

Commercial Credit Application

LOAN REQUEST		
Amount Requested:	<input type="checkbox"/> Equipment Term Loan	<input type="checkbox"/> Real Estate Term Loan
Use of Proceeds:	<input type="checkbox"/> Line of Credit	For Real Estate Loan - Type of Property:
	<input type="checkbox"/> Renewal/ Refi' of Existing # _____	
Term of Loan:	Collateral Description:	Collateral Value:
Notice of Joint Intent:		
We intend to apply for joint credit. (initial) _____ Applicant _____ Co-Applicant _____ Co-Applicant _____ Co-Applicant		

BORROWER INFORMATION		
Legal Name of Business/ Borrower:	Type of Business (be specific) :	
Years in Business:	Address of Business (No P.O. Boxes) : _____	EIN: _____
Annual Business Revenue:	City: _____	State: _____
\$ _____	Zip Code: _____	Business Phone: _____
		Email: _____

List the names of Partners in the Borrower Entity (Partnership), Members of the Borrower Entity (LLC), and Shareholders of the Borrower Entity (Corporation) having 25% interest or greater. Also list any general partners (Partnership), managers or managing members (LLC), and any directors (Corporation) and indicate that such person or entity controls the Borrower. (Use a separate sheet if necessary.)

PRINCIPAL(S) / GUARANTOR(S) INFORMATION (attach add'l document if needed)			
Name (First, MI, Last):	Title:	<input type="checkbox"/> Control	% of Ownership:
Address (No P.O. Boxes) : _____	Phone: _____	D.O.B.: _____	SSN: _____
City, State, Zip: _____			
Name (First, MI, Last):	Title:	<input type="checkbox"/> Control	% of Ownership:
Address (No P.O. Boxes) : _____	Phone: _____	D.O.B.: _____	SSN: _____
City, State, Zip: _____			
Name (First, MI, Last):	Title:	<input type="checkbox"/> Control	% of Ownership:
Address (No P.O. Boxes) : _____	Phone: _____	D.O.B.: _____	SSN: _____
City, State, Zip: _____			
Name (First, MI, Last):	Title:	<input type="checkbox"/> Control	% of Ownership:
Address (No P.O. Boxes) : _____	Phone: _____	D.O.B.: _____	SSN: _____
City, State, Zip: _____			

CURRENT BUSINESS DEBT INFORMATION (attach add'l document if needed)				
Creditor	Original Amount	Current Balance	Monthly Payment	Maturity Date
Debt Type:	Original Use of Proceeds:	Debt to be Refinanced with Current Request?		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Creditor	Original Amount	Current Balance	Monthly Payment	Maturity Date
Debt Type:	Original Use of Proceeds:	Debt to be Refinanced with Current Request?		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Creditor	Original Amount	Current Balance	Monthly Payment	Maturity Date
Debt Type:	Original Use of Proceeds:	Debt to be Refinanced with Current Request?		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Creditor	Original Amount	Current Balance	Monthly Payment	Maturity Date
Debt Type:	Original Use of Proceeds:	Debt to be Refinanced with Current Request?		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		

If we deny this loan, you have a right to request a written statement of specific reasons for the action taken. This statement will be delivered to you within 30 days if it is requested within 60 days of our notification of denial. This statement can be requested by contacting us at: First National Bank of Hartford, PO Box 270106, Hartford, WI, 53027; or call us toll free at (800) 945-0195. 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 (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 administer compliance with this law concerning this creditor is: Comptroller of Currency, Customer Assistance Group, 1301 McKinney Street, Suite 3450, Houston, TX 77010-9050, Toll-free: (800) 613-6743.

GUARANTOR'S PERSONAL FINANCIAL STATEMENT (attach add'l schedules for multiple Guarantors)				
ASSETS		Value	LIABILITIES	
			Monthly P'mnt	Value
Cash on Hand & in Banks	\$		Accounts Payable	\$
Marketable Securities	\$		Taxes Payable	\$
Cash Value of Life Ins.	\$		Credit Cards	\$
Primary Residence	\$		Other Personal Loans	\$
Other Real Estate (list below)	\$		Personal Mortgage(s)	\$
Retirement Accounts	\$		Other Mortgage(s)	\$
Privately Held Business(es)	\$		Business Loans	\$
Personal Property	\$		Other Liabilities	\$
Other Assets (describe)	\$			\$
	\$			\$
Total Assets	\$		Total Liabilities	\$
			Net Worth (Assets - Liabilities)	\$

DETAILED SCHEDULE OF INVESTMENT REAL ESTATE					
Property Address	Property Type	Market Value	Gross Monthly Rental Income	Monthly Payment	Mortgage Balance

OTHER INFORMATION		
If answer is Yes to any question below, please attach an explanation	Yes	No
Has the business and/or any principal ever defaulted on a loan?		
Is the business and/or any principal involved in any litigation?		
Has the business and/or any principal ever filed bankruptcy?		
Are any taxes (income, FICA, sales, etc.) currently past due?		
Is the business and/or any principal being audited by the IRS?		
Is the business directly liable for any debts not shown on page 1 of the application?		
Is the business and/or any principal contingently liable as a guarantor, co-signer, etc.?		
Does the business have an ownership succession plan?		
Has the company ever been cited for a violation of any environmental regulation?		
Does the business and/or any principal have a controlling interest in other businesses?		

COMMERCIAL DUE DILLIGENCE
1) What brought you to FNB Hartford? _____
2) Do you plan on using any of the following products/ services at FNB Hartford? <input type="checkbox"/> ACH <input type="checkbox"/> Deposit Accts <input type="checkbox"/> Debit Card <input type="checkbox"/> Wire Services <input type="checkbox"/> Int'l <input type="checkbox"/> Dom. <input type="checkbox"/> Remote Deposit <input type="checkbox"/> Internet Banking <input type="checkbox"/> Safe Deposit <input type="checkbox"/> Overdraft Protection

CERTIFICATION AND ACKNOWLEDGEMENT

The undersigned specifically acknowledges and agrees that First National Bank Hartford, including its successors, and assigns, ("Lender") will rely on the information contained in and provided in connection with this application and all such information is given for the purposes of obtaining the loan indicated above. The undersigned authorize Lender to verify all of the above information given, to obtain a credit report or any other verification of credit references, and to make such other investigations as the Lender deems appropriate. Undersigned agree to notify Lender promptly of any adverse change in their financial condition.

The undersigned certifies that the information provided in and given in connection with this application is true and correct as of the date set forth opposite the signature(s) on this application. The undersigned acknowledges that any intentional or negligent misrepresentations of such information may result in civil liability and/or criminal penalties including, but not limited to, fine or imprisonment or both and liability for monetary damages to the Lender and any other person or entity who may suffer any loss due to reliance upon any misrepresentation which have been made in connection with this application.

X

Signature	Printed	Title	Date
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X

Signature	Printed	Title	Date
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X

Signature	Printed	Title	Date
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PRINCIPAL(S) / GUARANTOR(S) INFORMATION (Add'l Guarantors for page 1)

Name (First, MI, Last):	Title: <input type="checkbox"/> Control	% of Ownership:	
Address (No P.O. Boxes): City, State, Zip:	Phone:	D.O.B.:	SSN:
Name (First, MI, Last):	Title: <input type="checkbox"/> Control	% of Ownership:	
Address (No P.O. Boxes): City, State, Zip:	Phone:	D.O.B.:	SSN:
Name (First, MI, Last):	Title: <input type="checkbox"/> Control	% of Ownership:	
Address (No P.O. Boxes): City, State, Zip:	Phone:	D.O.B.:	SSN:

CURRENT BUSINESS DEBT INFORMATION (Add'l debt information for page 1)

Creditor	Original Amount	Current Balance	Monthly Payment	Maturity Date
Debt Type:	Original Use of Proceeds:	Debt to be Refinanced with Current Request? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Creditor	Original Amount	Current Balance	Monthly Payment	Maturity Date
Debt Type:	Original Use of Proceeds:	Debt to be Refinanced with Current Request? <input type="checkbox"/> Yes <input type="checkbox"/> No		
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Creditor	Original Amount	Current Balance	Monthly Payment	Maturity Date
Debt Type:	Original Use of Proceeds:	Debt to be Refinanced with Current Request? <input type="checkbox"/> Yes <input type="checkbox"/> No		

ADDITIONAL BUSINESS ADDRESSES

Address of Business (No P.O. Boxes):	City:	State:
Zip Code:	Business Phone:	
Address of Business (No P.O. Boxes):	City:	State:
Zip Code:	Business Phone:	
Address of Business (No P.O. Boxes):	City:	State:
Zip Code:	Business Phone:	

GUARANTOR'S PERSONAL FINANCIAL STATEMENT *(Add'l schedule for multiple Guarantors)*

Name:

ASSETS	Value	LIABILITIES	Monthly P'mnt	Value
Cash on Hand & in Banks	\$	Accounts Payable	\$	\$
Marketable Securities	\$	Taxes Payable	\$	\$
Cash Value of Life Ins.	\$	Credit Cards	\$	\$
Primary Residence	\$	Other Personal Loans	\$	\$
Other Real Estate <i>(list below)</i>	\$	Personal Mortgage(s)	\$	\$
Retirement Accounts	\$	Other Mortgage(s)	\$	\$
Privately Held Business(es)	\$	Business Loans	\$	\$
Personal Property	\$	Other Liabilities	\$	\$
Other Assets <i>(describe)</i>	\$		\$	\$
	\$		\$	\$
Total Assets	\$	Total Liabilities	\$	\$
		Net Worth (Assets - Liabilities)		\$

DETAILED SCHEDULE OF INVESTMENT REAL ESTATE

Property Address	Property Type	Market Value	Gross Monthly Rental Income	Monthly Payment	Mortgage Balance

X

Signature _____ Printed _____ Date _____

X

Signature _____ Printed _____ Date _____