

Loan Information			
Application Number:		Loan Officer Name:	
Application Date:			
Type of Business:	<input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> Partnership <input type="checkbox"/> Trust <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Individual <input type="checkbox"/> Non-Profit Organization <input type="checkbox"/> Other (explain): _____		
What was the gross annual revenue¹ of the business applying for credit in its last full fiscal year?			\$
Date Business Established:		Total Workers²?	
Applicant Name:		Co-Applicant Name:	
Address:		City, State, Zip:	
Loan Amount:			
Loan Purpose:			

¹ Gross annual revenue is the amount of money the business earned before subtracting taxes and other expenses.

² The number of workers includes full-time, part-time, and seasonal workers as well as contractors working primarily for the applicant.

Joint Intent ³ – All Applicants
<input type="checkbox"/> I am applying for individual credit. <p style="text-align: center;">Marital Status (Complete <i>Only</i> if Applying for Individual Credit)</p> <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Separated
<input type="checkbox"/> We intend to apply for joint credit. (Initials) _____ <i>If you are applying for joint credit with another applicant, complete all sections and attach joint application</i>

³ Submission of a joint financial statement is **not** considered evidence of joint intent.

Ownership Information – Business Entities Only			
Name	% of Ownership	Title	Social Security #

Ownership Information – Individual or Sole Proprietors Only			
Applicant Birthdate:		Co-Applicant Birthdate:	
DBA Business Name:			
Physical Address:			
Mailing Address (if applicable):			
Applicant's Business Phone #:		Applicant's Cell Phone #:	

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	
	\$	\$	<input type="checkbox"/> Purchase Money <input type="checkbox"/> Presently Owned	

Other Business Information *(If the answer is "yes" to any question below, use the line to explain in further detail.)*

Is the business liable on any debts not shown above?	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Is the business currently involved in any litigation or other legal claims?	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Is the business or any owner liable as guarantor or endorser?	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Are any taxes currently past due by the business?	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Are any taxes currently past due by the owner?	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Has the business ever declared bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Has any owner ever declared personal bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Has any owner or other principal of the business ever been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Assets			
Cash deposit toward purchase held by:		Cash or Market Value	
		\$	
List Checking and Savings Accounts Below			
Name of Bank, S&L, or Credit Union	Address	Account Number	Value
			\$
			\$
			\$
Stocks and Bonds			
Company Name	Description	Number	Value
			\$
			\$
			\$
Life Insurance			
		Face Amount	Net Cash Value
		\$	\$
Subtotal Liquid Assets <i>(Checking & Savings Accounts, Stocks & Bonds, Cash Value Life Insurance)</i>			\$
Other Assets			
Real Estate owned (enter market value from schedule of real estate owned)			\$
Vested interest in retirement fund			\$
Net worth of business(es) owned (attach financial statement)			\$
Automobiles owned			
Year	Make	Model	Value
Itemize Any Other Assets Below			
Description			Value
Total Assets a.			\$

Liabilities and Pledged Assets

List the creditor's name, address and account number for all outstanding debts, including automobile loans, revolving charge accounts, real estate loans, alimony, child support, stock pledges, etc. Use continuation sheet, if necessary. Indicate by (*) those liabilities which will be satisfied upon sale of real estate owned or upon refinancing of the subject property

Company	Acct #	Address	Unpaid Balance	Months Left to Pay	Monthly Payment
					\$
					\$
					\$
					\$
					\$
					\$
					\$
Alimony/Child Support/Separate Maintenance Payments					
				Owed To	Monthly Payment
					\$
					\$
					\$
Job-Related Expense (Child Care, Union Dues, Etc.)					
				Expense	Monthly Payment
					\$
					\$
					\$
Total Monthly Payments					\$
Total Liabilities b. (Sum of Unpaid Balance)					\$
Net Worth (a minus b)					\$

Schedule of Real Estate Owned

Property Address	*	Type of Property	Present Market Value	Amount of Mortgages & Liens	Gross Rental Income	Mortgage Payments	Net Rental Income (Before Expenses)
			\$	\$	\$	\$	\$
			\$	\$	\$	\$	\$
			\$	\$	\$	\$	\$
Totals			\$	\$	\$	\$	\$

Income Schedule

Description	Type	Annualized Amount
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
Annualized Total:		\$

Acknowledgement and Agreement

Everything stated in this application is true and correct to the best of my knowledge. I/we understand that this application will be retained by **WestStar Bank** whether or not our request for credit is approved.

Applicant Signature: _____ **Date:** _____

Co-Applicant Signature: _____ **Date:** _____

ECOA 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 creditor is:

**FEDERAL RESERVE CONSUMER HELP CENTER
P. O. BOX 1200
MINNEAPOLIS, MN 55480
TOLL FREE: (888) 851-1920**

For Bank Use Only

This application was submitted In-person Telephone Online Mail

Application recipient: Code 1 – Directly to the Bank Code 2 – Indirectly (submitted via third-party)

Relationship Information

<input type="checkbox"/> New Customer	Customer Since(MM-YYYY):	Last FS Date(MM-DD-YYYY):
<input type="checkbox"/> Existing Customer	Last Tax Return on File(YYYY):	Last Credit Report(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: \$	