



Woodsville • Piermont • Lisbon • Littleton • Lancaster • Plymouth • Franconia

BUSINESS LOAN APPLICATION

Registered Name: _____ Primary Activity: _____

Legal Form of Business: Sole Proprietorship Partnership (type: _____) LLC Trust Corporation (S or C: _____) Other (describe: _____)

Mailing Address: _____
Physical Address: _____
(if different): _____

Telephone: _____ Fax: _____ Year Est: _____ # of Employees: _____

Federal Tax ID #: _____ E-mail: _____ Website: _____

Loan Amount Requested: \$ _____ Briefly describe how loan proceeds will be used: _____

Line of Credit _____
If applying for a Line of Credit, will you have a zero balance during the year? Yes No If 'Yes', when?: _____
 Term _____
 Commercial Real Estate _____
 Other _____

What is the primary source for repaying the loan? _____
What payment terms do you offer your customers? _____
What payment terms are offered by your major suppliers? _____
Briefly describe any seasonality related to your business: _____

Information about the BUSINESS OWNERS:

<u>NAME</u>	<u>TITLE</u>	<u>ADDRESS</u>	<u>%OWNERSHIP</u>	<u>SOC. SEC.#</u>
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DEPOSIT REFERENCES:

Bank/Address:	Checking #	Avg. Balance \$	Savings #	Avg. Balance \$
Contact Person: _____				

Bank/Address:	Checking #	Avg. Balance \$	Savings #	Avg. Balance \$
Contact Person: _____				

LOAN RELATIONSHIPS:

Lender/Bank Name	Purpose of Loan	Orig. Amt.	Current Bal.	Pmt. Amount	Mat. Date	Interest Rate
						%
						%
						%

TRADE REFERENCES:

Business Name: _____ Contact: _____ Address: _____ Phone #: _____ Account #: _____

Please provide details below or on a separate sheet if you answer YES to any of the following questions:

Is the Business an endorser, guarantor, or co-maker for obligations not listed on financial statements? Yes No

If YES, please summarize TOTAL CONTINGENT LIABILITY: \$ _____

Is the Business a party to any claim or lawsuit? Yes No

Has the Business ever declared Bankruptcy? Yes No Chapter _____ Date of Filing: _____

Does the Business owe any taxes for prior years? Yes No Federal: \$ _____ State: \$ _____

Are any of the Business assets encumbered by liens or attachments of any type? Yes No

Which assets? _____ By whom? _____ Amount: \$ _____

Which assets? _____ By whom? _____ Amount: \$ _____

Does the Business have a pension fund? Yes No Profit Sharing Plan? Yes No

If YES, does the plan have any unfunded pension liabilities? Yes No Amount: \$ _____

INSURANCE COVERAGE:

Fire Coverage: Buildings & Contents: \$ _____ Home: \$ _____

Business Interruption: \$ _____ Key Executive: \$ _____

Insurance Agent/Broker: _____ Phone: _____

AUTHORIZATION:

The undersigned certify that the statements in this application are true, correct, and complete. Woodsville Guaranty Savings Bank (BANK) is authorized to check my credit, make inquiries, and gather information the BANK deems necessary and reasonable concerning statements made on this application. It is further agreed that the BANK will be promptly notified of any material changes in the above information.

NOTICE – JOINT CREDIT

We intend to apply for joint credit (initials) _____

BUSINESS NAME: _____

Authorized signer _____ Title _____ Date _____

Authorized signer _____ Title _____ Date _____