



35 Summer Street
North Brookfield, MA 01535

Phone: 508-867-0710
NorthBrookfieldSavingsBank.com

40 Main Street
Ware, MA 01082

Business Loan Application

For any questions please call 508-867-0710.

For Non-Owner Occupied Residential Real Estate Loans also complete the Rent Roll and Projected Income & Expense Forms Found on our website under Business Loan Forms.

ARE YOU PRESENTLY A CUSTOMER OF THE BANK? ☐ YES ☐ NO

HOW LONG HAVE YOU BEEN A CUSTOMER? _____

Business Profile

BUSINESS NAME

BUSINESS ADDRESS

EMAIL ADDRESS

TAX ID NUMBER (##-####-####)

BUSINESS TELEPHONE

BORROWER TELEPHONE

WEBSITE ADDRESS

NUMBER OF EMPLOYEES

NATURE OF BUSINESS

YEAR ESTABLISHED \$ ANNUAL SALES

DO YOU OWN OR LEASE YOUR PLACE OF BUSINESS?

IF YOU LEASE, WHO IS THE LANDLORD?

Business Structure

(Must be a U.S. based Business)

- ☐ SOLE PROPRIETORSHIP
☐ LIMITED PARTNERSHIP
☐ C CORPORATION
☐ S CORPORATION
☐ LIMITED LIABILITY CORPORATION
☐ GENERAL PARTNERSHIP
☐ OTHER

Are you or your business a party to, or threatened with, any claim or lawsuit?

☐ YES

☐ NO

Have you or any business that you owned or operated ever declared bankruptcy?

☐ YES

☐ NO

Do you or your business owe any taxes for years prior to the current year?

☐ YES

☐ NO

(IF YOU ANSWERED YES TO ANY OF THESE QUESTIONS, PLEASE PROVIDE THE DETAILS AS AN ATTACHMENT.)

Please Describe:

Loan Request

TYPE OF LOAN: ☐ LINE OF CREDIT ☐ TERM LOAN ☐ NON-OWNER OCCUPIED REAL ESTATE LOAN

AMOUNT REQUESTED: _____ TERM (IN MONTHS): _____

HOW WILL YOUR BUSINESS USE THE LOAN?: _____

FOR REAL ESTATE SECURED LOANS: _____

PROPERTY ADDRESS: _____

PURCHASE PRICE (if applicable): _____

SCHEDULE OF COLLATERAL

DESCRIPTION/ADDRESS	VALUE	TOTAL LIENS	OWNERSHIP STATUS	CREDITOR NAME

SCHEDULE OF COLLATERAL

TO WHOM PAYABLE	ORIGINAL AMMOUNT	ORIGINAL DATE	MATURITY DATE	MONTHLY PAYMENT	COLLATERAL	CURRENT BALANCE
	\$			\$		
	\$			\$		
	\$			\$		
	\$			\$		
	\$			\$		
	\$			\$		

PRINCIPAL / OWNER

FULL NAME

TITLE

HOME ADDRESS

CELL PHONE NUMBER

SOCIAL SECURITY NUMBER (###-##-####)

DATE OF BIRTH (MM/DD/YYYY)

EMAIL ADDRESS

PERCENTAGE OF OWNERSHIP

PRINCIPAL / OWNER

FULL NAME

TITLE

HOME ADDRESS

CELL PHONE NUMBER

SOCIAL SECURITY NUMBER (###-##-####)

DATE OF BIRTH (MM/DD/YYYY)

EMAIL ADDRESS

PERCENTAGE OF OWNERSHIP

PERSONAL FINANCIAL STATEMENT

ASSETS

CASH \$ _____
 SECURITIES \$ _____
 REAL ESTATE \$ _____
 OTHER \$ _____

ANNUAL SALLARY: \$ _____

LIABILITIES

MORTGAGES \$ _____
 LOANS \$ _____
 ACCOUNTS PAYABLE \$ _____
 OTHER \$ _____

OTHER REVENUE: \$ _____

EXPLAIN: _____

FINANCIAL INFORMATION REQUIRED

1. BUSINESS FINANCIAL STATEMENTS OR FEDERAL TAX RETURNS FOR THE PAST TWO (2) YEARS
2. YEAR TO DATE PROFIT AND LOSS STATEMENT AND BALANCE SHEET FOR BUSINESS (IF AVAILABLE)
3. FEDERAL PERSONAL TAX RETURNS FOR THE PAST TWO YEARS
4. OTHER INFORMATION MAY BE REQUIRED BASED ON YOUR SPECIFIC REQUEST
5. FOR REAL ESTATE PURCHASE PROVIDE A COPY OF THE PURCHASE AND SALE AGREEMENT.

SCHEDULE OF COLLATERAL

PLEASE PROVIDE A BRIEF HISTORY OF YOUR BUSINESS AND DESCRIBE YOUR PRODUCTS AND / OR SERVICES.

IF THERE HAVE BEEN DIFFICULTIES IN THE PAST IN YOUR PERSONAL OR BUSINESS CREDIT HISTORY, YOU MAY EXPLAIN THEM HERE.

SIGNATURE / AUTHORIZATION

THIS INFORMATION AND THE INFORMATION PROVIDED ON ALL ACCOMPANYING FINANCIAL STATEMENTS AND SCHEDULES IS PROVIDED FOR THE PURPOSE OF OBTAINING CREDIT FOR THE APPLICANTS OR FOR THE PURPOSE OF THE APPLICANTS GUARANTEEING CREDIT FOR OTHERS. APPLICANTS AKNOWLEDGE THAT REPRESENTATIONS MADE IN THIS STATEMENT WILL BE RELIED ON BY CREDITOR IN ITS DECISION TO GRANT SUCH CREDIT. THIS STATEMENT IS TRUE AND CORRECT IN EVERY DETAIL AND ACCURATELY REPRESENTS THE FINANCIAL CONDITION OF THE APPLICANTS ON THE DATE GIVEN BELOW. APPLICANTS AUTHORIZE CREDITOR TO MAKE ALL INQUIRIES DEEMED NECESSARY TO VERIFY THE ACCURACY OF THE INFORMATION CONTAINED HEREIN AND TO DETERMINE THE CREDITWORTHINESS OF THE UNDERSIGNED. APPLICANTS WILL PROMPTLY NOTIFY CREDITOR OF ANY SUBSEQUENT CHANGES WHICH WOULD AFFECT THE ACCURACY OF THIS STATEMENT. CREDITOR IS FURTHER AUTHORIZED TO ANSWER ANY QUESTIONS ABOUT CREDITOR'S CREDIT EXPERIENCE WITH APPLICANTS. APPLICANTS ARE AWARE THAT ANY KNOWING OR WILLFUL FALSE STATEMENTS REGARDING THE VALUE OF THE ABOVE PROPERTY FOR PURPOSES OF INFLUENCING THE ACTIONS OF CREDITOR CAN BE A VIOLATION OF FEDERAL LAW 18 U.S.C. SEC.1014 AND MAY RESULT IN A FINE OR IMPRISONMENT OR BOTH.

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 CREDIT REPORT ON THEM.

THE UNDERSIGNED DECLARES THAT HE / SHE HAS READ AND UNDERSTANDS THE STATEMENTS ABOVE.

PRINT NAME

TITLE

PRINT NAME

TITLE

SIGNATURE

DATE

SIGNATURE

DATE

PRINCIPAL/OWNER

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 the Commercial Loan Department, North Brookfield Savings Bank, 40 Main Street Ware MA 01082 508-867-0710 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.

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 (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 Credit Protection Act. The federal agency that administers compliance with this law concerning this

Federal Reserve Bank of Boston
600 Atlantic Avenue
Boston, MA 02210-2204

You have the right to receive a copy of the source document used to determine collateral valuation in connection with your application for the purpose of obtaining a mortgage with North Brookfield Savings Bank.

By signing below, you acknowledge that you have read and understand the above disclosures.

Applicant's Signature

Date

Co-Applicant's Signature

Date

DISCLOSURE OF RIGHT TO RECEIVE A COPY OF APPRAISALS

We may order an appraisal to determine the value of the collateral property listed above and charge you for this appraisal. If this appraisal is related to a one to four family residential property, we will promptly provide you with a copy of any valuation, even if your loan does not close.

You may also pay for an additional appraisal for your own use at your cost.

By signing below, I / we acknowledge that I / we have read and received a copy of this document.

Applicant's Signature

Date

Co-Applicant's Signature

Date

If You Are Applying For Credit Under Your Name(s) For A Real Estate Secured Loan Complete The

Following: **Demographic Information of Applicant and Co-Applicant**

The purpose of collecting this information is to help ensure that all applicants are treated fairly and that the housing needs of communities and neighborhoods are being fulfilled. For residential mortgage lending, Federal law requires that we ask applicants for their demographic information (ethnicity, race, and sex) in order to monitor our compliance with equal credit opportunity, fair housing, and home mortgage disclosure laws. You are not required to provide this information, but are encouraged to do so. You may select one or more designations for “Ethnicity” and one or more designations for “Race.”

The law provides that we may not discriminate on the basis of his information, or on whether you choose to provide it. However, if you choose not to provide the information and you have made this application in person, Federal regulations require us to note your ethnicity, race, and sex on the basis of visual observation or surname. If you do not wish to provide some or all of this information, please check below.

Applicant:

Co-Applicant:

Ethnicity: *Check one or more*

Ethnicity: *Check one or more*

- ☐Hispanic or Latino

☐Mexican☐Puerto Rican☐Cuban☐Other Hispanic or Latino – print origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on: _____
- ☐Not Hispanic or Latino
- ☐I do not wish to provide this information

- ☐Hispanic or Latino

☐Mexican☐Puerto Rican☐Cuban☐Other Hispanic or Latino – print origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on: _____
- ☐Not Hispanic or Latino
- ☐I do not wish to provide this information

Race: *Check one or more*

Race: *Check one or more*

- ☐American Indian or Alaska Native – print name of enrolled or principal tribe: _____
- ☐Asian

☐Asian Indian☐Chinese☐Filipino☐Other Asian - print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on: _____

☐Japanese☐Korean☐Vietnamese
- ☐Black or African American
- ☐Native Hawaiian or Other Pacific Islander

☐Native Hawaiian☐Guamanian or Chamorro☐Samoan☐Other Pacific Islander – print race, for example, Fijian, Tongan, and so on: _____
- ☐White
- ☐I do not wish to provide this information

- ☐American Indian or Alaska Native – print name of enrolled or principal tribe: _____
- ☐Asian

☐Asian Indian☐Chinese☐Filipino☐Other Asian - print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on: _____

☐Japanese☐Korean☐Vietnamese
- ☐Black or African American
- ☐Native Hawaiian or Other Pacific Islander

☐Native Hawaiian☐Guamanian or Chamorro☐Samoan☐Other Pacific Islander – print race, for example, Fijian, Tongan, and so on: _____
- ☐White
- ☐I do not wish to provide this information

Sex:

Sex:

- ☐Female☐Male☐I do not wish to provide this information

- ☐Female☐Male☐I do not wish to provide this information

Applicant's Name: _____

Co-Applicant's Name: _____

BANK USE ONLY

Demographic Information was provided through: ☐ Fax or Mail ☐ Email or Internet Emp. Int. _____