

- Credit decisions are subject to a complete application, verification of information, and creditworthiness. To expedite processing of your request, please ensure that this application has been completely filled out and that any additional documents are attached.

Please Tell Us About Your Credit Request		
Business Credit Requested <input type="checkbox"/> Line <input type="checkbox"/> Loan <input type="checkbox"/> Increase Existing Line Account # _____	Purpose of Line/Loan <input type="checkbox"/> Refinance Property <input type="checkbox"/> Purchase Property <input type="checkbox"/> Purchase Inventory <input type="checkbox"/> Carry Receivables <input type="checkbox"/> Purchase Business or Equipment <input type="checkbox"/> Refinance Debt <input type="checkbox"/> Business Expansion <input type="checkbox"/> Other: _____	Express Business Loan Only <input type="checkbox"/> Have you been in business for 2 years or more? <input type="checkbox"/> Has your business been profitable for the last 2 years? <input type="checkbox"/> Do you have a satisfactory personal credit history?
Amount Requested \$ _____	Please check your legal status below: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> US Resident Alien (A# _____) <input type="checkbox"/> Other _____	If Property Purchase/Refinance or Business Purchase: Cash Down \$ _____ Owner Carry \$ _____
Term Requested _____ years		

Please Tell Us About Your Business			
Complete Legal Name (under which tax returns are filed)		Doing Business As	Federal Tax ID
This application is from a: <input type="checkbox"/> Business <input type="checkbox"/> Individual(s) <input type="checkbox"/> Trust		Applying as the: <input type="checkbox"/> Borrower <input type="checkbox"/> Co-borrower <input type="checkbox"/> Guarantor	
Co-Applicant(s) (If any)		Proposed Guarantor(s) (If any)	
Business Type (check one) <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Limited Partnership <input type="checkbox"/> S Corporation <input type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> General Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Other			
Industry Code (check one) <input type="checkbox"/> Contractor <input type="checkbox"/> Manufacturer <input type="checkbox"/> Real Estate <input type="checkbox"/> Health Care <input type="checkbox"/> Other Business <input type="checkbox"/> Media <input type="checkbox"/> Retail <input type="checkbox"/> Financial Service <input type="checkbox"/> Consumer Service <input type="checkbox"/> High Tech <input type="checkbox"/> Wholesale <input type="checkbox"/> Business Service <input type="checkbox"/> Hotel / Motel			
Business Address		City	State Zip
Previous Business Street Address (If less than 3 years from now)		City	State Zip
Mailing Address, if different		City	State Zip
Business Phone #	Fax #	Type of Business	Date of Establishment (mm/yy)
Business Contact Name		Title/Position	Phone # Under Current Mgmt Since (mm/yy)
Last Year's Annual Gross Sales / Revenues		Last Year's Annual Profit	# of Employees
Questions? - Has company or any principal owner or guarantor ever declared bankruptcy within the past seven years? <input type="checkbox"/> No <input type="checkbox"/> Yes, when (mm/yy) _____ - Has company or any principal owner or guarantor ever defaulted on a loan within the past seven years? <input type="checkbox"/> No <input type="checkbox"/> Yes, when (mm/yy) _____ - Does company or any principal owner or guarantor owe any taxes that are past due? <input type="checkbox"/> No <input type="checkbox"/> Yes, explain: _____ - Is company or any principal owner or guarantor party to a claim or lawsuit? <input type="checkbox"/> No <input type="checkbox"/> Yes, explain: _____			

Please Tell Us About Your Account Relationship				
Bank Name	Business Checking Acct #	Checking Avg. Balance	Savings Avg. Balance	Open Date
US Metro Bank Customer Since:		Does the Company have any other credit applications pending with US Metro Bank or elsewhere? <input type="checkbox"/> No <input type="checkbox"/> Yes, name of lender: _____ Amount: _____		

Please Tell Us About Your Credit Relationship					
Name of Creditor	Type of Loan	Original Amount	Balance Owing	Note Date	Maturity Date

Please Tell Us Who Owns Your Business (All owners and percentage of ownership must be listed. Attach a separate sheet if necessary.)												
Applicant					Married Co-Applicant (if applicable)							
(Optional - check one) () Mr. () Mrs. () Miss () Ms.					(Optional - check one) () Mr. () Mrs. () Miss () Ms.							
First Name		Middle Initial		Last Name			First Name		Middle Initial		Last Name	
Title		% of Ownership		Date of Birth			Title		% of Ownership		Date of Birth	
Driver License (or Other ID / Issuing Entity)				Society Security #			Driver License (or Other ID / Issuing Entity)				Society Security #	
Issuance Date		Expiry Date		Phone #			Issuance Date		Expiration Date		Phone #	
Residence Street Address					City		State	Zip Code		() Own () Rent # of Yrs. _____		
Personal Account - Name of Bank or Financial Institution					Checking Account #			Checking Average Balance				
Savings or Investment Account #			Average Balance			Retirement Plans Account #			Average Balance			
Total Personal Assets (Exclude value of business owned, but include cash, securities, real estate, & other assets)					Total Personal Liabilities (Exclude business debt, but include revolving debt, installment loan, mortgage & other liabilities)					Personal Net Worth		
Annual Gross Principal Salary					Annual Gross Principal's Other Income					Monthly Principal's Housing Pmt.		

Personal Financial Statement - Individual Form

- By signing below, you certify that the information presented is true and complete. You authorize us to obtain information about you from the IRS and other tax authorities, to check your credit and employment history from time to time, and to answer questions from others about our credit experience with you. You also authorize us to obtain your residence address from the Department of Motor Vehicles and waive the confidentiality requirements of Vehicle Code 1808.21. You agree to notify us immediately of any material change in your financial condition while you are a borrower or guarantor on any indebtedness to us.

- If married, you may apply for a separate account. You need not provide information about your spouse unless: (a) Your spouse will also be contractually liable for the account; or (b) you want the Bank to consider information about your spouse's income or other community property for the purpose of this application for credit; or (c) you live in California or another community property state.*

The following information is a true and accurate statement of the **FINANCIAL CONDITION ON** _____

ASSETS	AMOUNT	LIABILITIES	AMOUNT
Cash in US Metro Bank (Checking)		Accounts Payable	
Cash in US Metro bank (Savings)			
Cash in Other Bank (Detail)		Notes Payable to US Metro Bank	
		Notes Payable to Others	
Account Receivable		Income Taxes Payable	
Notes Receivable (Attached Forms)		Other Taxes Payable	
Mortgages & Deeds of Trust Owned			
Securities Owned		Loans on Life Insurance	
Cash Surrender Value of Life Insurance		Mortgages or Liens on Real Estate (Schedule 2)	
Real Estate (Schedule 1)		Installment Contracts Payable	
Automobiles		Equity Line of Credit	
		Credit Card	
Personal Property		Other Liabilities (Detail)	
Other Assets (Detail)			
TOTAL		TOTAL	

ANNUAL INCOME	AMOUNT	ANNUAL EXPENDITURES	AMOUNT
Employment Income		Property Taxes / Assessments	
		Income and Other Taxes	
Dividends		Mortgage Payments & Interest	
Interest		Other Contract Payments	
Rentals		Insurance	
Alimony, Child Support or Separate Maintenance (You need not show this unless you wish us to consider it as a basis for repaying your obligations.)		Living Expense	
Other		Alimony, Child Support / Maintenance	
		Rent Expense for Residential	
		Other	
TOTAL INCOME		TOTAL EXPENDITURES	

