



# YORK TRADITIONS

B · A · N · K

## BUSINESS LOAN APPLICATION

### SECTION A: TYPE OF CREDIT APPLYING FOR

Type of Loan	Amount Requested	Primary Purpose of this Loan(s):
<input type="checkbox"/> Business Line of Credit	\$	
<input type="checkbox"/> Equipment Term Loan - Length:	\$	
<input type="checkbox"/> Letter of Credit	\$	
<input type="checkbox"/> Commercial Mortgage Loan - Length:	\$	

### SECTION B: BUSINESS INFORMATION

Beginning Date of Ownership:		Annual Revenue: \$		Fiscal Year End:
Date the Business was Established:		Is this a Start-up business? <input type="checkbox"/> Yes <input type="checkbox"/> No		Tax ID#
Business Name (exact legal):				
Business Street Address:				
City:	State:	Zip:	County:	
Phone:		Fax:		Website:
Type of Business Entity:				
<input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Subchapter "S" Corporation <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Liability Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Other:				
The State in which the business is formed:			NAICS Code <a href="http://www.naics.com/search.htm">http://www.naics.com/search.htm</a>	
Name & Phone of Accountant			Name & Phone of Attorney	

### SECTION C: BUSINESS INDEBTEDNESS

Supply the following information for all Term Loans, Credit Lines, Mortgages, Leases, Etc. (Attach a separate sheet for any additional debt.)

Name & Address of Lender:		Loan Balance or Credit Line Amount: \$	
Monthly Payment: \$	Rate:	Will proceeds from this loan be used to pay off this debt? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Collateral Pledged:		Purpose:	
Name & Address of Lender:		Loan Balance or Credit Line Amount: \$	
Monthly Payment: \$	Rate:	Will proceeds from this loan be used to pay off this debt? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Collateral Pledged:		Purpose:	

**SECTION D: PRINCIPAL'S INFORMATION**

Please provide the requested information for all principals of the business with 20% or greater ownership. (Attach a separate sheet for any additional principals.)

<b>Owner # 1</b>		<b>Owner # 2</b>	
Name:		Name:	
Title:		Title:	
Social Security #:		Social Security #:	
Date of Birth:	Ownership %:	Date of Birth:	Ownership %:
Street Address:		Street Address:	
City:	State:	City:	State:
Zip:	Years at Address:	Zip:	Years at Address:
Phone:	<input type="checkbox"/> Own <input type="checkbox"/> Rent	Phone:	<input type="checkbox"/> Own <input type="checkbox"/> Rent
Mailing Address (if different):		Mailing Address (if different):	
Monthly Income*: \$		Monthly Income*: \$	
*Notice Regarding Sources of Income: Alimony, child support or maintenance payments need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.			
Monthly Housing Payment: \$		Monthly Housing Payment: \$	
Financials as of (date):		Financials as of (date):	
<b>Assets:</b>		<b>Assets:</b>	
Cash:	\$	Cash:	\$
Real Estate (Personal Residence):	\$	Real Estate (Personal Residence):	\$
Real Estate (Other):	\$	Real Estate (Other):	\$
Investments:	\$	Investments:	\$
401(k)s and IRAs	\$	401(k)s and IRAs	\$
Automobiles	\$	Automobiles	\$
Other (list)	\$	Other (list)	\$
<b>TOTAL ASSETS:</b>	\$	<b>TOTAL ASSETS:</b>	\$
<b>Liabilities:</b>		<b>Liabilities:</b>	
Loans:	\$	Loans:	\$
Credit Card Balances:	\$	Credit Card Balances:	\$
Mortgage (Personal Residence):	\$	Mortgage (Personal Residence):	\$
Mortgage (Other):	\$	Mortgage (Other):	\$
Income Tax payable:	\$	Income Tax payable:	\$
Automobile Loans:	\$	Automobiles Loans:	\$
Other (list):	\$	Other (list):	\$
<b>TOTAL LIABILITIES</b>	\$	<b>TOTAL LIABILITIES:</b>	\$
<b>NET WORTH:</b>		<b>NET WORTH:</b>	
Net worth = Assets – Liabilities	\$	Net worth = Assets - Liabilities	\$

**SECTION E: DEPOSIT ACCOUNT(S)**

Bank Name:	Account #:	Account Type:	Average Balance:
			\$
			\$
			\$

**SECTION F: COLLATERAL AVAILABLE**

Please check the appropriate boxes

Who is granting the collateral?

 All Business Assets: (Includes Accounts Receivable, Inventory and Equipment Assets) New Vehicle (Please provide copy of invoice or description)

Purchase Price: \$                      Year:                      Make:                      Model:

 Equipment (Please provide copy of invoice or description) New     Used    Purchase Price: \$                      Description: Real Estate -  Residential     CommercialOwner Occupied  Yes     No

Address:                      Current Market Value: \$

City:                      State:                      Zip:                      County:

Mortgagor:                      Mortgage Balance: \$                      Payment Amount: \$

Type of Property (if Commercial)     Office     Retail     Apartment     Industrial

Number of units (if applicable):    Number of Tenants (if applicable):    Building Size:

 Mixed Use Other    If "Other", please explain: Certificates of Deposit and Savings Accounts: (A security interest will be taken in all Deposit Accounts.) Marketable Securities and Stock: (Retirement Accounts are not eligible) Please provide recent statement.**SECTION G: OTHER BUSINESS INFORMATION**

Answer	Question	Explanation (Please use an additional sheet if necessary)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the company or principals have any unsettled lawsuits, judgments, or disputes? If yes, explain.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Has the business or any principal ever declared bankruptcy? If yes, when?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are any taxes currently past due by the business or any principal? If yes, explain.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the company liable on any debts not shown?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the company or any principal contingently liable as guarantor or endorser? If yes, explain.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Has any principal been indicted or convicted of a felony or misdemeanor? If yes, explain.	

## SECTION H: AGREEMENT, GOVERNMENT MONITORING INFORMATION

If the applicant is one or more individuals and any of the loan proceeds will be used for any of the following purposes, please read and complete the Information for Government Monitoring Purposes below.

- Purchase a residential property
- Refinance a residential property
- Improve a residential property

The following information is requested by the Federal Government for certain types of loans related to a dwelling, in order to monitor the lender's compliance with equal credit opportunity, fair housing and home mortgage disclosure laws. You are not required to furnish this information, but are encouraged to do so. You may select one or more designations for "Race." The law provides that a lender may neither discriminate on the basis of this information, or on whether you choose to furnish it. However, if you choose not to furnish the information and you have made this application in person, under Federal regulations the lender is required to note ethnicity, race and sex on the basis of visual observation or surname. If you do not wish to furnish the above information, please check the box below.

Borrower <input type="checkbox"/> I do not wish to furnish this information	CO-Borrower <input type="checkbox"/> I do not wish to furnish this information
Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander	Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander
Race: <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White	Race: <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female

## APPLICANT SIGNATURES

I/We hereby apply for the loan or credit described in this application. I/We certify that I/we made no misrepresentations in this loan application or in any related documents, that all information is true and complete, and that I/we did not omit any important information. I/We agree that any property securing the loan or credit will not be used for any illegal or restricted purpose. Lender is authorized to verify with other parties and to make any investigation of my/our credit, either directly or through any agency employed by Lender for that purpose. Lender may disclose to any other interested parties information as to Lender's experiences or transactions with my/our account. I/We understand that Lender will retain this application and any other credit information Lender receives, even if no loan or credit is granted. These representations and authorizations extend not only to lender, but also to any insurer of the loan and to any investor to whom Lender may sell all or any part of the loan. I/We further authorize Lender to provide any such insurer or investor any information and documentation that they may request with respect to my/our application, credit or loan.

We intend to apply for joint credit \_\_\_\_\_ (Initial) \_\_\_\_\_ (Initial)  
Applicant Co-Applicant

APPLICANT:

X \_\_\_\_\_ X \_\_\_\_\_  
Applicant Date Co-Applicant Date

## TO BE COMPLETED BY INTERVIEWER (For Lender's Use Only)

Application Taken By:  Face to Face Interview  Mail  Telephone  Internet

<input type="checkbox"/> Verified Business Address as principal location	Address at which proceeds will be used: <input type="checkbox"/> Business <input type="checkbox"/> Principal <input type="checkbox"/> Other	<b>If other, describe property type (1-4 family, multi-family, etc):</b>	
Address	City	State	Zip




Is this loan a HMDA reportable Loan?  Yes  No  
 If yes, complete HMDA form and submit with the completed application

Officer Name: \_\_\_\_\_ Officer Phone Number: \_\_\_\_\_

**\*Please print and save for your records\***

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## **When you've completed your application, return it along with:**

-  *the company's financial statements for the past 3 years,*
-  *2 years of business income tax returns, and*
-  *2 years of personal tax returns*

## **Return in person or by mail to:**

York Traditions Bank  
235 St Charles Way  
York, PA 17402  
Attn: Small Business Banking Officer

**Or fax to:** 717-741-1927

**We will contact you within 48 hours of receiving your completed application.**

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## **Disclosure of Right to Request Specific Reason for Credit Denial**

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 us within sixty (60) days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within thirty (30) days of receiving your request for the statement. Please send requests to: York Traditions Bank, 235 St Charles Way, York PA 17402, Attn: Small Business Banking Officer

Please include the following information: Your name, the type of loan applied for, the branch where the application was made and the action taken on your application.

**Notice:** The Federal Equal Credit Opportunity Act prohibits creditors from discrimination against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided 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 creditor is: FDIC Consumer Response Center, 1100 Walnut Street, Box #11, Kansas City, Missouri 64106

## **Disclosure of Applicant's Right to Receive Copy of Appraisal on 1-4 Unit Residential Structure**

You have the right to receive a copy of the appraisal report (or evaluation) used in connection with your application for credit if the credit involved a lien on a 1-4 unit residential structure. If you wish to have a copy, please write to us at the mailing address that we have provided. We must hear from you no later than ninety (90) days after we notify you about the action taken on your credit application or you withdraw your application.

Please send requests to: York Traditions Bank, 235 St Charles Way, York PA 17402, Attn: Small Business Banking Officer

