

# business banking loan application

## Joint Credit Information

**IMPORTANT:**  
Please read these directions before completing this application. Check the appropriate box.

- Individual Application – If you are applying for individual credit in your own name and are relying on your own income or assets and not the income or assets of another person as the basis for repayment of the credit requested, complete all Sections, except the Principal #2 portion of Section F. When completing Section F, only reflect your financial condition.  
If the requested credit is to be secured, also complete the Collateral portion of Section G. Please note, all business types except Sole Proprietorships applying for individual credit are required to complete Section F for all Principals of the business.
- If you are applying for individual credit, but are relying on income from alimony, child support or separate maintenance or on the income or assets of another person on the basis for repayment of the credit requested, complete all Sections to the extent possible, providing information in Section F about the person on whose alimony, support or maintenance payments or income or assets you are relying. If the requested credit is to be secured, then complete the Collateral portion of Section G.
- Joint Application – If you are applying for joint credit with another person, complete all Sections, providing information in Section F about the joint applicant. If the requested credit is to be secured, then complete the Collateral portion of Section G.  
We intend to apply for joint credit.

Applicant Signature

Joint Applicant Signature

## Section A: Type Of Credit Applying For

- New Credit Line      Amount Requested: \$
- Increase Existing Credit Line      Amount Requested: \$
- Term Loan - Length:       Amount Requested: \$
- Business Credit Card      Amount Requested: \$
- Letter of Credit      Amount Requested: \$
- Mortgage      Amount Requested: \$

Primary Purpose of this Loan:

If request is to modify an existing FMB Loan, please provide the account number:

## Section B: Business Information

Beginning Date of Current Ownership       Last Fiscal Year End Gross Revenue \$       Year

Date the Business was Established       Is this a Start-up business?  Yes  No      Tax ID #

Business Name:		DBA (if any):	
Business Location:		Mailing Address (if different):	
City:	State:	City:	State:
Zip:	Phone:	Zip:	Phone:
County:		Mailing address same as Business address? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Business Description:

### Type of Business Entity:

- Corporation (subchapter "C")       Sole Proprietorship       Corporation (subchapter "S")
- Professional Corporation       Partnership       Limited Liability Corporation

The State in which business is incorporated:

Other:

## Section C: Business Indebtedness

Supply the following information for all Term Loans, Credit Lines, Mortgages, Etc.

To Whom Payable :	Loan Balance or Credit Line Amount:	Monthly Payment:
	\$	\$
Collateral Pledged:		

Proceeds from this loan will be used to pay off this debt:  Yes  No

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	\$	\$
Collateral Pledged:		

Proceeds from this loan will be used to pay off this debt:  Yes  No

**Section D:  
Business  
Banking  
Account(s)**

Bank Name	Account #	Account Type	Current Balance
			\$
			\$
			\$

**Section E:  
Other Business  
Information**

If yes to any question below, please explain on an attached sheet.

1. Is the business currently involved in any litigation or other legal claims?  Yes  No
2. Has the business or any principal ever declared bankruptcy?  Yes  No
3. Are any taxes currently past due by the business or any principal?  Yes  No
4. Is the company liable on any debts not shown?  Yes  No
5. Is company or any principal contingently liable as guarantor or endorser?  Yes  No

**Section F:  
Principal's  
Information**

Please provide the requested information for all principals of the business. Attach a separate sheet for any additional principals.

**Principal #1**

**Principal #2**

Name:		Name:	
Title:		Title:	
S.S.#:		S.S.#:	
Date of Birth:	Ownership % :	Date of Birth:	Ownership % :
Address:		Address:	
City:	State:	City:	State:
Zip:	Years @ Address:	Zip:	Years @ Address:
Phone: <input type="checkbox"/> Own <input type="checkbox"/> Rent		Phone: <input type="checkbox"/> Own <input type="checkbox"/> Rent	
Mailing Address (if different):			
Monthly Income*: \$		Monthly Income*: \$	
Monthly Housing Payment: \$		Monthly Housing Payment: \$	

**\* Notice Regarding Sources of Income:**  
Alimony, child support or maintenance payments need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.

Assets	Cash	\$
Real Estate (Personal Residence)		\$
Real Estate (Other)		\$
Securities Owned		\$
401 (k)s and IRAs		\$
Automobiles		\$
Other (list)		\$
<b>TOTAL ASSETS</b>		\$

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Real Estate (Other)		\$
Securities Owned		\$
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Automobiles		\$
Other (list)		\$
<b>TOTAL ASSETS</b>		\$

Liabilities	Loans	\$
Credit Card Balances		\$
Real Estate (Personal Residence)		\$
Real Estate (Other)		\$
Income Tax payable		\$
Automobile Loans		\$
Other (list)		\$
<b>TOTAL LIABILITIES</b>		\$

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Credit Card Balances		\$
Real Estate (Personal Residence)		\$
Real Estate (Other)		\$
Income Tax payable		\$
Automobile Loans		\$
Other (list)		\$
<b>TOTAL LIABILITIES</b>		\$

For loan requests over \$50,000, please provide the company's financial statements and a minimum of two full years of business and personal tax returns.

<b>Net Worth</b>		
Net Worth = Assets - Liabilities	\$	

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**Section G:  
Collateral  
Available**

Check the appropriate boxes.

Who is granting the collateral?

**All Business Assets:** (Includes Accounts Receivable, Inventory Assets And Equipment Assets)

**Vehicle:** (Please provide copy of invoice).  Purchase  Refinance

New  Used Purchase Price: \$

Year:  Make:  Model:  Mileage:

**Equipment:** (Please provide copy of invoice).  Purchase  Refinance

New  Used Purchase Price: \$

Year:  Make:  Model:

**Real Estate Property #1**  Residential  Commercial Owner Occupied  Yes  No

Address:  Current Market Value: \$

City:  State:  Zip:  County:

Mortgagor:  Mortgage Balance: \$  Payment Amount: \$

Type of Property (if Commercial):  Office  Retail  Apartment  Industrial

Number of units (if applicable)  Number of Tenants (if applicable)  Building size:

Mixed Use Other If "Other", please explain:

**Real Estate Property #2**  Residential  Commercial Owner Occupied  Yes  No

Address:  Current Market Value: \$

City:  State:  Zip:  County:

Mortgagor:  Mortgage Balance: \$  Payment Amount: \$

Type of Property (if Commercial):  Office  Retail  Apartment  Industrial

Number of units (if applicable):  Number of Tenants (if applicable):  Building size:

Mixed Use Other If "Other", please explain:

**Certificates of Deposit and Savings Accounts:** (A security interest will be taken in all Deposit Accounts).

**Marketable Securities and Stock:** (Retirement Accounts are not eligible) Please provide recent statement.

**Section H: Agreement And Signatures**

**Customer Identification Requirements:** To help the government fight the funding of terrorism and money laundering activities, Federal Law requires all financial institutions to obtain, verify and record all information that identifies each person who opens an account. What this means for you: When you open an account, we will ask 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. By signing below, I/We certify that the above information I/We have stated in this application is true to the best of my/our knowledge. It's an accurate statement of my/our income. I/We understand that you will rely on this information in deciding whether or not to grant or continue credit to me/us and that you may request further information. I/We also understand that you will not return this application. I/We authorize you to check my/our credit and employment history. I/We have acknowledged that I/We have received a Disclosure of Right to Request Specific Reasons for Credit Denial and Right to Receive Copy of Appraisal on Residential Structure. I/We hereby instruct and consent to the obtaining by the Bank of consumer credit information with respect to the undersigned in connection with the loan or line of credit which is the subject of the application. I/We give consent to First Midwest Bank to evaluate our financial condition for any other product that may meet our financial needs.

Automatic Loan Payment Requested (optional):  Checking  Savings  Money Market First Midwest account number:

Applicant Signature Date Joint Applicant Signature Date

*If you have questions regarding this application, please call: 1.800.322.3623, option "0" and ask to speak with a Business Banker.*

**For Bank Use Only**

Verified Business Address as principal location.

Address at which proceeds will be used:  Business  Principal  Other If other, describe property type (1-4 family, multi-family, etc.):

(Provide street, city, state and zip):

Is this loan a HMDA reportable loan?  Yes  No If yes, complete HMDA form found on the Intranet and submit with the completed application.

Officer Name  Officer Phone Number

Officer Number  Branch  Cost Center  Alternate Phone Number

