COMMERCIAL LOAN APPLICATION

REQUESTED LOAN AMOUNT _____ PURPOSE _____

APPLICANT TYPE ☐ INDIVIDUAL ☐ JOINT ☐ CORPORATION ☐ PARTNERSHIP ☐ OTHER

REQUESTED LOAN TYPE ☐ OPERATING LINE OF CREDIT ☐ TERM EQUIPMENT ☐ REAL ESTATE

CORPORATION OR PARTNERSHIP INFORMATION

CORP OR PARTNERSHIP NAME _____ TIN _____

ADDRESS _____

E-MAIL ADDRESS: _____ PHONE _____

CORP. OFFICERS & TITLES _____ _____

_____ _____

PARTNERS & % OWNERSHIP _____ _____

_____ _____

PERSONAL INFORMATION

BORROWER NAME _____ BIRTH DATE _____ SS # _____

CO BORROWER NAME _____ BIRTH DATE _____ SS # _____

ADDRESS _____ PHONE _____

E-MAIL ADDRESS _____ CELL PHONE _____

OCCUPATION _____ ANNUAL INCOME _____

BASIC CREDIT & LEGAL INFORMATION

HAS THE BORROWER EVER BEEN INVOLVED IN BANKRUPTCY? ☐ YES ☐ NO

HAVE YOU FILED ALL NECESSARY STATE & FEDERAL INCOME TAX RETURNS? ☐ YES ☐ NO

ARE ANY TAXES DELINQUENT OR UNDER DISPUTE? ☐ YES ☐ NO

ARE YOU A DEFENDANT IN A LEGAL ACTION, OR HAVE JUDGMENTS OR MECHANIC'S LIENS OUTSTANDING? ☐ YES ☐ NO

LIST ANY CONTINGENT LIABILITIES AS ENDORSER, COSIGNER, OR GUARANTOR (NAMES & AMOUNTS)

_____

_____

INSURANCE COVERAGES	AMOUNT	AGENCY
BUILDINGS $		
EQUIPMENT $		
LIABILITY $		
LIFE (GUARANTORS) $		
MEDICAL $		
DISABILITY $		

IF PURPOSE IS REAL ESTATE ☐ PURCHASE ☐ REFINANCE ☐ CONSTRUCTION

PURCHASE PRICE _____ DOWN PAYMENT AVAILABLE _____

PAYMENT SCHEDULE ☐ ANNUAL ☐ SEMI ANNUAL ☐ QUARTERLY ☐ MONTHLY

REQUESTED TERM IN YEARS _____

Were your gross revenues $1,000,000 or less in your previous fiscal year? ☐ YES ☐ NO

If you answered "yes" and the Creditor denies your application for credit, you have the right to a written statement of the specific reasons for the denial. To obtain the statement please contact:

ALLIANCE BANK
101 W Montgomery St; PO Box 188
Francesville IN 47946

within 60 days from the date you are notified of Creditor's decision. The Creditor will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement. The notice at right describes additional protections extended to you.

To obtain and maintain credit from time to time, in any form whatsoever, with Alliance Bank (Alliance), for claims and demands against the undersigned, the undersigned submits this information as being a true and accurate statement of his/hers/its financial condition on the date signed, and agrees that if any change occurs that materially reduces the means and ability to pay all claims or demands against them, the undersigned will immediately notify Alliance Bank. Unless Alliance is so notified it may continue to rely upon the statement herein given as a true and accurate statement of the financial condition of the undersigned. Alliance is hereby authorized to make any and all inquiries it deems necessary to verify the accuracy of the statements herein made. Alliance is further authorized to answer any questions from third parties concerning the undersigned's experience with Alliance.

SIGNATURE _____ DATE _____

SIGNATURE _____ DATE _____

Prepared for **ALLIANCE BANK**

BALANCE SHEET OF: _____ **DATED:** _____

CURRENT ASSETS		VALUE	CURRENT LIABILITIES						AMOUNT
CASH & SAVINGS	(SCHEDULE 1)		ACCOUNTS PAYABLE						
SECURITIES, STOCKS & BONDS	(SCHEDULE 2)		CURRENT PORTION OF TERM DEBT						
CASH VALUE OF LIFE INSURANCE	(SCHEDULE 3)		ACCRUED INTEREST DUE ON TERM DEBT						
ACCOUNTS AND NOTES RECEIVABLE			NOTES TO	SECURED BY	PAYMENT DUE	RATE	BALANCE	INT.	
INVENTORY									
PREPAID EXPENSES									
OTHER CURRENT ASSETS	(SCHEDULE 4)		ADDITIONAL CURRENT LIABILITIES				(SCHEDULE 8)		
TOTAL CURRENT ASSETS			**TOTAL CURRENT LIABILITIES**						
INTERMEDIATE ASSETS		VALUE	INTERMEDIATE LIABILITIES						
OTHER INTERMEDIATE ASSETS	(SCHEDULE 5)		NOTES TO	SECURED BY	PAYMENT DUE	RATE	BALANCE	PRIN. DUE 12 MONTHS	AMOUNT
FURNITURE & FIXTURES									
EQUIPMENT	(MACHINERY)								
VEHICLES	(MACHINERY)		ADDITIONAL INTERMEDIATE LIABILITIES				(SCHEDULE 9)		
TOTAL INTERMEDIATE ASSETS			**TOTAL INTERMEDIATE LIABILITIES**						

LONG TERM ASSETS					VALUE	LONG TERM LIABILITIES						
ADDRESS & PROPERTY TYPE	HOW TITLED	% OWNERSHIP	COST	ACQUIRED		NOTES TO	SECURED BY	PAYMENT DUE	RATE	BALANCE	PRIN. DUE 12 MONTHS	AMOUNT
ADDITIONAL REAL ESTATE			(SCHEDULE 6)									
OTHER LONG TERM ASSETS			(SCHEDULE 7)			OTHER REAL ESTATE DEBTS				(SCHEDULE B5)		
TOTAL LONG TERM ASSETS						**TOTAL LONG TERM LIABILITIES**						
TOTAL ASSETS						**TOTAL LIABILITIES**						
						NET WORTH						

By my signature on this form, I hereby acknowledge that the information contained in this financial statement is provided for the purpose of obtaining credit from Alliance Bank. It is understood that Alliance will rely on the information provided in making its credit decision. Those signing this statement warrant and represent the information herein submitted is true and correct in all respects and Alliance may consider this representation continuing until written notice to the contrary is received by Alliance from the undersigned. Alliance is authorized to make all inquiries it deems necessary to verify the accuracy of the statements herein made, or in its discretion, to further determine the undersigned's credit standing. Alliance is hereby authorized to answer any questions from third parties concerning the undersigned's experience with Alliance.

SIGNATURE: _____ DATE: _____

SIGNATURE: _____ DATE: _____

SCHEDULE 1 - BANKS, SAVINGS & LOANS, CREDIT UNIONS (ETC.) WHERE FUNDS ARE ON DEPOSIT

NAME OF INSTITUTION	LOCATION	TYPE OF DEPOSIT	OWNER(S)	AMOUNT ON DEPOSIT

SCHEDULE 2 - U.S. GOVERNMENT & MARKETABLE SECURITIES

DESCRIPTION	IN NAME OF	NUMBER OF SHARES	MARKET VALUE	LOANS AGAINST SECURITIES	AMOUNT OF LOAN

BALANCE SHEET SUPPORTING SCHEDULES FOR: _____ DATE: _____

***NOTE:* Use these forms only for information which does not fit on the main Balance Sheet form!

SCHEDULE 3 - LIFE INSURANCE CARRIED, INCLUDING N.S.L.I. AND GROUP INSURANCE

INSURANCE COMPANY	OWNER OF POLICY	BENEFICIARY	FACE AMOUNT	CASH VALUE	LOANS AGAINST

SCHEDULE 4 - OTHER CURRENT ASSETS

DESCRIPTION	VALUE

SCHEDULE 5 - OTHER INTERMEDIATE ASSETS

DESCRIPTION	VALUE

SCHEDULE 6: REAL ESTATE

ADDRESS & TYPE OF PROPERTY	TITLE IN NAME OF	% OF OWNERSHIP	DATE ACQUIRED	COST	VALUE	MORTGAGE BALANCE

SCHEDULE 7 - OTHER LONG TERM ASSETS

DESCRIPTION	VALUE

SCHEDULE 8: CURRENT LIABILITIES

NOTES TO	SECURED BY	DUE DATE	RATE	PRINCIPAL BALANCE	INTEREST DUE	AMOUNT

SCHEDULE 9: INTERMEDIATE LIABILITIES

NOTES TO	SECURED BY	DUE DATE	RATE	PRINCIPAL BALANCE	PRINCIPAL DUE IN 12 MOS.	AMOUNT

SCHEDULE 10: OTHER REAL ESTATE DEBTS

NOTES TO	SECURED BY	DUE DATE	RATE	PRINCIPAL BALANCE	PRINCIPAL DUE IN 12 MOS.	AMOUNT

SCHEDULE A8 TO BALANCE SHEET OF _____ DATE: _____

EQUIPMENT DESCRIPTION	MAKE	MODEL	YEAR	SECURITY HELD BY	OWNER'S VALUATION	NAEDA VALUATION ADJUSTMENT
				From Page 2	0	
				SUB TOTAL EQUIPMENT	0	
				From Page 2	0	
				SUB TOTAL VEHICLES	0	
				GRAND TOTAL	0	

I AM THE OWNER OF THE PROPERTY DESCRIBED ABOVE AND HEREBY AGREE THAT THESE ITEMS ARE GIVEN AS COLLATERAL FOR CREDIT OBTAINED FROM ALLIANCE BANK. I FURTHER AGREE THAT THE ABOVE DESCRIPTION OF COLLATERAL SERVES AS AN EXHIBIT OR SUPPLEMENT TO ALL SECURITY AGREEMENTS COVERING SAID PROPERTY

SIGNED_____ DATED _____

SIGNED_____ DATED _____

Alliance Bank Page 2 of SCHEDULE A8 TO BALANCE SHEET OF: ____

EQUIPMENT DESCRIPTION	MAKE	MODEL	YEAR	SECURITY HELD BY	OWNER'S VALUATION	NAEDA VALUATION ADJUSTMENT
SUB TOTAL EQUIPMENT					0	
SUB TOTAL VEHICLES					0	

EARNINGS STATEMENT & CAPITAL PURCHASES SUMMARY FOR: _____

	DATE OF LAST YEAR'S BALANCE SHEET	
	DATE OF THIS YEAR'S BALANCE SHEET	
	--INCOME--	
1	GROSS SALES	
2	RETURNS AND ALLOWANCES	
	TOTAL SALES	
3	COST OF GOODS SOLD	
4	GROSS PROFIT	
5	OTHER INCOME	
6	**GROSS INCOME**	
	--EXPENSES--	
	COINCIDES WITH TAX FORM	
7	COMPENSATION OF OFFICERS	
8	SALARIES AND WAGES	
9	REPAIRS AND MAINTENANCE	
10	BAD DEBTS	
11	RENTS	
12	TAXES AND LICENSES	
13	INTEREST	
14	DEPRECIATION	
15	DEPLETION	
16	ADVERTISING	
17	PENSION & PROFIT SHARING PLANS	
18	EMPLOYEE BENEFIT	
19	AUTO EXPENSE	
20	COMMISSIONS AND FEES	
21	CONTRACT LABOR	
22	INSURANCE	
23	LEGAL AND PROFESSIONAL FEES	
24	OFFICE EXPENSE	
25	SUPPLIES	
26	TRAVEL, MEALS & ENTERTAINMENT	
27	UTILITIES	
28	OTHER EXPENSES (ATTACH ADD'L STATEMENT)	
29	**TOTAL OPERATING EXPENSE**	SUM LINES 7 THRU 28
30	**NET INCOME FROM OPERATIONS**	LINE 6 - LINE 30
31	GAIN OR LOSS ON CAPITAL SALES	
32	**NET INCOME**	LINE 30 - LINE 31
	--OTHER INCOME--	
33	INTEREST/DIVIDEND INCOME	
34	OTHER	
	--INCOME TAX EXPENSES--	
35	CASH INCOME TAX EXPENSE	
36	**NET INCOME**	LINE 32+33+34-35

Personal Financial Statement

as submitted to Alliance Bank

DATED:

IMPORTANT: Read these directions before completing this Statement

You are applying for individual credit in your own name and are relying on your own income, or assets and not the income or assets of another person as the basis for repayment of the credit requested.

(PLEASE TYPE OR PRINT)

SECTION 1 - INDIVIDUAL INFORMATION	SECTION 2 - OTHER PARTY INFORMATION
Name:	Name:
Address:	Address:
City, State & Zip:	City, State & Zip:
Position & Occupation:	Position & Occupation:
Business Name:	Business Name:
Business Address:	Business Address:
City, State & Zip:	City, State & Zip:
Length of Employment:	Length of Employment:
Res. Phone:	Res. Phone:
Bus. Phone:	Bus. Phone:
email address:	email address:

SECTION 3 - STATEMENT OF FINANCIAL CONDITION

Assets (Do not include asset of doubtful value.)	In Dollars (Omit cents)	Liabilities	In Dollars (Omit cents)
Cash on hand - see Schedule A		Notes payable to Institutions or individuals - see Schedule I	
U.S. Gov't & Marketable Securities - see Schedule B		Credit Cards	
Non-Marketable Securities - see Schedule C		Accounts and Bills due	
Real estate owned - see Schedule D		Real estate mortgages payable - see Schedule D	
Automobiles and other vehicles - see Schedule E		Unpaid income tax	
Accounts, loans and other notes receivable - see Sched. F		Other unpaid taxes and interest	
Cash value - life insurance - see Schedule G		Life insurance loans - see Schedule G	
Book value of business ventures - see Schedule H		Other debts - itemize	
Other personal property			
Other assets - itemize			
		TOTAL LIABILITIES	
		NET WORTH	
TOTAL ASSETS:		TOTAL LIABILITIES AND NET WORTH	

SECTION 4 - ANNUAL INCOME & EXPENSES

For year ended		Amount	Annual Expenditures	Amount
Salary		$	Mortgage/rental payments	
Bonuses & Commissions			Utility payments	
Dividends & interest			Real estate taxes & assessments	
Net real estate income (before debt service)			Taxes: federal, state & local	
Other income (specify)			Insurance payments	
			Other contracts payments (car payments, charge cards, etc.)	
(Alimony, child support or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.)			Alimony, child support, maintenance	
			Other expenses	
Total Income			**Total Expenditures**	

SECTION 5 - CONTINGENT LIABILITIES

Contingent Liabilities	Borrower Yes / No	CoBorrower Yes / No	Amounts
DO YOU HAVE ANY…			
Contingent liabilities as a co-maker or guarantor?	No	No	
Involvement in pending legal actions?	No	No	$
Other special debt or circumstance?	No	No	$
Contested income tax liens?	No	No	$
If "yes" to any question, describe your liability. Attach extra papers as needed.			
Total Contingent Liabilities			

Income tax settled through (date)

Have you ever been declared bankrupt? Yes__ No___

If Yes, describe on separate sheet

SCHEDULE A - BANKS, SAVINGS & LOANS, CREDIT UNIONS (ETC.) WHERE FUNDS ARE ON DEPOSIT

Name of Institution	Location	Type of Deposit	Name(s) of Owner(s)	Amount on Deposit

SCHEDULE B - U.S. GOVERNMENT & MARKETABLE SECURITIES

Number of Shares or Face Value (bonds)	Description	In Name Of	Market Value	Loans against securities Original	Loans against securities Current

SCHEDULE C - NON-MARKETABLE SECURITIES

Number of Shares	Name of Corporation	Location and Nature of Business	In Name Of	% Ownership	Market Value	Source of Value	Loans against Securities

SCHEDULE D - REAL ESTATE (WHOLLY OR PARTIALLY OWNED)

Address & Type of Property	Title in Name of	% of Ownership	Date Acquired	Cost	Market Value	Annual Payment	Mortgage Balance	Mortgage Maturity
ADDITIONAL REAL ESTATE PER SCHEDULE D1								

SCHEDULE E - AUTOMOBILES

Year, Make, Model of Vehicle	Mileage	Value

SCHEDULE F - ACCOUNTS, LOANS, NOTES RECEIVABLE

Type of Account	Original Amount	Name of Borrower	Current Value

SCHEDULE G - LIFE INSURANCE CARRIED, INCLUDING N.S.L.I. AND GROUP INSURANCE

Name of Insurance Company	Owner of Policy	Beneficiary	Face Amount	Policy Loans Original Amt	Policy Loans Balance	Surrender Value (Cash)

SCHEDULE H - BUSINESS VENTURES

List Name & Address of Business Ventures in Which You Are a Principal or Partner	Book Value As Listed in Section 3	Your % of Ownership	Your Position/Title In the Business	Total Assets of Business	Line of Business	Years in Business

SCHEDULE I - NOTES PAYABLE

Name and Address of Creditor	Purpose	Rate	Original Loan Amount	Date of Loan	Maturity Date	If Secured list collateral	Current Balance	Payment Schedule

The information contained in this statement is provided for the purpose of obtaining or maintaining credit with Alliance Bank on behalf of the undersigned, or persons, firms, or corporations in whose behalf the undersigned may either seperately, or jointly with others, execute a guaranty in favor of Alliance Bank. Each undersigned understands that Alliance Bank is relying on the information provided herein (including the designation made as to ownership of property) in deciding to grant or continue credit. Each undersigned represents and warrants that the information provided is true and complete and that Alliance Bank may consider this statement as continuing to be true and correct until a written notice of a change is given to Alliance Bank by the undersigned. As long as a loan or commitment to lend is outstanding, the undersigned agree to update this financial statement for Alliance Bank annually. Alliance Bank is authorized to make all inquiries it deems necessary to verify the accuracy of the statements made herein, and to determine my/our credit worthiness. Alliance Bank is authorized to answer questions about its credit experience with me/us.

Signature _____ Signature _____

Date Signed _____ Date of Birth _____ Date Signed _____ Date of Birth _____

S.S. No. _____ S.S. No. _____