**NOTE:** You may complete this form on-line by using your keyboard and tab key. Print this form using your browser's print function. The information you enter on this form will not be sent over the Internet. You may also print this application and complete it by hand. Feel free to attach additional sheets if you need more room. Please be sure to SIGN THE FORM in the appropriate place(s) before mailing. For your protection we are unable to accept these forms without your signature.

# BUSINESS LOAN APPLICATION

## BUSINESS PROFILE

| | | | | |
|---|---|---|---|---|
| Business Name | | | Street Address | |
| City | State | Zip | County | Business Phone |
| Is your business a: ☐ Sole Proprietorship ☐ General Partnership ☐ Limited Partnership ☐ Professional Corporation ☐ Limited Liability Company ☐ C Corporation ☐ S Corporation ☐ Other (specify) | | | | |
| Registered in: ☐ Missouri ☐ Kansas ☐ Other (specify) | Federal Tax Identification # | | How long has your business been established? | |
| How long has you business been under current management? | Type of Business ☐ Retail ☐ Wholesale ☐ Manufacturer ☐ Service ☐ Other | | | |
| Please provide description of business below: | | | | |
| | | | | |

## LOAN REQUEST PROFILE

| | | | | | | |
|---|---|---|---|---|---|---|
| Purpose | Line of Credit | Term Loan | Commercial Real Estate Loan | | | |
| Amount Requested: | For how long? (5 year maximum for non-real estate loans) | | | | | |
| What do you propose to use for collateral? | Accounts Receivable | Equipment | Deposits/Securities | Inventory | Commercial Real Estate | Vehicles |
| Other (specify) | | | | | | |
| The following information is also required to be submitted with this loan application: ☐ Federal and State tax returns (including all schedules) for the last two fiscal years. ☐ Company financial statements (accountant prepared, if available for the last two fiscal years. ☐ Interim financial statements if more than three months have passed since the last fiscal year end. ☐ Projections (For businesses less than 2 years old.). | | | | | | |

## FINANCIAL PROFILE

| | |
|---|---|
| Primary bank: | How long? Average balance in your business checking account? |
| 1. Does your business owe any taxes from prior years ☐ Yes ☐ No How much?_____ | 2. Is the business an endorser, guarantor or co-maker for obligations not listed on its financial statement? ☐ Yes ☐ No How Much?_____ |
| 3. Is the business a party to any claim or lawsuit? ☐ Yes ☐ No How much?_____ | 4. Has the business ever declared bankruptcy? Yes ☐ No ☐ If Yes, when? |
| 5. Are there any delinquent FICA or sales taxes? ☐ Yes ☐ No How much?_____ | 6. Have any principles ever declared bankruptcy? Yes ☐ No ☐ If Yes, when? |

## PERSONAL PROFILE

Please list the following information on each owner of the business. (Attach separate schedule if necessary.) (All partners and owners of 20% or more will be asked to guarantee the loan and provide completed Missouri Bank and Trust personal financial statement and two years' personal tax returns.)

| | | | | |
|---|---|---|---|---|
| 1. NAME | ANNUAL HOUSEHOLD INCOME $ | % OF OWNERSHIP | SOCIAL SECURITY# | PERSONAL NET WORTH (Excluding value of business) |
| HOME ADDRESS: STREET | CITY | STATE | ZIP | |

| | | | | |
|---|---|---|---|---|
| 2. NAME | ANNUAL HOUSEHOLD INCOME $ | % OF OWNERSHIP | SOCIAL SECURITY# | PERSONAL NET WORTH (Excluding value of business) |
| HOME ADDRESS: STREET | CITY | STATE | ZIP | |

## AGREEMENT

Applicant(s) hereby certify that all of the statements on any other documents provided to the Bank to consider this extension of credit are true and complete as of the date given. Applicant(s) authorize Bank to verify all the information given, to obtain a credit report or any other verification of credit references, and to make such other investigation as the Bank deems appropriate. Applicant(s) agree to notify the Bank promptly of any adverse change in their financial condition. If the business is a corporation or partnership, all authorize owners/principals must sign and include their corporate/partnership title.

X _____

1. SIGNATURE TITLE DATE

X _____

2. SIGNATURE TITLE DATE

FOR INTERNAL USE ONLY

Officer Name: Number

Phone Number:

Fax Number

Branch Number