



**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 Co-Applicant or any officer, Principal or Partner of the Co-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 Co-Applicant, co-borrower, co-signer, or guarantor ever been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	Has the Co-Applicant used or done business under any other names?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	Does the Co-Applicant use hazardous substances in the normal course of business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Does the Co-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 Co-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 Co-Applicant, or any officer, Principal or Partner of the Co-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
7	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

## Co-Applicant Questions

1	Are there co-applicants?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	Has an application for the requested loan ever been submitted to the SBA, a lender, or a Certified Development Company, in connection with any SBA program? (If "Yes," provide details on a separate sheet.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	Is the Small Business Applicant presently suspended, debarred, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	Does the Small Business Applicant operate under a Franchise/License/Distributor/Membership/Dealer/Jobber or other type of Agreement? (If "Yes," provide copies of your agreement(s) and any other relevant documents.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Does the Small Business Applicant have any Affiliates? (If "Yes," please attach a listing of all Affiliates.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Has the Small Business Applicant and/or its Affiliates ever filed for bankruptcy protection?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7	Is the Small Business Applicant and/or its Affiliates presently involved in any pending legal action?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8	Has the Small Business Applicant and/or its Affiliates ever obtained a direct or guaranteed loan from SBA or any other Federal agency or been a guarantor on such a loan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8a	If you answered "Yes" to Question 8, is any of the financing currently delinquent?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8b	If you answered "Yes" to Question 8, did any of this financing ever default and cause a loss to the Government?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9	Are any of the Small Business Applicant's products and/or services exported or is there a plan to begin exporting as a result of this loan? If "Yes," provide the estimated total export sales this loan will support: \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
10	Is the Small Business Applicant using (or intending to use) a packager, broker, accountant, lawyer, etc. to assist in (a) preparing the loan application or any related materials and/or (b) referring the loan to the lender?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11	Are any of the Small Business Applicant's revenues derived from gambling, loan packaging, or from the sale of products or services, or the presentation of any depiction, displays or live performances, of a prurient sexual nature?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12	No SBA employee, or the household member of an SBA employee, is a sole proprietor, partner, officer, director, or stockholder with a 10 percent or more interest, of the Applicant. [13 CFR 105.204]	<input type="checkbox"/> True <input type="checkbox"/> False
13	No former SBA employee, who has been separated from SBA for less than one year prior to the request for financial assistance, is an employee, owner, partner, attorney, agent, owner of stock, officer, director, creditor or debtor of the Applicant. [13 CFR 105.203]	<input type="checkbox"/> True <input type="checkbox"/> False
14	No member of Congress, or an appointed official or employee of the legislative or judicial branch of the Federal Government, is a sole proprietor, general partner, officer, director, or stockholder with a 10 percent or more interest, or household member of such individual, of the Applicant. [13 CFR 105.301(c)]	<input type="checkbox"/> True <input type="checkbox"/> False
15	No Government employee having a grade of at least GS-13 or higher is a sole proprietor, general partner, officer, director, or stockholder with a 10 percent or more interest, or a household member of such individual, of the Applicant. [13 CFR 105.301(a)]	<input type="checkbox"/> True <input type="checkbox"/> False
16	No member or employee of a Small Business Advisory Council or a SCORE volunteer is a sole proprietor, general partner, officer, director, or stockholder with a 10 percent or more interest, or a household member of such individual, of the Applicant. [13 CFR 105.302(a)]	<input type="checkbox"/> True <input type="checkbox"/> False
17	Are you presently subject to an indictment, criminal information, arraignment, or other means by which formal criminal charges are brought in any jurisdiction? (If "Yes," the loan request is not eligible for SBA assistance.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
18	Have you been arrested in the last 6 months for any criminal offense?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19	For any criminal offense – other than a minor vehicle violation – have you ever: 1) been convicted; 2) pleaded guilty; 3) pleaded nolo contendere; 4) been placed on pretrial diversion; or 5) been placed on any form of parole or probation (including probation before judgment)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If you answer "Yes" to questions 18 or 19, you must complete SBA Form 912, "Statement of Personal History." You will need to furnish details, including dates, location, fines, sentences, level of charge (whether misdemeanor or felony), dates of parole/probation, unpaid fines or penalties, name(s) under which charged, and any other pertinent information. If you answer "Yes" to question 19 and are currently on parole or probation, the loan request is not eligible for SBA assistance.	

## Co-Applicant Questions, continued

20	Are you presently suspended, debarred, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
21	If you are a 50% or more owner of the Small Business Applicant, are you more than 60 days delinquent on any obligation to pay child support arising under an administrative order, court order, repayment agreement between the holder and a custodial parent, or repayment agreement between the holder and a state agency providing child support enforcement services.	<input type="checkbox"/> Yes <input type="checkbox"/> No
22	<input type="checkbox"/> I am a U.S. Citizen OR <input type="checkbox"/> I have Lawful Permanent Resident status      Registration Number: _____ <input type="checkbox"/> I am not a U.S. Citizen or Lawful Permanent Resident      Country of Citizenship: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
23	Do you have any ownership in other businesses which would be defined as an Affiliate? (If "Yes," attach a listing of all businesses and your ownership percentage or position in the business.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
24	Have you, or any business you controlled, ever filed for bankruptcy protection?	<input type="checkbox"/> Yes <input type="checkbox"/> No
25	Are you, or any business you control, presently involved in any legal action (including divorce)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
26	Have you or any business owned or controlled by you ever obtained a direct or guaranteed loan from SBA or any other Federal agency or been a guarantor on such a loan? (This includes student loans.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
26a	If you answered "Yes" to Question 26, is any of the financing currently delinquent?	<input type="checkbox"/> Yes <input type="checkbox"/> No
26b	If you answered "Yes" to Question 26, did any of this financing ever default and cause a loss to the Government? (If Yes to (a) or (b) above, please provide Lender with a written explanation.)	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Agreement

By signing below, the signer(s) certifies that he/she is authorized to 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		

## Schedule of Debt

As of (Date)	Full legal name of the Co-Applicant business entity
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Creditor	Line (LOC) Loan (LN) Lease (LE) Other (o)	Collateral	Commitment or Original Amount	Note Date (mm/yyyy)	Current Balance	Maturity Date (mm/yyyy)	Interest Rate	Monthly Payment	Annual Payments (Bank Use Only)

Owner Co-Applicant Signature	Title	Date
<b>X</b>		

## Co-Applicant Owner Authorization to Release Information

I hereby authorize First National Bank or any credit bureau or investigative agency employed by the bank, to investigate the references, credit and employment history I have listed and the statement or other information I or any person have supplied relative to my credit and financial responsibility and to exchange information about how I handle my account with proper persons and credit bureaus. I am hereby notified that a consumer report may be requested in connection with this credit application. If I request, I will be informed whether or not a consumer report was requested, and if such report was requested, I will be informed of the name and address of the consumer reporting agency that furnished the report. The bank may at any time in the future obtain additional credit reports to review my account. I certify that the financial statements given to you herewith are true and correct with knowledge that you will rely on them.

Name		Signature <b>X</b>		Date
Title	Date of Birth	Social Security Number		Phone
Street Address	City	State	Zip Code	

Name		Signature <b>X</b>		Date
Title	Date of Birth	Social Security Number		Phone
Street Address	City	State	Zip Code	

Name		Signature <b>X</b>		Date
Title	Date of Birth	Social Security Number		Phone
Street Address	City	State	Zip Code	

Name		Signature <b>X</b>		Date
Title	Date of Birth	Social Security Number		Phone
Street Address	City	State	Zip Code	

Name		Signature <b>X</b>		Date
Title	Date of Birth	Social Security Number		Phone
Street Address	City	State	Zip Code	

## Equal Credit Opportunity Act Notice of Important Information

This Notice is being provided to you to inform you about your rights under the Equal Credit Opportunity Act. Please retain this Notice for your records.

The Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, 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 Protection Act. The Federal agency that administers compliance with this law concerning this creditor is the Bureau of Consumer Financial Protection (CFPB) 1700 G Street NW., Washington, DC 20006.

### Right to Request Specific Reasons for Credit Denial

If your credit request is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact the person or office from which the request for credit was submitted or contact Customer Service at 855-935-6722 located at 10200 Mallard Creek Rd., Charlotte, NC 28262 within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement.