



RIGHT TO RECEIVE A COPY OF APPRAISAL REPORT

We may order an appraisal to determine the property's value and charge you for this appraisal. We will promptly give you a copy of any appraisal, even if your loan does not close.

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

This notice is applicable to loans being secured by 1-4 family dwellings, please retain a copy of this disclosure for your records.



BUSINESS LOAN APPLICATION

Loan Request Information

Type of Loan			
<input type="checkbox"/> Business Line of Credit <input type="checkbox"/> Real Estate - Commercial <input type="checkbox"/> Real Estate - Residential <input type="checkbox"/> Other: _____			
Purpose (Specify)	Term	Amount Requested	Collateral
<input type="checkbox"/> Physical location where loan proceeds will be used, if different from Primary Business location (no P.O. Box)			
Street	City	State	Zip
Street	City	State	Zip
2.			

Applicant Information

To help the government fight the funding of terrorism and money laundering activities, U.S. Federal law requires financial institutions to obtain, verify, and record information that identifies each person (individuals and businesses) who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

<input type="checkbox"/> Applicant is a business entity.		<input type="checkbox"/> Applicant is an individual or sole proprietorship.	
Full Legal Name of the Business Entity:		Legal Name of the Individual:	
Names of Co-Applicant(s) if two or more persons or businesses applying for joint credit *			
1			
2			
3			

Verification of Intent to Apply for Joint Credit

If Applicant is applying for joint credit with one or more co-applicant(s), Applicants initial here to certify:

<input type="checkbox"/> "We intend to apply for joint credit"	Initials:				
<input type="checkbox"/> "I intend to apply for Individual credit"		Applicant 1	Applicant 2	Applicant 3	Applicant 4

Business Information

PRIMARY BUSINESS LOCATION				
Street	City	State	Zip	Primary Phone
MAILING ADDRESS (if different from primary address)				
Street	City	State	Zip	Fax Number
State of Incorporation or Organization	Nature of Business	Federal Tax ID/SSN/EIN		Date Established
Type of Ownership:	<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> C-Corporation <input type="checkbox"/> S-Corporation <input type="checkbox"/> Ltd. Liability Company <input type="checkbox"/> Ltd. Partnership <input type="checkbox"/> Non-Profit <input type="checkbox"/> Other _____			
Money Services Business Questions				YES/NO
1. Does your business cash checks or give cash back on checks, travelers' checks, or gift cards? If no, skip to #2				
a. Is the total amount of cash back more than \$25,000 per month?				
b. Would you ever give a customer back more than \$1,000 in cash in one day?				
c. Do you charge a fee for this service?				
2. Does your business offer/sell money transfer or money telegram services?				
3. Does your business sell money orders or travelers' checks, exchange currency, or sell gift cards that can be used to get cash?				

Owner Information

List primary owners below and provide a current Personal Financial Statement for each owner **		
Name	% of Ownership	Title
Name	% of Ownership	Title
Name	% of Ownership	Title
Name	% of Ownership	Title

* Co-Applicant(s) must also complete, sign, and initial a Credit Application form.
 ** Must include all owners with 25% ownership or more or persons with authority/control if ownership is not applicable.

If you are a Sole Proprietor or applying for credit in your name(s) personally - Complete the following personal information:

INDIVIDUAL OR SOLE PROPRIETOR PRIMARY RESIDENTIAL ADDRESS			
Applicant (Full Name)		Social Security Number	Date of Birth
HOME OR PERMANENT ADDRESS			
Street	City	State	Zip Code
MAILING ADDRESS, if different from Home or Permanent Address			
Street	City	State	Zip Code
Primary Phone	Email Address		
Co-Applicant (Full Name)		Social Security Number	Date of Birth
HOME OR PERMANENT ADDRESS			
Street	City	State	Zip Code
MAILING ADDRESS, if different from permanent address			
Street	City	State	Zip Code
Primary Phone	Email Address		

Please answer the following questions: If any of the questions are answered "Yes", please provide additional details.

- "Yes" "No" Has the business and/or any owner ever declared bankruptcy?
- "Yes" "No" Are the business and/or any owner party to any past due taxes or delinquent credit obligations?
- "Yes" "No" Is the business currently listed for sale or under an agreement to materially change the ownership?
- "Yes" "No" Are the business and/or owner a party to any claim or lawsuit?
- "Yes" "No" Are the business and/or any owner a political party, campaign, candidate, public official or foreign political official or an immediate family member of such an official or related business entity formed by or for the benefit of any public official?
- "Yes" "No" Are the business and/or any owner engaged in internet gambling?

Agreement

By signing below, the signer(s) certifies that he/she is authorized to execute the Application for the business named above ("Applicant") and that I (we) further certify that I (we) have verified that all the information in this application and all other documents, forms, financial information, and federal income tax returns is complete and correct. The signer(s) further agrees to notify Southwest National Bank ("Bank") promptly of any material change in any such information. The signer(s) authorizes the Bank to obtain consumer and/or business reports, including inquiries to the Internal Revenue Service or the Franchise Tax Board, and reports from any credit bureau in their names as individuals at any time. The signer(s) further authorizes the Bank to obtain balance and payoff information on all accounts requiring payoff as a condition of granting credit. The signer(s) understands and agrees that this application is subject to final credit approval. An electronic transmission or other facsimile of this signed document shall be deemed an original and shall be admissible as evidence of the document and the signer's execution.

THIS APPLICATION MUST BE REVIEWED, SIGNED AND INITIALED BY ONE OR MORE OWNERS/OFFICERS/MEMBERS/PARTNERS/INDIVIDUALS HAVING THE AUTHORITY TO SIGN AND MAKE THE STATEMENTS CONTAINED HEREIN ON BEHALF OF THE APPLICANT (Failure to do so may result in rejection of the application.)

Signature of Applicant/Signers	Title	Date

For Bank Use Only: Date Action Taken (Approved or Denied Date): _____

Information for Government Monitoring Purposes

COMPLETE THIS SECTION ONLY IF LOAN WILL BE SECURED BY A DWELLING.

Purchase or Refinance: provide address of dwelling securing loan. **Home Improvements:** provide address of property being improved. (No P.O. Box)

Street	City	State	Zip

In addition, IF APPLICANT IS AN INDIVIDUAL OR SOLE PROPRIETOR:

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 (e.g. 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 "Hispanic or Latino" origins and one or more designations for "race". The law provides that we may not discriminate on the basis of this 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 and surname. If you do not wish to provide some or all of this information, please check below. **Check one or more that apply.**

APPLICANT	CO-APPLICANT
<p>ETHNICITY</p> <p><input type="checkbox"/> Hispanic or Latino</p> <p> <input type="checkbox"/> Mexican</p> <p> <input type="checkbox"/> Puerto Rican</p> <p> <input type="checkbox"/> Cuban</p> <p> <input type="checkbox"/> Other Hispanic or Latino</p> <p> Print origin below (e.g. Argentinean, Columbian, Dominican, Nicaraguan, Salvadoran, etc)</p> <p>_____</p> <p><input type="checkbox"/> Not Hispanic or Latino</p> <p>RACE</p> <p><input type="checkbox"/> American Indian or Alaska Native</p> <p> Print name of evolved or principal tribe.</p> <p>_____</p> <p><input type="checkbox"/> Asian</p> <p> <input type="checkbox"/> Asian Indian <input type="checkbox"/> Japanese</p> <p> <input type="checkbox"/> Chinese <input type="checkbox"/> Korean</p> <p> <input type="checkbox"/> Filipino <input type="checkbox"/> Vietnamese</p> <p> <input type="checkbox"/> Other Asian</p> <p> Print Race (e.g. Hmong, Laotian, Thai, Pakistani, Cambodian, etc.)</p> <p>_____</p> <p><input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander</p> <p> <input type="checkbox"/> Native Hawaiian</p> <p> <input type="checkbox"/> Guamanian or Chamorro</p> <p> <input type="checkbox"/> Samoan</p> <p> <input type="checkbox"/> Other Pacific Islander</p> <p> Print Race (e.g. Fijian, Tongan, etc.)</p> <p>_____</p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> I do not wish to provide this information.</p> <p>SEX</p> <p><input type="checkbox"/> Female</p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> I do not wish to provide this information.</p>	<p>ETHNICITY</p> <p><input type="checkbox"/> Hispanic or Latino</p> <p> <input type="checkbox"/> Mexican</p> <p> <input type="checkbox"/> Puerto Rican</p> <p> <input type="checkbox"/> Cuban</p> <p> <input type="checkbox"/> Other Hispanic or Latino</p> <p> Print origin below (e.g. Argentinean, Columbian, Dominican, Nicaraguan, Salvadoran, etc)</p> <p>_____</p> <p><input type="checkbox"/> Not Hispanic or Latino</p> <p>RACE</p> <p><input type="checkbox"/> American Indian or Alaska Native</p> <p> Print name of evolved or principal tribe.</p> <p>_____</p> <p><input type="checkbox"/> Asian</p> <p> <input type="checkbox"/> Asian Indian <input type="checkbox"/> Japanese</p> <p> <input type="checkbox"/> Chinese <input type="checkbox"/> Korean</p> <p> <input type="checkbox"/> Filipino <input type="checkbox"/> Vietnamese</p> <p> <input type="checkbox"/> Other Asian</p> <p> Print Race (e.g. Hmong, Laotian, Thai, Pakistani, Cambodian, etc.)</p> <p>_____</p> <p><input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander</p> <p> <input type="checkbox"/> Native Hawaiian</p> <p> <input type="checkbox"/> Guamanian or Chamorro</p> <p> <input type="checkbox"/> Samoan</p> <p> <input type="checkbox"/> Other Pacific Islander</p> <p> Print Race (e.g. Fijian, Tongan, etc.)</p> <p>_____</p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> I do not wish to provide this information.</p> <p>SEX</p> <p><input type="checkbox"/> Female</p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> I do not wish to provide this information.</p>

To Be Completed by Financial Institution (for an application taken in person). The following were collected on the basis of visual observation or surname:

Applicant: Ethnicity Race Sex None **Co-Applicant:** Ethnicity Race Sex None