



BUSINESS LOAN APPLICATION

One Commerce Park Ž P. O. Box 160 Ž Shallowater, Texas 79363 Ž Phone - 806.832.4525 Ž Fax - 806.832.5849

EMAIL ADDRESS - MARK@FSBSHALLOWATER.COM

Commercial Loan Application:

INFORMATION CONCERNING OWNER(S) AND GUARANTOR(S)

Business Name:

Business Physical Address:

Business Mailing Address:

Type of Business (Manufacturing, Type of Service, etc.):

Date of Organization: _____ Years in Business: _____

Business Phone Number: _____

Main Contact: _____ Phone _____ Cell Phone _____

Are you applying as a:

Corporation (x) _____ Tax I. D. #: _____

Partnership (x) _____ Tax I. D. #: _____

Sole Proprietorship (x) _____ Tax I. D. #: _____

Please list below information on all individuals involved in signing or serving as a guarantor for the business:

Name _____ Cell Phone _____

Officer/Title _____

Address _____

City, State, Zip _____

Name _____ Cell Phone _____

Officer/Title _____

Address _____

City, State, Zip _____

Name _____ Cell Phone _____

Officer/Title _____

Address _____

City, State, Zip _____

Name _____ Cell Phone _____

Officer/Title _____

Address _____

City, State, Zip _____

Name _____ Cell Phone _____

Officer/Title _____

Address _____

City, State, Zip _____

Has the company or any of the above individuals ever declared bankruptcy? YES NO

Primary Accountant's Name and Address of the business: _____

Loan Purpose _____

Loan Amount Requested \$ _____ Down Payment Amount \$ _____

Are there any debts not listed on the financial statements for which your business is obligated?

YES NO If yes, what is the total liability? \$

Is your business party to any unsettled claim or lawsuit? YES NO

If yes, please describe nature and amount of suit _____

Have you ever owned or operated a business which declared bankruptcy? _____

Does your business owe any taxes of any kind for prior years? _____

If you answered yes to any of these questions, please provide the details on an attachment.

Collateral offered for this loan request: _____

Desired Length of Term: _____ Desired Monthly Payment Amount _____

I/We certify that all of the above statements made are true and complete and are made for the purpose of obtaining credit from First State Bank, Shallowater, Texas (FSB) for the amount and purpose as stated. I/We authorize FSB to make any credit, employment or investigative inquiry that FSB determines appropriate for the extension of credit or the collection of amount owed to FSB. FSB may furnish information concerning my account to consumer reporting agencies and others who may properly receive that information. If I/We ask, I/We will be informed whether or not a consumer report (credit report) was obtained; and if a report was obtained, I/We will be informed of the name and address of the consumer reporting agency that furnished the report.

Commercial Loan Application Checklist

We are providing you with a checklist of documents we are required to obtain to process your loan application. This checklist will help speed up your loan process.

If Applicant is a CORPORATION: Please provide the following:

(x) COMPLETE	(x) NOT APPLICABLE	
_____	_____	Commercial Loan Application (Enclosed)
_____	_____	Consumer Loan Application on all individuals and/or loan guarantors A blank copy is included with this application. Please feel free to make as many copies as necessary so that each individual applicant has completed one.
_____	_____	Financial Statement – Business - Dated and Signed - A blank copy is included.
_____	_____	Financial Statements – Personal - Dated and Signed - A blank copy is included.
_____	_____	Tax Returns (3 yrs) – Corporate
_____	_____	Tax Returns (3 yrs) – Personal
_____	_____	Corporate Resolution
_____	_____	Articles of Incorporation
_____	_____	Corporate Bylaws
_____	_____	Total shares issued and outstanding

Please list the shareholders of the corporation:

Name _____	Number of shares owned _____	Percentage owned _____	%
Name _____	Number of shares owned _____	Percentage owned _____	%
Name _____	Number of shares owned _____	Percentage owned _____	%
Name _____	Number of shares owned _____	Percentage owned _____	%

Please list all of the officers of the Corporation:

Name _____ Title _____

Name _____ Title _____

Name _____ Title _____

Name _____ Title _____

Name _____ Title _____

Name _____ Title _____

List Officers above are authorized to sign and procure loans on behalf of the corporation. How many signers are required? _____

List Officers above are authorized to sign and open depository accounts on behalf of the corporation. How many signers are required to write checks? _____

Partnership Loan Application Checklist

We are providing you with a checklist of documents we are required to obtain to process your loan application. This checklist will help speed up your loan process.

If Applicant is a PARTNERSHIP: Please provide the following:

(x) COMPLETE	(x) NOT APPLICABLE	
_____	_____	Commercial Loan Application (Enclosed)
_____	_____	Consumer Loan Application on all individuals and/or loan guarantors
_____	_____	Financial Statement – Partnership - Dated and Signed
_____	_____	Financial Statements – Personal - Dated and Signed
_____	_____	Tax Returns (3 yrs) – Partnership
_____	_____	Tax Returns (3 yrs) – Personal
_____	_____	Partnership Agreement

Collateral Checklist

Please provide and attach the following information based on the collateral and security that you plan to use to secure your loan:

1. **Real Estate:**

1. Legal Description of the real estate (Copy of Deed)
2. Any Real Estate Appraisal
3. Photographs
4. Copy of real estate sales contract signed by both seller and purchaser if purchasing real estate.
5. Property Survey if available
6. Property Appraisal if available

2. **Furniture, Fixtures, Equipment, Inventory:**

1. List and valuation of items to be purchased
2. List and valuation of items already owned
3. Location of items
4. Make, Model and serial numbers on items valued over \$1,000 if applicable

3. **Vehicles, Trailers, Boats and other Titled Vehicles**

1. Make, Model and Vehicle I. D. Numbers on those already owned or to be purchased.
2. Copies of existing vehicle titles, if applicable.
3. Copy of Dealer's Buyer's Order (Deal Sheet) if purchasing new vehicle

CREDIT APPLICATION

IMPORTANT APPLICANT INFORMATION: Federal law requires financial institutions to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

<p style="text-align: center;">TYPE OF CREDIT REQUESTED</p> <p style="text-align: center;">IMPORTANT: Check (✓) the appropriate boxes below and complete the applicable sections.</p> <p> <input type="checkbox"/> SECURED <input type="checkbox"/> INDIVIDUAL CREDIT - relying solely on my income or assets <input type="checkbox"/> UNSECURED <input type="checkbox"/> INDIVIDUAL CREDIT - relying on my income or assets as well as income or assets from other sources. <input type="checkbox"/> JOINT CREDIT - We intend to apply for joint credit. (initials) _____ </p>	<p style="text-align: center;">FOR CREDITOR USE</p> <p>DATE _____ CLASS NO. _____</p> <p>ACCOUNT NO. _____</p> <p>APPROVED <input type="checkbox"/> BY _____</p> <p>DECLINED <input type="checkbox"/> BY _____</p>
--	---

AMOUNT REQUESTED \$	FOR HOW LONG	PAYMENT DATE DESIRED	WANT TO REPAY <input type="checkbox"/> MONTHLY <input type="checkbox"/>	PROCEEDS OF LOAN TO BE USED FOR:
------------------------	--------------	----------------------	---	----------------------------------

SECTION A - INDIVIDUAL APPLICANT INFORMATION

NAME (Last, First, Middle)					
BIRTHDATE	TELEPHONE NO.	DRIVER'S LICENSE NO.	SOCIAL SECURITY NO.	NO. DEPENDENTS	AGES OF DEPENDENTS
ADDRESS (Street, City, State & Zip)				COUNTY	Do you <input type="checkbox"/> own or <input type="checkbox"/> rent?
PREVIOUS ADDRESS (Street, City, State & Zip) (Complete if less than 3 years at present address)				COUNTY	Did you <input type="checkbox"/> own or <input type="checkbox"/> rent?
EMPLOYER (Company Name & Address)					HOW LONG
BUSINESS PHONE	Ext.	POSITION OR TITLE	SALARY PER MONTH		
			GROSS: \$	NET: \$	
PREVIOUS EMPLOYER (Company Name & Address)					HOW LONG
NAME & ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU			RELATIONSHIP	TELEPHONE NO. (Include Area Code)	
Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.					
Alimony, child support, separate maintenance received under: <input type="checkbox"/> Court Order <input type="checkbox"/> Written Agreement <input type="checkbox"/> Oral Understanding					
SOURCES OF OTHER INCOME					AMOUNT PER MONTH \$
Is any income listed in this Section likely to be reduced before the credit request is paid off?				Have you previously received credit from us?	
<input type="checkbox"/> No <input type="checkbox"/> Yes (Explain)				<input type="checkbox"/> No <input type="checkbox"/> Yes - When?	

SECTION B - JOINT APPLICANT OR OTHER PARTY INFORMATION

Complete only if: for joint credit, for individual credit relying on income or assets from other sources, or applicant is married and resides in a community property state.

NAME (Last, First, Middle)					
BIRTHDATE	TELEPHONE NO.	DRIVER'S LICENSE NO.	SOCIAL SECURITY NO.	NO. DEPENDENTS	AGES OF DEPENDENTS
RELATIONSHIP TO APPLICANT (If Any)		PRESENT ADDRESS (Street, City, State & Zip)			
EMPLOYER (Company Name & Address)					HOW LONG
BUSINESS PHONE	Ext.	POSITION OR TITLE	SALARY PER MONTH		
			GROSS: \$	NET: \$	
PREVIOUS EMPLOYER (Company Name & Address)					HOW LONG
Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.					
Alimony, child support, separate maintenance received under: <input type="checkbox"/> Court Order <input type="checkbox"/> Written Agreement <input type="checkbox"/> Oral Understanding					
SOURCES OF OTHER INCOME					AMOUNT PER MONTH \$
Is any income listed in this Section likely to be reduced before the credit requested is paid off?				Has Joint Applicant or Other Party ever received credit from us?	
<input type="checkbox"/> No <input type="checkbox"/> Yes (Explain)				<input type="checkbox"/> No <input type="checkbox"/> Yes - When?	

SECTION C - MARITAL STATUS

Complete only if: for joint or secured credit, or applicant resides in a community property state or is relying on property located in such a state as a basis for repayment of the credit requested.

APPLICANT	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Unmarried (including single, divorced, and widowed)
OTHER PARTY	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Unmarried (including single, divorced, and widowed)

SECTION D - ASSET & DEBT INFORMATION

If Section B has been completed, this Section should be completed giving information about both the Applicant and Joint Applicant or Other Person.
Please mark Applicant-related information with an "A". If Section B was not completed, only give information about the Applicant in this Section.

ASSETS OWNED (Use separate sheet if necessary.)			
DESCRIPTION OF ASSETS	NAME IN WHICH THE ACCOUNT IS CARRIED	SUBJECT TO DEBT?	VALUE
CHECKING ACCOUNT NUMBER(S) (where)			\$
SAVINGS ACCOUNT NUMBER(S) (where)			
CERTIFICATE OF DEPOSIT(S) (where)			
MARKETABLE SECURITIES (issuer, type, no. of shares)			
REAL ESTATE (location, date acquired)			
LIFE INSURANCE (issuer, face value)			
AUTOMOBILES (make, model, year)			
OTHER (list)			
TOTAL ASSETS			\$

OUTSTANDING DEBTS (Include charge accounts, installment contracts, credit cards, rent, mortgages and other obligations. Use separate sheet if necessary.)					
CREDITOR	ACCOUNT NUMBER	NAME IN WHICH THE ACCOUNT IS CARRIED	ORIGINAL AMOUNT	PRESENT BALANCE	MONTHLY PAYMENTS
LANDLORD OR MORTGAGE HOLDER	<input type="checkbox"/> Rent Payment <input type="checkbox"/> Mortgage		(OMIT RENT) \$	(OMIT RENT) \$	\$
AUTOMOBILES (describe)					
TOTAL DEBTS			\$	\$	\$

Complete the following information about both the Applicant and Joint Applicant or Other Person (if applicable):

Are you obligated to make Alimony, Support or Maintenance Payments? No Yes
If yes, to (Name & Address) _____ Amt. per month \$ _____

Are you a co-maker, endorser, or guarantor on any loan or contract? No Yes If yes, for whom? _____ To whom? _____

Are there any unsatisfied judgments against you? No Yes If yes, to whom owed? _____ Amount \$ _____

Have you been declared bankrupt in the last 10 years? No Yes If yes, where? _____ Year? _____

SECTION E - SECURED CREDIT Complete only if credit is to be secured. Briefly describe the property to be given as security:

PROPERTY DESCRIPTION _____

NAMES & ADDRESSES OF ALL CO-OWNERS OF THE PROPERTY _____

IF THE SECURITY IS REAL ESTATE, GIVE THE FULL NAME OF YOUR SPOUSE (if any). _____

SIGNATURES - I certify that everything I have stated in this application and on any attachments is correct. Lender may keep this application whether or not it is approved. By signing below I authorize Lender to check my credit and employment history and to answer questions others may ask Lender about my credit record with Lender. I understand that I must update credit information at Lender's request if my financial condition changes.

PERSONAL FINANCIAL STATEMENT

Name _____ Applicant _____

Statement of Financial Condition as of _____, 20____ for the period
 _____, _____ to _____, _____

(Round to the nearest hundred)

ASSETS		LIABILITIES AND NET WORTH	
Cash on Hand & in Banks (Schedule 1)	\$	Notes Payable to Banks-Secured & Unsecured (Schedule 6)	\$
U.S. Government Securities		Notes Payable to Relatives (Schedule 6)	
Accounts, Loans, & Notes Receivable (Sch 2)		Accounts & Notes Payable to Others (Schedule 6)	
Marketable Stocks & Bonds (Schedule 3)*		Rents & Interest Due	
Real Estate (Schedule 4)		Real Estate Taxes Due (Schedule 4)	
Automobiles - Number ()		Liens on Real Estate (Schedule 4)	
Proprietary Interests (Schedule 5)**		Other Taxes Due	
Other Assets (Itemize)***		Other Liabilities (Itemize)	
		TOTAL LIABILITIES	
		NET WORTH	
TOTAL ASSETS	\$	TOTAL LIABILITIES AND NET WORTH	\$

ANNUAL INCOME		CONTINGENT LIABILITIES	
Salary		As Endorser or Co-Maker	
Bonus & Commissions		On Leases or Contracts	
Dividends & Interest		Legal Claims	
Real Estate Income		Provision for Federal Income Tax	
Other Income (Itemize)		Other Special Debt (Itemize)	
TOTAL INCOME	\$	TOTAL CONTINGENT LIABILITIES	\$

Assets pledged or hypothecated valued at \$_____ are pledged to secure notes or obligations aggregating \$_____.
 I have additionally endorsed, guaranteed or am contingently liable for debts of others amounting to \$_____.

I hereby certify under penalty of perjury that the information contained in this confidential financial report, including supplemental schedules, has been carefully examined by me and is correct and complete and further acknowledge that there are no misrepresentation or omissions of material facts.

Dated and signed this ____ day of _____, 20 ____.

(Signature)

(Typed or Printed Name)

- * Marketable securities are generally only those which are listed on the NY, American Stock Exchanges and NASDAQ.
- ** If the stock of a company amounts to 25% or more of an individual's net worth, financial statements, including balance sheet, profit and loss, cash flow statements of the company must be provided for the past year.
- *** If total reflected on this line represents 10% or more of your net worth, a schedule must be provided listing each item separately and providing a complete description, including financial information, if appropriate.

SCHEDULES

Schedule 1. Banking Relations. (List all bank accounts)

Name of Financial Institution	Address	Type of Account	Account Number	Balance
			TOTAL	

Schedule 2. Accounts, Loans, & Notes Receivable.

Name and Address of Debtor	Date Originated	Description or Nature of Debt	Description of Security Held	Maturity Date	Balance Due
				TOTAL	

Schedule 3. Marketable Stock and Bonds.

Face Value Bonds No. Stock Shares	Description of Security	Registered in Name of	Cost	Income Received Last Year	If Pledged, State to Whom	Present Market Value
					TOTAL	

Schedule 4. Real Estate. The legal and equitable title to all the real estate listed in this schedule is solely in the name of the signer, except if noted below:

Location or Street No. & Description	Mortgage or Liens	Due Dates & Payment Amount	Unpaid Taxes		Cost	Present Market Value
			Year	Amt.		
					TOTAL	

****PROPERIETARY INTERESTS
(Schedule 5)**

Provide the following information regarding all business enterprises in which you hold a beneficial interest. The term "business enterprise" includes any corporation, association, partnership, business trust, sole proprietorship or other business which shares are not listed on a securities exchange or otherwise regularly traded. Under the heading "Form of Business", state the legal form of the business. Under "Nature of Business and Percentage of Ownership", explain what the business enterprise does and percentage of your ownership interest. Submit year-end financial statements, including profit and loss and cash flow statements, for the last year for each business interest in which you have an interest equal to 25% or more of your net worth.

Name and Address of Business	Legal Form of Business	Nature of Business and % of Ownership	Date Acquired	Current Value
			TOTAL	

Schedule 6. Notes or Accounts Payable.

Name of Lender	Lender's Address	Due Dates and Payments	Security or Collateral	Balance Owed
			TOTAL	

CASH FLOW STATEMENT

Provide the following information regarding sources and uses of cash during the last two years, the current year, and a projected year.

Sources of Cash	20__	20__	Current*	Projected
Salaries, Wages, Commissions, Bonuses, or Other Income from Employment (Net of Deduction)				
Dividends				
Interest				
Royalties				
Distributions				
Cash Received from Individual Business, Partnership, or Joint Ventures				
Real Estate				
Other**				
Total Cash Received				

Uses of Cash	20__	20__	Current*	Projected
Personal Expenses (Management, Rent and Household, Etc.)				
Bank Loan – Principal and Interest				
Others Loans – Principal and Interest				
Insurance Payments				
Income Taxes Not Covered by Withholding				
Other**				
Total Cash Outlays				
Cash Flow Surplus (Deficit)				

If current year is reported for less than a full fiscal or annual period, please provide the dates for the period reported.

**Itemize any items amounting to 10% or more of total income on separate page.

BUSINESS FINANCIAL STATEMENT

Name of Business _____ Applicant _____
 Prepared By _____ Title (Position) _____
 Limited Liability Company _____ Partnership _____ Corporation _____ Other _____

Statement of Financial Condition as of _____, 20____ for the period
 _____, _____ to _____, _____

(Round to the nearest hundred)

ASSETS		LIABILITIES AND NET WORTH	
CURRENT ASSETS:		CURRENT LIABILITIES:	
Cash on Premises	\$	Accounts Payable (Schedule 6)	\$
Cash in Banks (Schedule 1a)		Accrued Interest on Borrowings	
Certificates of Deposit (Schedule 1b)		Notes Payable - Current Portion	
Stock, Bonds, & Other Marketable Assets (Sch. 2)		Accrued Taxes on Real Estate (Schedule 7)	
Accounts, Loans, & Notes Receivable (Sch. 3)		Accrued Taxes, Other (Schedule 7)	
Advances to Employees		Other Current Payables (Itemize)	
Prepaid Expenses (Schedule 4)			
Other Current Assets (Itemize)			
		TOTAL CURRENT LIABILITIES	\$
TOTAL CURRENT ASSETS	\$	LONG-TERM LIABILITIES:	
		Notes Payable (Itemize)	\$
FIXED ASSETS:		Notes Payable on Real Estate (Schedule 5)	
Real Estate & Buildings (Schedule 5)	\$	Other Long-Term Liabilities (Itemize)	
Less: Accumulated Depreciation			
Furniture, Equipment & Vehicles		TOTAL LONG-TERM LIABILITIES	\$
Less: Accumulated Depreciation			
Other Fixed Assets (Itemize)		NET WORTH OR STOCKHOLDERS' EQUITY	\$
Other Long Term Assets (Itemize if over 5% of total)		(Schedule 8)	
TOTAL ASSETS	\$	TOTAL LIABILITIES & NET WORTH	\$

Assets pledged or hypothecated valued at \$ _____ are pledged to secure notes or obligations aggregating \$ _____.
 I have additionally endorsed, guaranteed or am contingently liable for debts of others amounting to \$ _____.

Schedule 4. Prepaid Expenses.

Type of Prepaid	To Whom Paid	Expiration Date	Original Amount	Current Balance
			TOTAL	

Schedule 5. Real Estate & Buildings.

Location or Street No. & Description	Mortgages or Liens	Due Dates & Payment Amount	Unpaid Taxes		Cost	Present Market Value
			Year	Amt.		
					TOTAL	

Schedule 6. Accounts Payable.

Nature of Account	Payable To	When Due	Amount Due
			TOTAL

Schedule 7. Accrued Taxes.

Type of Tax	Payable To	When Due	Amount Due
			TOTAL

Schedule 8. Net Worth or Stockholders' Equity.

CORPORATIONS	
Type	Amount
Common Stock (Shares)	
Preferred Stock	
Additional Paid-In Capital	
Retained Earnings	
TOTAL	

STATEMENT OF INCOME AND EXPENSES

For The Period _____, _____ To _____, _____

INCOME:

_____	_____
Other Income (Itemize)	_____
_____	_____
_____	_____

TOTAL INCOME _____ (+)

EXPENSES

Advertising	_____
Cash (Over) Short	_____
Depreciation & Amortization	_____
Equipment Rental	_____
Insurance	_____
Interest & Bank Charges	_____
Legal, Audit, Bookkeeping	_____
Office Supplies	_____
Rent	_____
Salaries	_____
Security & Janitor	_____
Taxes & Payroll	_____
Utilities & Telephone	_____
Vehicle Expense	_____
Other Expenses (Itemize)	_____
_____	_____
_____	_____
_____	_____

TOTAL EXPENSES _____ (+)

NET OPERATING INCOME (LOSS) _____

OTHER INCOME (EXPENSES)
(Itemize)

_____	_____
_____	_____
_____	_____

TOTAL OTHER INCOME (EXPENSES) _____ (+)

INCOME BEFORE TAXES _____

INCOME TAXES _____ (-)

NET INCOME (LOSS) _____

CASH FLOW STATEMENT

Provide the following information regarding sources and uses of cash during the last two years, the current year, and a projected year.

Sources of Cash	20__	20__	Current*	Projected
Sales				
Dividends				
Interest				
Royalties				
Cash Received from Individual Business, Partnership, or Joint Ventures				
Real Estate				
Other**				
Total Cash Received				

Uses of Cash	20__	20__	Current*	Projected
Expenses				
Bank Loan – Principal and Interest				
Others Loans – Principal and Interest				
Other**				
Total Cash Outlays				
Cash Flow Surplus (Deficit)				

*If current year is reported for less than a full fiscal or annual period, please provide the dates for the period reported.

**Itemize any items amounting to 10% or more of total income on separate page.

I hereby certify under penalty of perjury that the information contained in this confidential financial report, including supplemental schedules, has been carefully examined by me and is correct and complete and further acknowledge that there are no misrepresentation or omissions of material facts.

Dated and signed this ____ day of _____, 20 ____.

(Signature)

(Typed or Printed Name)

(Title)