

# COMMERCIAL LOAN APPLICATION

Lender: \_\_\_\_\_

**IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT:** To help the government fight the funding of terrorism and money laundering activities, Federal law requires financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask you for your name, street address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

**NOTICE – JOINT CREDIT:** We intend to apply for joint credit. (Initials): \_\_\_\_\_

**LOAN APPLICANT:**

Legal Trade Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Business Physical Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Tax Identification Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Gross Annual Revenue: \$ \_\_\_\_\_ Nature of Business: \_\_\_\_\_ NAICS \_\_\_\_\_

Were your gross annual revenues in the previous fiscal year \$1,000,000.00 or less?  Yes  No

**(If you answered Yes and your application is denied, you have the right to receive a written statement of the specific reasons for this denial. Please see "Credit Denial Notice" below).**

**LOAN REQUEST:**

Amount Requested: \$ \_\_\_\_\_  New  Renewal

Use of Proceeds (brief description of intended use): \_\_\_\_\_

**COLLATERAL:**

Will proceeds of loan be used to purchase collateral:  Yes  No

List collateral: \_\_\_\_\_

**OWNERSHIP OF BUSINESS (Names of Entities and/or Individuals that own 20% or more of business)**

NAME	TITLE	% OF OWNERSHIP	AUTHORIZED SIGNER ON LOAN
1. _____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. _____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. _____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. _____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO

**GUARANTOR INFORMATION:**

1. NAME: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ CELL PHONE #: \_\_\_\_\_

2. NAME: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ CELL PHONE #: \_\_\_\_\_

3. NAME: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ CELL PHONE #: \_\_\_\_\_

4. NAME: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ CELL PHONE #: \_\_\_\_\_

# COMMERCIAL LOAN APPLICATION

**REQUIRED DOCUMENTATION: (accompanied with this application) ADDITIONAL INFORMATION MAY BE REQUESTED AS NEEDED**

1. Business Entity paperwork (Corp., LLC., LLP, LP, DBA, etc)
2. 3 Years Tax Returns (Business Entity and each Guarantor)
3. Financial Statement (less than 90 days old) – (Business Entity and each Guarantor)
4. Year-End and Last Interim Financial Statements
5. Other: \_\_\_\_\_

**IMPORTANT DISCLOSURES**

**PLEASE RETAIN A COPY OF THIS APPLICATION FOR YOUR RECORDS AS IT CONTAINS IMPORTANT DISCLOSURES**

**RIGHT TO REQUEST SPECIFIC REASONS FOR CREDIT DENIAL NOTICE:** If your gross revenues were \$1,000,000 or less in your previous fiscal year, and if your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement please contact **TEXAN BANK, N.A., 12941 GULF FREEWAY, SUITE 100, HOUSTON, TX 77034, 281-276-1800** within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement. The notice that follows describes additional protections extended you.

**EQUAL CREDIT OPPORTUNITY 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 a 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 creditor is **OFFICE OF THE COMPTROLLER OF THE CURRENCY, CUSTOMER ASSISTANCE GROUP, 1301 MCKINNEY STREET, SUITE 3450, HOUSTON, TX 77010-9050.**

**DISCLOSURE OF RIGHT TO RECEIVE A COPY OF APPRAISALS:** If the collateral, which will secure this loan, is a 1-4 family residence, we may order an appraisal to determine the property's value and charge you for this appraisal. We will promptly give you a copy of any appraisal, even if your loan does not close. You can pay for an additional appraisal for your own use at your own cost.

**SIGNATURES:** By signing below, Loan Applicant submits this application and the information provided on all accompanying financial statements and schedules for the purpose of obtaining credit and represents that the information submitted is accurate and complete. Loan Applicant acknowledges that representations made in this application will be relied on by Lender in evaluating this application and, if approved, in extending credit. Loan Applicant represents that none of the parties named in this application have relied on advice from the Lender in applying for or receiving any credit. Loan Applicant acknowledges that Lender has not made any commitment to approve this application and extend credit, unless otherwise agreed to in writing. Lender is authorized to conduct any inquiries it decides are necessary to verify the accuracy of the information contained in this application and to use any reasonable method to determine the creditworthiness of the Loan Applicant. Lender is also authorized to answer any questions from others about Lender's credit experience with the parties in this application. Loan Applicant will promptly notify Lender of any subsequent changes which would affect the accuracy of this application, and will provide all documents and information that Lender decides are necessary to complete this application. Loan Applicant authorizes Lender to retain this application, whether or not Lender approves any extension of credit. Any intentional misrepresentation of the information contained herein could result in criminal action under federal law.

In addition, each individual signing below authorizes the Creditor to check their individual credit account and employment history and have a credit reporting agency prepare a consumer credit report on them.

By X _____ For Applicant	_____ Printed Name and Title	_____ Date
By X _____ For Applicant	_____ Printed Name and Title	_____ Date
X _____ Guarantor	_____ Printed Name	_____ Date
X _____ Guarantor	_____ Printed Name	_____ Date
X _____ Guarantor	_____ Printed Name	_____ Date
X _____ Guarantor	_____ Printed Name	_____ Date

**General instructions for the CERTIFICATION OF BENEFICIAL OWNER(S) form (next page)**

**What is this form?**

To help the government fight financial crime, Federal regulation requires certain financial institutions to obtain, verify and record information about the beneficial owners of legal entity customers. Legal entities can be abused to disguise involvement in terrorist financing, money laundering, tax evasion, corruption, fraud and other financial crimes. Requiring the disclosure of key individuals who own or control a legal entity (i.e., the beneficial owners) helps law enforcement investigate and prosecute these crimes.

**Who has to complete this form?**

This form must be completed by the person opening a new account on behalf of a legal entity with any of the following U.S. financial institutions: (i) a bank or credit union; (ii) a broker or dealer in securities; (iii) a mutual fund; (iv) a futures commission merchant; or (v) an introducing broker in commodities.

For the purpose of this form, a **legal entity** includes a corporation, limited liability company, or other entity that is created by a filing of public document with the Secretary of State or similar office, a general partnership and any similar business entity formed in the United States or a foreign country.

**Legal entity** does **NOT** include:

- sole proprietorship,
- unincorporated associations,
- Trusts not filed with the secretary of state, or
- natural persons opening accounts on their own behalf.

**What information do I have to provide?**

This form requires you to provide the name, address, date of birth and social security number (or passport number or other similar information, the case of Non-US Persons) for the following individuals (i.e., the beneficial owners). **A copy of a government issued identification is required for each beneficial owner.**

- (i) Each individual, if any, who owns, directly or indirectly, **20 percent or more** of equity interests of the legal entity customer (e.g., each natural person that owns 20 percent or more of the shares of a corporation); **and**
- (ii) An individual with significant responsibility for managing the legal entity customer (e.g.; a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, or Treasurer).

**CERTIFICATION OF BENEFICIAL OWNER(S)****Persons opening an account on behalf of a legal entity must provide the following information:****a. Name and Title of Natural Person Opening Account:**  
\_\_\_\_\_**b. Name, Type, and Address of Legal Entity for Which the Account is Being Opened:**  
\_\_\_\_\_**c. The following information for *each* individual, if any, who, directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns **20 percent or more** of the equity interests of the legal entity listed above:  
(If no individual meets this definition, please write "Not Applicable.")**

**1.** Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address (Residential or Business Street Address): \_\_\_\_\_  
For U.S. Persons: Social Security Number: \_\_\_\_\_ Ownership Percentage: \_\_\_\_\_  
For Non-U.S. Persons: Social Number, Passport Number and Country of Issuance or other similar identification number!: \_\_\_\_\_

**2.** Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address (Residential or Business Street Address): \_\_\_\_\_  
For U.S. Persons: Social Security Number: \_\_\_\_\_ Ownership Percentage: \_\_\_\_\_  
For Non-U.S. Persons: Social Number, Passport Number and Country of Issuance or other similar identification number!: \_\_\_\_\_

**3.** Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address (Residential or Business Street Address): \_\_\_\_\_  
For U.S. Persons: Social Security Number: \_\_\_\_\_ Ownership Percentage: \_\_\_\_\_  
For Non-U.S. Persons Social Number, Passport Number and Country of Issuance or other similar identification number!: \_\_\_\_\_

**4.** Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address (Residential or Business Street Address): \_\_\_\_\_  
For U.S. Persons: Social Security Number: \_\_\_\_\_ Ownership Percentage: \_\_\_\_\_  
For Non-U.S. Persons Social Number, Passport Number and Country of Issuance or other similar identification number!: \_\_\_\_\_

5. Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address (Residential or Business Street Address): \_\_\_\_\_  
For U.S. Persons: Social Security Number: \_\_\_\_\_ Ownership Percentage: \_\_\_\_\_  
For Non-U.S. Persons: Social Number, Passport Number and Country of Issuance or other similar identification number!: \_\_\_\_\_

- d.** The following information for **one** individual with significant responsibility. For managing the legal entity listed above, such as:
- An executive officer or senior manager (e.g., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer); or
  - Any other individual who regularly performs similar junctions.

(If appropriate, an individual listed under section (c) above may also be listed in this section (d)).

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address (Residential or Business Street Address): \_\_\_\_\_  
For U.S. Persons: Social Security Number: \_\_\_\_\_  
For Non-U.S. Persons: Social Number, Passport Number and Country of Issuance or other similar identification number!: \_\_\_\_\_

**I, (name of person opening account), hereby certify, to the best of my knowledge, that the information provided above is complete and correct.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<sup>1</sup>In lieu of a passport number, foreign persons may also provide an 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.