## NEVADA BANK & TRUST COMMERCIAL LOAN APPLICATION

INFORMATION REGARDING APPLICANT								
BUSINESS NAME								
STREET AD	STREET ADDRESS (REQUIRED)			CITY		ZIP CODE	BUSINESS PHONE NUMBER	
MAILING A	ILING ADDRESS (IF DIFFERENT THAN STREET ADDRESS)		CITY		STATE	ZIP CODE	BUSINESS FAX NUMBER	
TAX ID NUMBER		YEAR ESTABLISHED		STATE	CONTACT NAM	NE		
TYPE OF E	NTITY:   CORPORATION   P	ARTNERSHIP 🗆	PROPRIETORSHIP	LIC	☐ INDIVID	UAL   TRUST	□ ASSOCIATION □ NON-PROFIT	
BUSINESS	S YEAR END NATURE OF BUSINESS							
IF INDIVIDUAL, NAME AND PHONE NUMBER OF EMPLOYER								
LOAN REQ	UEST							
LOAN AMOUNT REQUESTED				☐ NEW LOAN ☐ RENEW/INCREASE EXISTING LOAN				
PURPOSE OF LOAN								
TERMS								
COLLATERAL OFFERED								
COLLATER	AL OWNER (IF DIFFERENT THAN BO	DRROWER)						
VALUE OF COLLATERAL				SOURCE				
AMOUNT OF OTHER LIENS				LIEN HOLDER NAME				
INSURANC	E COMPANY/AGENT			PHONE NUMBER				
POLICY DA	TES			TYPE OF COVERAGE				
GUARANT	OR / CO-MAKER INFORMATION							
NAME		TAX ID NUMBER			EMAIL			
STREET ADDRESS (REQUIRED)		CITY		STATE	ZIP CODE	PHONE NUMBER		
MAILING ADDRESS (IF DIFFERENT FROM STREET ADDRESS)		CITY		STATE	ZIP CODE	FAX NUMBER		
NAME		TAX ID NUMBER		•	EMAIL			
STREET AD	DRESS (REQUIRED)		CITY		STATE	ZIP CODE	PHONE NUMBER	
MAILING ADDRESS (IF DIFFERENT FROM STREET ADDRESS)		CITY		STATE	ZIP CODE	FAX NUMBER		
☐ IF CHECKED, ADDITIONAL GUARANTOR / CO-MAKER'S INFORMATION IS ATTACHED TO THIS APPLICATION								
FINANCIAL INFORMATION								
DO YOU HAVE ANY JUDGMENTS OR SUITS FILED AGAINST YOU? YES NO, IF YES, EXPLAIN (ATTACH SEPARATE PAGE IF NECESSARY):								
TAX RETURN FILED THROUGH WHAT DATE:, ARE ANY RETURNS BEING CONTESTED OR AUDITED? \( \precedots \) YES \( \precedots \) NO  IF YES, EXPLAIN:								
ACCOUNTANT OR ACCOUNT FIRM NAME AND CONTACT INFORMATION								
NAMES(S) AND TITLE(S) OF PERSON(S) AUTHORIZED TO BORROW MONEY ON BEHALF OF THE BUSINESS								
	CURRENT YTD BUSINESS FINANCIAL STATEMENT SUBMITTED WITH APPLICATION					DATE:		
	CURRENT PERSONAL FINANCIAL STATEMENT SUBMITTED WITH APPLICATION D					DATE:		
	THREE (3) YEARS BUSINESS FINANCIAL STATEMENTS SUBMITTED WITH APPLICATION DATE:							
	THREE (3) YEARS BUSINESS TAX RETURNS SUBMITTED WITH APPLICATION DATE:							
	THREE (3) YEARS PERSONAL TAX RETURNS SUBMITTED WITH APPLICATION  DATE:							

NOTICES									
WERE YOUR GROSS ANNUAL REVENUES IN THE PREVIOUS FISCAL YEAR \$1,00	00,000.00 OR LESS? □ YES □ NO								
NOTICE: THE FEDERAL EQUAL CREDIT OPPORTUNITY ACT PROHIBITS CREDITORS FROM DISCRIMINATING AGAINST CREDIT APPLICANTS ON THE BASIS OF RACE, COLOR, RELIGION, NATIONAL ORIGIN, SEX, MARITAL STATUS, AGE (PROVIDING 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 CREDIT PROTECTION ACT, THE FEDERAL AGENCY THAT ADMINISTERS COMPLIANCE WITH THIS LAW CONCERNING THIS CREDIT IS:  FDIC CONSUMER RESPONSE CENTER									
1100 WALNUT STREET, BOX #11, KANSAS CITY, MO 64106									
NOTICE: IF THE COLLATERAL WHICH WILL SECURE THIS LOAN IS A 1-4 FAMILY RESIDENCE, YOU HAVE THE RIGHT TO A COPY OF THE APPRAISAL USED IN CONNECTION WITH YOUR APPLICATION FOR CREDIT. IF YOU WISH TO HAVE A COPY, PLEASE WRITE TO US AT THE FOLLOWING MAILING ADDRESS:  NEVADA BANK AND TRUST CO., 976 IDAHO STREET, ELKO, NV 89801. WE MUST HEAR FROM YOU NO LATER THAN NINETY (90) DAYS AFTER WE NOTIFY YOU ABOUT THE ACTION TAKEN ON YOUR CREDIT APPLICATION OR NO LATER THAN NINETY (90) DAYS AFTER YOU WITHDRAW YOUR APPLICATION.									
YOUR WRITTEN REQUEST MUST CONTAIN: APPLICANT'S NAME, PROPERTY ADDRESS, BRANCH NAME WHERE APPLICATION WAS TAKEN, APPLICATION DATE, AND MAILING INSTRUCTION FOR THE COPY.									
ENTITIES, OR ANY OF THE GUARANTORS WITHIN THE PAST SEVEN (7) YEARS.	ARE DIRECTLY OR INDIRECTLY APPLICABLE TO THE BORROWING ENTITY, RELATED . IF YES, PLEASE PROVIDE A DETAILED EXPLANATION ON A SEPARATE PAGE.								
<ol> <li>JUDGMENT OR COLLECTION?</li> <li>LAWSUIT?</li> <li>BANKRUPTCY?</li> <li>FORECLOSURE OR DEED IN LIEU OF FORECLOSURE?</li> <li>REPOSSESSION?</li> <li>30 DAY OR GREATER DELINQUENCY ON ANY DEBT?</li> </ol>	[]YES []NO []YES []NO []YES []NO []YES []NO []YES []NO								
THIS INFORMATION AND THE INFORMATION PROVIDED ON ALL ACCOMPANYING FINANCIAL STATEMENTS AND SCHEDULES IS PROVIDED FOR THE PURPOSE OF OBTAINING CREDIT FOR THE APPLICANT(S) OR FOR THE PURPOSE OF APPLICANT(S) GUARANTEEING CREDIT FOR OTHERS. APPLICANT(S) ACKNOWLEDGE THAT REPRESENTATIONS MADE IN THIS STATEMENT WILL BE RELIED ON BY CREDITOR IN ITS DECISION TO GRANT SUCH CREDIT. THIS STATEMENT IS TRUE AND CORRECT IN EVERY DETAIL AND ACCURATELY REPRESENTS THE FINANCIAL CONDITION OF THE APPLICANT(S) ON THE DATE GIVEN BELOW. CREDITOR IS AUTHORIZED TO MAKE ALL INQUIRIES IT DEEMS NECESSARY, EITHER DIRECTLY OR THROUGH ANY AGENCY EMPLOYED BY LENDER FOR THAT PURPOSE, TO VERIFY THE ACCURACY OF THE INFORMATION CONTAINED HEREIN AND TO DETERMINE THE CREDITWORTHINESS OF THE APPLICANT(S). APPLICANT(S) WILL PROMPTLY NOTIFY CREDITOR OF ANY SUBSEQUENT CHANGES WHICH WOULD AFFECT THE ACCURACY OF THIS STATEMENT. CREDITOR IS FURTHER AUTHORIZED TO ANSWER ANY QUESTIONS ABOUT CREDITOR'S CREDIT EXPERIENCE WITH APPLICANT(S). APPLICANT(S) ARE AWARE THAT ANY KNOWING OR WILLFUL FALSE STATEMENTS REGARDING THE VALUE OF THE ABOVE PROPERTY FOR PURPOSES OF INFLUENCING THE ACTIONS OF CREDITOR CAN BE A VIOLATION OF FEDERAL LAW, 18 U.S.C. & 1014, AND MAY RESULT IN A FINE OR IMPRISONMENT OR BOTH.  BY SIGNING BELOW, EACH APPLICANT DECLARES THAT HE/SHE HAS READ AND UNDERSTANDS THE NOTICE SECTION ABOVE AND, IF APPLICABLE, HAS RECEIVED THE REGULATION B NOTIFICATION REGARDING DENIED CREDIT.									
BY:									
(SIGNATURE AND TITLE) (DATE)	(INDIVIDUAL/GUARANTOR)								
BY:									
(SIGNATURE AND TITLE) (DATE)	(INDIVIDUAL/GUARANTOR)								
FOR BANK USE ONLY DATE COMPLETED APPLICATION RECEIVED									
BANK EMPLOYEE (PRINTED)	BRANCH								
COMMENTS:									

## Date: \_\_\_\_ Loan Name: Name: \_\_\_\_Tax ID No.:\_\_\_\_\_ Physical Address: Mailing Address: Phone Numbers: Home: Work: \_\_\_\_ E-mail: \_\_\_\_\_ Cell: \_\_\_\_\_ Name: Tax ID No.: Physical Address: Mailing Address: Phone Numbers: Work: \_\_\_\_\_ Home: Cell: E-mail: Name: \_ Tax ID No.: \_\_\_\_\_ Physical Address: Mailing Address: \_\_\_\_ Phone Numbers: Home: Work: Cell: E-mail: Tax ID No.: Name: Physical Address: \_\_\_ Mailing Address: \_\_\_ Home: Work: Phone Numbers: E-mail: Tax ID No.: \_ Name: \_\_\_\_ Physical Address: \_\_\_ Mailing Address: \_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_ Phone Numbers: Cell: E-mail: Tax ID No.: Physical Address: Mailing Address: Home: Work: Phone Numbers: Cell: E-mail: By signing below, each Applicant declares that he/she has read and understands the Notice Section of the Commercial Loan Application of even date.

Additional Guarantors / Comakers for Commercial Loan

## Customer Identification Program

## Commercial – Loan Opening or Loan Change Beneficial Ownership Addendum

Branch #:	Loan # assigned:						
Business/Entity Name:							
Type of Business:  Corporation, LLC, Partnership, Sole Proprietorship, DBA – complete all Unincorporated Association – complete Natural Person and Section II Charity, Non-Profit – complete Natural Person and Section II Government Entity / Municipality – Natural Person							
Natural Person							
Name and Title of Natural Person Opening or Changing Loan:							
Name:	Title:	Title:					
Section I – Beneficial Owners							
Please provide the following information for an individual(s), if any, who directly or indirectly, through any contract, arrangement, understanding, relationship, or otherwise owns 25% or more of the equity interests of the legal entity listed above. Check here  if no individual meets this definition and complete Section II.							
1) Name:	SSN*:	DOB:					
		Ownership %:					
2) Name:	SSN*:	DOB:					
Physical Address:		Ownership %:					
3) Name:	_SSN*:	DOB:					
Physical Address:		Ownership %:					
4) Name:	SSN*:	DOB:					
Physical Address:		Ownership %:					
Please provide a copy of a Driver's License, State-Issued ID Card, Passport, or Alien ID Card for each owner.							
	Section II – Managerial Control						
Please provide the following information for an individual with significant responsibility for managing or directing the entity, including: an executive officer or senior manager (ex: CEO, CFO, COO, Managing Member, General Partner, President, Vice President, Treasurer) or any other individual who regularly performs similar functions.							
1) Name:	Title:	SSN*:					
Physical Address:		DOB:					
	Driver's License, State-Issued ID Card, Passport, or Alien						
The information I have provided is correct to the best of my knowledge. NB&T will be notified if there is any change to the beneficial ownership information.							
X	Data						
Natural person opening/ch	Date:						

\*US Persons must provide a Social Security Number. Non-US Persons must provide a SSN, passport number and country of issuance, alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.