



First National Bank

SMALL BUSINESS FINANCE

**Small Business Lending
Co-Applicant Application**

Co-Applicant Information

If co-applicant is a business entity, please complete this section.					
Full legal name of the business entity					
DBA					
State of Incorporation or organization			Country of Registration (Business Entity) <input type="checkbox"/> USA <input type="checkbox"/> Other:		No. of Business Locations
Federal Tax ID/SSN/EIN	Number of Employees	Date Business Established		Current Owner(s) Since	
Primary Business Location (P.O. Box not allowed)					
Street		City		State	Zip Code
Mailing Address, if different (Street Address or P.O. Box)					
Street		City		State	Zip Code
Individual or Sole Proprietor Primary Residential Address					
Street		City		State	Zip Code
Type of Ownership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> Individual <input type="checkbox"/> Limited Partnership <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Trust <input type="checkbox"/> Statutory/Business Trust <input type="checkbox"/> Other:			Nature of Business <input type="checkbox"/> Manufacturing <input type="checkbox"/> Wholesale <input type="checkbox"/> Retail <input type="checkbox"/> Services <input type="checkbox"/> Other: Describe product/service:		
If this application is by two or more persons or businesses for joint credit, insert the names of the co-applicant(s) here					
1.		2.		3.	

Co-Applicant Owner Information

List owners below, 100% of ownership must be accounted for.

Name			% of Ownership		
Title		Date of Birth	Social Security Number		Phone
Street Address		City		State	Zip Code

Name			% of Ownership		
Title		Date of Birth	Social Security Number		Phone
Street Address		City		State	Zip Code

Name			% of Ownership		
Title		Date of Birth	Social Security Number		Phone
Street Address		City		State	Zip Code

Co-Applicant Owner Information Continue from previous page, if needed.

Name			% of Ownership
Title	Date of Birth	Social Security Number	Phone
Street Address	City	State	Zip Code

Name			% of Ownership
Title	Date of Birth	Social Security Number	Phone
Street Address	City	State	Zip Code

Are all the above U.S. Citizens? Yes No If the answer is NO, please list the name of the individual(s) and their country of citizenship and permanent resident alien status.

Name	Country of Citizenship	Perm. Resident Alien? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Country of Citizenship	Perm. Resident Alien? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name	Country of Citizenship	Perm. Resident Alien? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Country of Citizenship	Perm. Resident Alien? <input type="checkbox"/> Yes <input type="checkbox"/> No

Co-Applicant Information If your answer to any of the questions below is YES, please attach a description providing further information.

1	Is the Applicant or any officer, Principal or Partner of the Applicant currently on the Board of Directors of an executive officer of First National Bank or any other bank, correspondent bank, thrift, or S&L? If YES, note the institution name:	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	Has any Applicant, co-borrower, co-signer, or guarantor ever been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	Has the Applicant used or done business under any other names?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	Does the Applicant use hazardous substances in the normal course of business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Does the Applicant or business guarantor hold any assets in trust? (AL, AR, AZ, CA, DE, ID, IA, IN, KS, MI, MN, MO, ND, NM, NV, OH, OR, SD, TN, TX, UT or WY customers provide a copy of the title page and signature page only. All other states should provide a copy of the complete Trust Agreement.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Does the Applicant own 25% or more of another company or any guarantor? If YES, not Company Name:	<input type="checkbox"/> Yes <input type="checkbox"/> No
7	Is the Applicant, or any officer, Principal or Partner of the Applicant, or a member of their respective household, currently a GS-13 or higher government employee, Major or Lieutenant Commander or higher in the military?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8	Have you ever filed bankruptcy? If so, please provide details.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Money Services Business Questions

1	Do you deal in or exchange currency for your customers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	Do you issue or sell money orders, traveler's checks or open stored value cards to your customers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	Do you cash checks, money orders, or traveler's checks from your customers? (e.g., Check Cashers)	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	Do you cash or provide money back from checks, money orders, traveler's checks or open stored value cards for your customers? (e.g., Check Cashers)	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Do you offer foreign exchange services for your customers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Do you ever do any of the prior items for more than \$1,000 in one day to the same customers in one or more transactions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7	Does your business accept funds from customers and send the funds based on customers' instructions (Money Transmitter)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8	Do you transmit funds for your customers in any amounts (send/receive wires or ACH transactions for your customers)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9	Do you sell prepaid access products such as gift cards to your customers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10	Do you offer Internet Gambling services to your customers?	<input type="checkbox"/> Yes <input type="checkbox"/> No

PREVIOUS SBA OR OTHER FEDERAL GOVERNMENT DEBT: If you or any principals or affiliates have 1) ever requested Government Financing, or 2) are currently delinquent on the repayment of any Federal Debt, please complete the following:

Name of Agency	Original Amount of Loan	Date of Request	Approved or Declined	Balance	Current or Past Due

Information for Government Monitoring Purposes

The following information is requested by the U.S. Small Business Administration in order to monitor that SBA assistance is being provided to diverse populations. You are not required to furnish this information, but please provide both ethnicity and race. For race, you may check more than one designation. If you choose not to furnish ethnicity, race, or gender information, and you have made this application in person, under Federal regulations we are required to note that information on the basis of visual observation or surname. If you do not wish to furnish the information please check the box below. (Lender must review the above material to assure that the disclosures satisfy all requirements to which to lender is subject under applicable state law for the particular type of loan applied for.)

Co-Applicant	<input type="checkbox"/> I do not wish to furnish gender, race or ethnicity information				
Race (Check all that apply)	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American	<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian or Pacific Islander
Ethnicity	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Not Hispanic or Latino	Gender	<input type="checkbox"/> Female	<input type="checkbox"/> Male

Agreement

By signing below, the signer(s) certifies that he/she is authorized the execute this 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 related documents, forms, financial information, and federal income tax returns is complete and correct. The signer(s) further agrees to notify First National Bank ("Bank") promptly of any material change in any such information. The signer(s) authorizes Bank to obtain consumer and/or business reports, including, inquiries to the Internal Revenue Services or the Franchise Tax Board, 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 gaining credit. The signer(s) understands and agrees that this application is subject to final credit approval. Except in Arizona, if the business owner is married, a spouse's signature is not required unless he or she is a co-owner of the business. 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.

If Applicant's request for credit is approved, the credit approval will expire without notice no later than 90 calendar days following approval. Closing the approved credit facility must be completed and all conditions of approval must be satisfied within 90 calendar days of approval, or within any shorter time period that might be specified with respect to this credit request. Bank in its sole discretion and at its own initiative may reconsider any application if its credit approval might otherwise expire, and may in its discretion reapprove and extend the credit approval. Bank may in its discretion obtain additional personal credit reports as part of the reconsideration process. Applicant agrees to pay any appraisal costs, attorney's fees and other expenses incurred in connection with Applicant's credit request under all circumstances, including without limitation, failure to close due to inadequate collateral value, title or environmental problems, or Applicant's inability or refusal to meet all closing conditions.

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. BY COMPLETING AND SIGNING THIS APPLICATION, YOU HAVE EXPRESSED YOUR INTENT TO BE JOINTLY LIABLE ON THIS DEBT.

	Co-Applicant Owner Signature(s)	Title	Date
1	X		
2	X		
3	X		
4	X		
5	X		