



BUSINESS CREDIT APPLICATION
(For Commercial Loans \$350,000 or less)

TYPE OF CREDIT

- Business Overdraft Protection (\$50 Annual Fee) Business Loan (\$100 Processing Fee) Business Line of Credit (\$250 Annual Fee)

Amount Requested: _____ Term: _____
 Purpose of Credit Request (use of proceeds): _____

BUSINESS INFORMATION

Business Name: _____ Taxpayer ID #: _____
 Street Address (Main Office) _____ Bus. Phone: _____ Home Phone: _____
 City: _____ State _____ Zip _____ Bus. Fax: _____ Cell: _____
 County: _____ Date Business Established: _____ Email Address: _____
 State of Incorporation: _____ No. of Employees: _____ Website: _____
 Length of Current Ownership: _____

- Corporate Structure (check one): C Corporation S Corporation Sole Proprietorship
 Partnership Limited Liability Co. (LLP/LLC) Other _____

Describe Your Business: _____

Depository Bank	Type of Account	Account No.	Average Balance
			\$
			\$
			\$

MANAGEMENT/SHAREHOLDER INFORMATION

(Information required on all partners, members, officers, guarantors, and directors holding 15% or more of outstanding common stock.)

Name	Social Security #	Address, City, State, Zip	Date of Birth	Title	% Owned

BUSINESS FINANCIAL INFORMATION

Your primary business location is (check one): Owned Leased

Monthly Rent \$	Lease Expiration Date	Monthly Mortgage Payment \$	Mortgage Holder

Estimated Market Value	Land/Building \$	Machinery/Equipment \$	Furniture/Fixtures \$	Accounts Receivable \$	Inventory \$	Other \$
As of Date: _____						
To be pledged as collateral:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Collateral owned by business:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please include information on all equipment leases, commercial loans, credit lines and mortgage payables. Indicate with an asterisk (*) any debts to be paid with loan proceeds. Use additional sheets if necessary.

Name/Address of Noteholder	Type of debt & Term	Original Date	Original Amount \$	Current Balance \$	Monthly Payment \$	Collateral Pledged

If you answer yes to any of the following, please provide an explanation on a separate sheet.

- Are you or the company an endorser, guarantor or co-maker of any obligations not listed on this application? YES NO
 Is the business, its managers or owners party to any pending claims or lawsuits of any nature? YES NO
 Are there any claims pending regarding tax disputes, environmental or other regulatory disputes? YES NO
 Has your business, any officer of your business or you individually, ever filed for bankruptcy or receivership? YES NO
 Has your business reported a loss in the past three fiscal years? YES NO
 Are you or your business currently delinquent on any payroll, federal, state, property or sales taxes? YES NO

PERSONAL FINANCIAL STATEMENT

(Please complete a separate sheet for each owner/guarantor/shareholder owning 15% or more of the business)

Name: _____ Social Security #: _____ Date of Birth: _____
 Home Phone: _____ Email Address: _____ Primary Depository Bank: _____

ASSETS

Cash, on hand & in Banks	
Marketable Securities	
Other Securities	
Real Estate Owned	
Mortgages owed to me	
Cash Value Life Ins.	
Automobiles	
Other Assets – Itemize:	
Total Assets	
Monthly Salary	
Face Value Life Insurance	

LIABILITIES

Notes Payable MNB	
Notes Payable other Banks	
Installment Loans	
Amounts owed to Relatives or Friends	
Life Insurance Loans	
Revolving Credit Card Debt	
Unpaid Taxes & Interest	
Mortgages (Schedule 1 below):	
Other Liabilities – Itemize on separate sheet:	
Total Liabilities	
Net Worth (Assets – Liabilities)	
Total Liabilities + Net Worth	
Total Monthly Credit Card Payments:	

Schedule 1 : Real Estate Owned

Location/Description	% Ownership	Title in name of	Purchase Price/Year	Market Value	Mortgage Holder	Balance \$	Mo. Payment \$

Are the assets & liabilities on this statement jointly owned? Yes No

Name of Co-Owner: _____ Social Security #: _____

If you answer yes to any of the following, please provide an explanation on a separate sheet.

- Are you a defendant in any legal suit or action? YES NO
- Are there any unsatisfied judgments against you? YES NO
- Have you ever been through bankruptcy or made settlement with creditors? YES NO
- Do you own or pay rent on your primary residence? Own Rent

If Rent: Monthly Payment: \$ _____

For the purpose of obtaining and maintaining credit from MAHOPAC NATIONAL BANK from time to time through reliance on the foregoing financial statement, the undersigned warrants that the representations made in this statement are true and accurately show the financial condition of the undersigned as of the date below. The undersigned agrees to promptly notify the bank in writing of any change in financial condition shown by this statement which would affect the responsibility of the undersigned, whether such change results in the impairment of assets, increase in liabilities, insolvency of the undersigned, commitment of an act of bankruptcy by the undersigned or recovery of judgment against the undersigned. Also in the absence of such notice the undersigned expressly agrees that the bank in granting or continuing credit may continue to rely on this statement as true and accurate and of the same force and effect as if given at the time additional credit is given or existing credit is continued. If such notice be given your bank, or if such change occur, and such notice be not given or if any warranties made herein are at any time broken or unfulfilled, then all obligations of the undersigned held by the bank shall immediately become due and payable, without demand or notice, and may be charged against any credit balance of the undersigned with the bank. I authorize you to obtain such credit information on a continuous basis as you may require, to share such information with third parties as may be necessary in processing and reviewing my credit request and to answer questions about your credit experience with me or my business. The proceeds of the requested loan will be used for business purposes and not for personal, family or household purposes. Applicant/Signor (s) is aware that any knowing or willful false statements for purposes of influencing the actions of the Bank can be a violation of Federal law. This application and any accompanying documentation remain the Bank's property.

Business Name: _____

Authorized Signer _____ Title: _____

Print Name: _____

Owner/Guarantor Signature: _____ Date: _____

Owner/Guarantor Signature: _____ Date: _____

2 years business tax returns attached

2 years personal tax returns attached

FOR BANK USE ONLY:

Originating MNB Representative: _____
 Branch: _____

