

Business Product Requested (Check all that apply) <input type="checkbox"/> Line of Credit <input type="checkbox"/> Term Loan	Requested Loan Amount \$ _____
Purpose/Use of Funds	Gross Annual Revenue \$ _____

Business Information

Complete Legal Name				
DBA Name			SSN/Federal Tax ID #	
Business Street Address		City	State	Zip
Mailing Address (if different)		City	State	Zip
Business Phone		Business Email Address		
Business Contact Name		Business Fax		
Legal Status of Business (Please attach legal filing documents—i.e. Articles of Incorporation, Operating Agreement, etc.)				
<input type="checkbox"/> Corporation	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> General Partnership	<input type="checkbox"/> Limited Liability Partnership	
<input type="checkbox"/> S Corporation	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Other	
Business Description			Years in Business	

Please list all persons who own more than 10% of the Company	Please list the person with primary management responsibilities
	Title
%	
%	
%	
%	

Related Business Issues

If Applicant answers "yes" to any of the following, please describe the circumstances in detail below or on an attached sheet

Has Applicant already pledged inventory, accounts receivable or equipment to secure other debt?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Lender/Contact
Is Applicant a party to any claim or lawsuit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date of Filing
Has Applicant declared bankruptcy in the past 10 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date of Filing
Does Applicant owe any past due taxes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Owed to
Are you applying for credit from another source?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Where
Is Applicant an endorser, guarantor or co-maker for any obligations, including leases?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Principals/Guarantors

All owners and percentage of ownership MUST be listed. Attach additional pages as needed.
 Sole Proprietors: You may apply for credit in your name alone, regardless of marital status.

First Name	Middle Initial	Last Name	% Ownership
Residential Street Address		City	State Zip
Home/Cell Phone		<input type="checkbox"/> Own <input type="checkbox"/> Rent	# of Years
Social Security Number		Date of Birth	
Do you have a trust? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Trust		Revocable? <input type="checkbox"/> Yes <input type="checkbox"/> No

First Name	Middle Initial	Last Name	% Ownership
Residential Street Address		City	State Zip
Home/Cell Phone		<input type="checkbox"/> Own <input type="checkbox"/> Rent	# of Years
Social Security Number		Date of Birth	
Do you have a trust? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Trust		Revocable? <input type="checkbox"/> Yes <input type="checkbox"/> No

Applicant's Statement

Applicant and each principal/guarantor authorize Clatsop Community Bank ("Bank") to obtain credit report (including personal credit reports), copies of tax returns and other information from the IRS and other taxing authorities, and to take such other steps as Bank deems appropriate to verify (and from time to time re-verify) the information provided with this form. Applicant and each principal/guarantor further agree to execute and deliver to Bank such other forms, and take such other action, as Bank requests in furtherance of the foregoing. Applicant and each principal/guarantor authorize Bank to release credit information concerning same to other creditors, credit bureaus, credit reporters and to Bank's agents. Applicant and each principal/guarantor agree to promptly notify Bank in writing of any change in name, address or location of assets. Applicant certifies that the information provided on and with this form is complete and correct and that the undersigned are/is authorized to execute this form on behalf of the Applicant. Applicant agrees that funds drawn on the credit facilities will only be used for business purposes of the borrowing entity signing this application. All principals and/or guarantors previously listed must sign Authorization for Bank to obtain personal credit and financial information.

Authorized Signature

Authorized Signature

Name of Authorized Signer (please print)

Name of Authorized Signer (please print)

Title _____ Date _____

Title _____ Date _____

Applicant Disclosure Page

Below are the disclosures that have been provided to you in a format in which you can retain for your records.

IMPORTANT INFORMATION YOU NEED TO KNOW ABOUT OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, Federal Law requires all financial institutions to obtain, verify and record certain information about you, including your name, legal address, date of birth, social security or tax identification number, while processing your account application. What this means to you: When you open an account, we will ask for your name, physical address, date of birth and other information that will allow us to identify you. We may also ask to see your drivers license or other identifying documents.

Credit Denial Notice

If your gross revenues were \$1,000,000 or less in your previous fiscal year, or you are requesting trade credit, a factoring agreement, or similar types of business credit, and if your application for business credit is denied, you have the right to a written statement of specific reasons for denial. To obtain the statement, please contact Clatsop Community Bank, Loan Department, 1150 N. Roosevelt Dr., Seaside, OR 97138 within 60 days of 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 protection extended to you.

Equal Credit Opportunity Notice

The federal Equal Credit Opportunity Act prohibits creditors from discriminating against Applicants on the basis of race, color, religion, national origin, sex, marital status, age (providing the Applicant has the capacity to enter into a legally binding contract), because all or a part of the Applicant's income is derived from any public assistance program, or because the Applicant has in good faith exercised any right under the Consumer Protection Act. The federal agency that administers compliance with this law concerning Clatsop Community Bank is: FDIC Consumer Response Center, 1100 Walnut Street, Box #11, Kansas City, MO 64106.

Right to Copy of Appraisal

We may order an appraisal to determine the property's value and charge you for this appraisal. In the event the property is a 1-to-4 family residential property, we will promptly provide you with a copy of any such appraisal, even if your loan does not close.