



State Bank OF SOUTHERN UTAH

BUSINESS LOAN APPLICATION

If applying for credit in your own name, check the appropriate box: (Not applicable for Corporations or LLC's)

- I am applying for an individual account in my own name and relying on my own income and assets.
- We are applying for a joint account and our assets are jointly held- Initial Below.
- We are applying for a joint account and our assets are NOT jointly held - Initial Below (Separate Personal Financial Statements required.)

We intend to apply for joint credit (Please Initial): _____
 Applicant Co-Applicant

Date _____

LOAN REQUEST INFORMATION

Requested Amount _____ Purpose _____

Source of Repayment _____ Terms _____

COMPANY INFORMATION

Company Name _____ Tax ID # _____

Address _____ City, State _____ Zip _____

Date Established _____ Telephone _____ Fax _____

Type of Organization _____ Organized in (State) _____

Corporation Partnership Sole Proprietor State Incorporated _____ LLC

Nature of Business (Please supply a brochure and/or literature) _____

Additional Locations _____

OFFICERS/OWNERS

Name _____ Title _____ SS# _____

Home Address _____ City, State _____ Zip _____

Drivers License # _____ State _____ Percent of Ownership _____ DOB _____

Name _____ Title _____ SS# _____

Home Address _____ City, State _____ Zip _____

Drivers License # _____ State _____ Percent of Ownership _____ DOB _____

Name _____ Title _____ SS# _____

Home Address _____ City, State _____ Zip _____

Drivers License # _____ State _____ Percent of Ownership _____ DOB _____

Note: If there are more than three owners, please attach their current information to this form.

ACCOUNTANT

Name _____ Telephone _____ Fax _____

Address _____ City, State _____ Zip _____

Financial Statement Prepared Monthly Quarterly Annually _____

INSURANCE

Carrier _____ Agent/Broker _____
 Address _____ City, State _____ Zip _____
 Telephone _____ Fax _____ Coverage _____

BANKING

| Bank Name | Account Type Account Number | Bank Telephone | Bank Contact |
|-----------|--------------------------------|----------------|--------------|
| | | | |
| | | | |
| | | | |

SUPPLIERS

Name _____ Contact _____ Phone _____ Fax _____
 Name _____ Contact _____ Phone _____ Fax _____
 Name _____ Contact _____ Phone _____ Fax _____

I/We hereby certify that all statements made by me/us on this application are true and complete, and I/we authorize you to make any credit inquires you feel necessary in processing this application or in collection of any credit extended. Any credit investigation and information furnished you by any person or consumer reporting agency is hereby authorized, and whether credit is extended or not, is to remain your property.

X _____
 Authorized Signature _____ Title _____ Date _____
 X _____
 Authorized Signature _____ Title _____ Date _____
 X _____
 Authorized Signature _____ Title _____ Date _____

Please provide the following information:

FINANCIAL STATEMENTS

- Business - Company's financial statements for the past 3 years
- Personal – Owner's current personal financial statement
- Current Accounts Receivable Aging
- Current Accounts Payable Aging

TAX RETURNS

- Business – Copies of company's Income tax returns for the past 3 years
- Personal – Copies of owner's Income tax returns for the past 3 years

OTHER INFORMATION

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- Current Business Debt Schedule
- Articles of Incorporation/Organization/ Partnership Agreement
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