

COMMERCIAL LOAN APPLICATION



FULTON SAVINGS BANK

75 South First Street

Fulton, NY 13069

Telephone#: (315) 592-3158

(315) 200-0063

DATED: _____

On the date indicated above the Applicant submits the following application to the Lender for the purpose of inducing the Lender to grant the Applicant credit accommodations. Applicant understands that all blanks are to be filled in by printing or typewriter, and if there is insufficient space to provide requested information the Applicant will so indicate and provide such information on separate attached schedules.

APPLICANT INFORMATION

NAME		STREET ADDRESS	
CITY	STATE	ZIP CODE	
TELEPHONE NUMBER(S)		TAX I.D. NUMBER	
TYPE OF BUSINESS		TYPE OF ORGANIZATION: <input type="checkbox"/> Limited Liability Company ("LLC") <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship	
STATE AND COUNTY WHERE ORGANIZED	FISCAL YEAR ENDS	DATE STARTED	

LIST: PRINCIPAL OWNERS (if Proprietorship), PARTNERS (if Partnership, OFFICERS (if Corporation), MEMBERS/MANAGERS (if LLC), AS APPLICABLE

NAME	TELEPHONE NUMBER	SOCIAL SECURITY NUMBER	
EMAIL ADDRESS	TITLE	DATE OF BIRTH	% OF OWNERSHIP
STREET ADDRESS, CITY, STATE, ZIP CODE		<input type="checkbox"/> Personal Financial Statement Enclosed	
NAME	TELEPHONE NUMBER	SOCIAL SECURITY NUMBER	
EMAIL ADDRESS	TITLE	DATE OF BIRTH	% OF OWNERSHIP
STREET ADDRESS, CITY, STATE, ZIP CODE		<input type="checkbox"/> Personal Financial Statement Enclosed	
NAME	TELEPHONE NUMBER	SOCIAL SECURITY NUMBER	
EMAIL ADDRESS	TITLE	DATE OF BIRTH	% OF OWNERSHIP
STREET ADDRESS, CITY, STATE, ZIP CODE		<input type="checkbox"/> Personal Financial Statement Enclosed	

TYPE(S) OF LOAN(S) REQUESTED

A	AMOUNT \$	REQUESTED TERM
	PURPOSE	
B	AMOUNT \$	REQUESTED TERM
	PURPOSE	

PROPOSED COLLATERAL FOR LOAN

BRIEF DESCRIPTION

LOCATION OF COLLATERAL

ESTIMATED VALUE

BRIEF DESCRIPTION

LOCATION OF COLLATERAL

ESTIMATED VALUE

BUSINESS RELATED DEBTS OF APPLICANT(S)

LENDER		ACCOUNT NUMBER
ORIGINAL BALANCE	CURRENT BALANCE	PAYMENT AMOUNT
PAYMENT FREQUENCY	MATURITY DATE	COLLATERAL
LENDER		ACCOUNT NUMBER
ORIGINAL BALANCE	CURRENT BALANCE	PAYMENT AMOUNT
PAYMENT FREQUENCY	MATURITY DATE	COLLATERAL
LENDER		ACCOUNT NUMBER
ORIGINAL BALANCE	CURRENT BALANCE	PAYMENT AMOUNT
PAYMENT FREQUENCY	MATURITY DATE	COLLATERAL
LENDER		ACCOUNT NUMBER
ORIGINAL BALANCE	CURRENT BALANCE	PAYMENT AMOUNT
PAYMENT FREQUENCY	MATURITY DATE	COLLATERAL

EQUAL CREDIT OPPORTUNITY NOTICE

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 reason for denial. To obtain the statement please contact:

within 60 days from the date you are notified of the 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.

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:

FDIC Consumer Response Center
2345 Grand Boulevard, Suite 100
Kansas City Missouri 64108

The information and the information provided on all accompanying financial statements and schedules is provided for the purpose of obtaining credit for the Applicant(s) or for the purpose of Applicant(s) guaranteeing credit for others. Applicant(s) acknowledge that representations made in this statement will be relied on by Creditor in its decision to grant such credit. This statement is true and correct in every detail and accurately represents the financial condition of the Applicant(s) on the date given below. Creditor is authorized to make all inquiries it deems necessary to verify the accuracy of the information contained herein and to determine the creditworthiness of the Applicant(s). Applicant(s) will promptly notify Creditor of any subsequent changes which would affect the accuracy of this Statement. Creditor is further authorized to answer any questions about Creditor's credit experience with Applicant(s). Applicant(s) are aware that any knowing or willful false statements regarding the value of the above property for purposes of influencing the actions of Creditor can be a violation of federal law, 18 U.S.C. & 1014, and may result in a fine or imprisonment or both.

By signing below, each applicant declares that he/she has read and understands the statement above.

Applicant(s)

By _____
Signature Date

By _____
Signature Date

By _____
Signature Date

By _____
Signature Date

Equal Credit Opportunity Notice

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