underlying debt, the names and addresses of collateral's lienholders)	Description of current property insurance on non-purchase money collateral Type: _____ Deductible: _____ Coverage: _____ Term: _____
<input type="checkbox"/> Non-Applicant owners of collateral. Attach a separate list with name(s), address(es), and phone number(s) of any other owner(s) of the collateral.	

4. LOAN GUARANTY. The requested loan will be guaranteed. (Complete this section if checked)

Legal name _____	
Address _____ Phone No: _____	<input type="checkbox"/> Guarantor or affiliate were declared bankrupt within the last 10 years. <input type="checkbox"/> There are outstanding judgments against Guarantor. (Attach Summary) <input type="checkbox"/> On a separate sheet, list each threatened or pending lawsuit, arbitration, or other proceeding and its amount claimed.
<input type="checkbox"/> Guarantor Financial Statements. If checked, Guarantor is an entity and will provide financial statements upon request by Lender.	
<input type="checkbox"/> Security. Brief description of collateral to secure this guaranty _____ Appraised value of guaranty collateral \$ _____ Liens on collateral (List any collateral with liens on it, the amount of underlying debt, and the names and addresses of collateral's lienholders):	Description of current property insurance on existing collateral Type: _____ Deductible: _____ Coverage: _____ Term: _____
<input type="checkbox"/> Non-Guarantor owners of collateral. If checked, attach a separate list with the name(s), address(es), and phone number(s) of any other owner(s) of the collateral.	

NOTICE - JOINT CREDIT:
 We intend to apply for joint credit. (initials) _____

CREDIT DENIAL NOTICE. If your gross revenues were \$1,000,000 or less in your previous fiscal year, or you are requesting trade credit, a factoring agreement, or similar types of business credit in this Commercial Loan Application, and if your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement please contact (Name, address, and telephone number of the person or office from which the statement of reasons can be obtained):

 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. The notice that follows describes additional protections extended to you.

EQUAL CREDIT OPPORTUNITY 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, age (providing the applicant has the capacity to enter into a binding contract), because all or a 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:

SIGNATURES. By signing below, Loan Applicant submits this application and the information provided on all accompanying financial statements and schedules for the purpose of obtaining credit and represents that the information submitted is accurate and complete. Loan Applicant acknowledges that representations made in this application will be relied on by Lender in evaluating this application and, if approved, in extending credit. Loan Applicant represents that none of the parties named in this application have relied on advice from the Lender in applying for or receiving any credit. Loan Applicant acknowledges that Lender has not made any commitment to approve this application and extend credit, unless otherwise agreed to in writing. Lender is authorized to conduct any inquiries it decides are necessary to verify the accuracy of the information contained in this application and to use any reasonable method to determine the creditworthiness of the Loan Applicant. Lender is also authorized to answer any questions from others about Lender's credit experience with the parties in this application. Loan Applicant will promptly notify Lender of any subsequent changes which would affect the accuracy of this application, and will provide all documents and information that Lender decides are necessary to complete this application. Loan Applicant authorizes Lender to retain this application, whether or not Lender approves any extension of credit. Any intentional misrepresentation of the information contained herein could result in criminal action under federal law.

In addition, each individual signing below authorizes the Creditor to check their individual credit account and employment history and have a credit reporting agency prepare a consumer credit report on them.

Applicant Name _____
 By X _____ for Applicant Title _____ Date _____
 By X _____ for Applicant Title _____ Date _____

For Internal Use Only

CUSTOMER/APPLICANT
IDENTIFICATION FORM

APPLICANT

Name

Address

(Physical Address, 911 Address or directions if above is a PO Box #)

City, State, Zip Code

Email Address

Date of Birth

Social Security # or TIN #

SSN Issue Date

ID#

ID Issuer (State)

ID Issue Date

ID Expiration Date

Verified by:

Initials

CUSTOMER/APPLICANT
IDENTIFICATION FORM

CO-APPLICANT

Name

Address

(Physical Address, 911 Address or directions if above is a PO Box #)

City, State, Zip Code

Email Address

Date of Birth

Social Security # or TIN #

SSN Issue Date

ID#

ID Issuer (State)

ID Issue Date

ID Expiration Date

Verified by:

Initials

VALUEBANK TEXAS
3649 LEOPARD
CORPUS CHRISTI, TEXAS 78408
361-888-4451

YOUR PRIVACY IS IMPORTANT TO US

PRIVACY DISCLOSURE

You provide important information about yourself to a variety of businesses and organizations. The same is true when you do business with our financial institution. You are asked to provide us with certain personal information that helps us give you better service and complete your transactions more effectively. We work diligently to safeguard the information you give to us. In fact, we developed the following policies to ensure your confidentiality and maintain your confidence in our institution. These policies detail the strict standards we have in place. For this reason we ask that you please read the following information carefully.

INFORMATION WE COLLECT ABOUT YOU

We collect nonpublic personal information about you from the following sources:

- Information we receive from you on applications or other forms,
- Information about your transactions with us, our affiliates, or others,
- Information we receive from a consumer-reporting agency
- Information we receive as a result of verifying customer information.

NO DISCLOSURES OUTSIDE OF EXCEPTIONS

We do not disclose any nonpublic personal information about our customers or **former** customers to anyone, except as permitted by law.

CONFIDENTIALITY AND SECURITY

We restrict access to nonpublic personal information about you to those employees who need to know that information to provide products or services to you.

We maintain physical, electronic, and procedural safeguards that comply with federal standards to guard your nonpublic personal information.

HOW TO FILE A COMPLAINT

We are chartered, licensed and/or registered under the laws of the State of Texas and by state law are subject to regulatory oversight by the Texas Department of Banking. Any consumer wishing to file a complaint against us should contact the **Texas Department of Banking** through one of the means indicated below:

In Person or by U.S. Mail:	2601 North Lamar Boulevard, Suite 300 Austin, Texas 78705-4294
By telephone:	(877)276-5544
By Fax:	(512)475-1313
By E-Mail:	consumer.complaints@banking.state.tx.us
Via the Internet Website:	www.banking.state.tx.us