

Port Richmond Savings

SMALL BUSINESS LOAN APPLICATION

SECTION 1 - LOAN PURPOSE				
TYPE OF LOAN	AMOUNT OF LOAN	PURPOSE	TERM REQUESTED	
<input type="checkbox"/> LINE OF CREDIT	\$			<input type="checkbox"/> DEDUCT MONTHLY PAYMENTS FROM MY ACCOUNT ACCOUNT # _____ <input type="checkbox"/> DO NOT DEDUCT PAYMENTS (Interest Rate will be 1/2% higher)
<input type="checkbox"/> TERM LOAN	\$		MONTHS	
<input type="checkbox"/> MORTGAGE	\$		MONTHS	
<input type="checkbox"/> OTHER	\$		MONTHS	

SECTION 2 - APPLICANT INFORMATION				
BUSINESS NAME			D / B / A	
STREET ADDRESS			E-MAIL ADDRESS	
CITY	STATE	ZIP CODE	PHONE NUMBER	FAX NUMBER
DESCRIPTION OF BUSINESS				
<input type="checkbox"/> OWN <input type="checkbox"/> RENT	YEARS	RENT / MORTGAGE PAYMENT \$	AVG. MONTHLY UTILITIES \$	ANNUAL SALES \$
DATE ESTABLISHED		CURRENT OWNERSHIP SINCE (DATE)	TAX ID #	
BUSINESS TYPE				
<input type="checkbox"/> SOLE PROPRIETORSHIP	<input type="checkbox"/> S CORP	<input type="checkbox"/> GENERAL PARTNERSHIP	<input type="checkbox"/> PC	<input type="checkbox"/> OTHER
<input type="checkbox"/> C CORP	<input type="checkbox"/> LLC	<input type="checkbox"/> LIMITED PARTNERSHIP	<input type="checkbox"/> NOT FOR PROFIT	

Is the business or any owner currently involved in any litigation or other legal claims? YES NO

Has the business ever declared bankruptcy? YES NO

Are any taxes currently past due by the business or any owner? YES NO

Is business or any owner contingently liable as a guarantor? YES NO

Are you a partner/officer in any venture, or an executive officer, director or principal shareholder of a financial institution? YES NO

If you answered YES to any of the above, please attach a written explanation.

SECTION 3 - OWNERSHIP / GUARANTORS				
Complete the required information below for each owner or partner with 20% or greater ownership interest; or for any proposed guarantors. If there are more than two with greater than 20% ownership, please attach additional applications.				
OWNER #1 NAME		PERCENT OWNERSHIP	YEARS AS OWNER	COMPANY TITLE
HOME ADDRESS		CITY	STATE	ZIP
SOCIAL SECURITY NUMBER		DATE OF BIRTH	ANNUAL PERSONAL INCOME*	
		/ /	\$	
MONTHLY HOUSING PAYMENT**		CASH, SAVINGS, LIQUID ASSETS, NON-RETIREMENT STOCKS, BONDS	NET WORTH (NET OF BUSINESS OWNERSHIP)	
\$ <input type="checkbox"/> OWN HOME <input type="checkbox"/> RENT		\$	\$	
OWNER #2 NAME		PERCENT OWNERSHIP	YEARS AS OWNER	COMPANY TITLE
HOME ADDRESS		CITY	STATE	ZIP
SOCIAL SECURITY NUMBER		DATE OF BIRTH	ANNUAL PERSONAL INCOME*	
		/ /	\$	
MONTHLY HOUSING PAYMENT**		CASH, SAVINGS, LIQUID ASSETS, NON-RETIREMENT STOCKS, BONDS	NET WORTH (NET OF BUSINESS OWNERSHIP)	
\$ <input type="checkbox"/> OWN HOME <input type="checkbox"/> RENT		\$	\$	

* Income from alimony, child support or separate maintenance need not be disclosed unless you want this income considered in our credit decision.

** List only one monthly housing payment if both owners occupy the same dwelling.

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SECTION 4 - BUSINESS DEPOSIT ACCOUNTS

FINANCIAL INSTITUTION	TYPE OF ACCOUNT	ACCOUNT #	CURRENT BALANCE	AVERAGE BAL. (Last 2 months)
			\$	\$
			\$	\$
			\$	\$

SECTION 5 - BUSINESS FINANCIAL INFORMATIONAS OF _____
Date

CASH & SAVINGS	ACCOUNTS RECEIVABLE	INVENTORY	EQUIPMENT (NET OF DEPRECIATION)	REAL ESTATE OWNED
\$	\$	\$	\$	\$
TOTAL ASSETS	ACCOUNTS PAYABLE	TOTAL LIABILITIES	OWNER'S EQUITY (TOTAL ASSETS LESS TOTAL LIAB.)	EARNINGS BEFORE INTEREST AND TAXES
\$	\$	\$	\$	\$

SECTION 6 - BUSINESS DEBT

FINANCIAL INSTITUTION	TYPE OF LOAN	CURRENT BALANCE / ORIGINAL AMOUNT	MONTHLY PAYMENT	TYPE OF COLLATERAL
		\$ / \$	\$	
		\$ / \$	\$	
		\$ / \$	\$	

SECTION 7 - COLLATERAL DESCRIPTION (Please complete this section if your request is greater than \$100,000)

If equipment, real estate or other assets available as collateral will secure the loan, please describe below and include a copy of the purchase order, purchase and sales agreement or other relevant documentation. If cash or marketable securities will secure the loan, please provide a list of the cash and securities and a copy of the statements or stock certificates.

COLLATERAL DESCRIPTION OR PROPERTY ADDRESS	PURCHASE PRICE / VALUE	PRIOR LIENS
	\$ / \$	\$
	\$ / \$	\$
	\$ / \$	\$

SECTION 8 - ADDITIONAL OWNER/GUARANTOR INFORMATION

For loans over \$100,000, please submit two (2) years of Business Tax Returns (complete) as well as two (2) years of Personal Tax Returns (complete) and a Personal Financial Statement for each Owner/Guarantor.

If Applicant has been in business for less than two (2) full years, please submit two (2) years Personal Tax Returns (complete) and a Personal Financial Statement for each Owner/Guarantor, regardless of loan amount.

SECTION 9 - AUTHORIZATION AGREEMENT

The undersigned person(s) certifies that he/she has full authority to act on behalf of the business (the "Applicant") identified on the attached Small Business Loan Application (the "Application"), and that all information contained in the Application is true, correct and complete. The information contained in this statement is provided to induce Port Richmond Savg (the "Bank") to extend, or continue the extension of credit to the undersigned. The undersigned acknowledge and understand that the Bank is relying on the information provided herein in deciding to grant or continue credit. The Bank is hereby authorized to verify any information, including tax information, provided in connection with the Application. The Bank may obtain credit reports for all owners and guarantors expected to be personally liable, including consumer credit reports in connection with the Application, and may also do so for updates, renewals, extensions and any collection activity or as otherwise permitted by law. It is also agreed that this Application shall remain the property of the Bank whether or not credit is granted. Applicant agrees that the Bank may rely on a facsimile of the Application and any other signed documents received by the Bank by facsimile transmission relating to the credit granted pursuant to the Application. Such facsimiles or any copy of such facsimiles shall be binding on Applicant and shall for all purposes be considered original documents. The undersigned understands that making false statements or material omissions intended to conceal pertinent facts may be a financial crime requiring referral to appropriate law enforcement officials. The undersigned agree to notify Farmington Savings Bank immediately and in writing of any material adverse change (1) in any of the information contained in this Application, (2) in the financial condition of any of the undersigned, (3) in the ability of any of the undersigned to perform its (or their) obligations to Farmington Savings Bank, or (4) in any change in name, address or employment.

APPLICANT (BUSINESS) LEGAL NAME*	APPLICANT SIGNATURE X	DATE	TITLE
APPLICANT (BUSINESS) LEGAL NAME*	APPLICANT SIGNATURE X	DATE	TITLE
OWNER/GUARANTOR LEGAL NAME #1	APPLICANT SIGNATURE X	DATE	
OWNER/GUARANTOR LEGAL NAME #2	APPLICANT SIGNATURE X	DATE	

*Sole Proprietorships should use their individual name plus their trade name.