

COMMERCIAL LOAN APPLICATION



Application Received Date: _____



Western Security Bank
2812 1st Ave N. Billings, MT 59101
406.371.8200

If more than one applicant is applying for financing, indicate if you are applying jointly by initialing below

Applicant

Co-Applicant

APPLICANT BUSINESS ENTITY

Is your business a Corporation LLC LLP Partnership Trust

Legal Business Name: _____

Mailing Address: _____

Please Complete Officers/Partners/Members Section as applicable

Physical Address: _____

City/State/Zip: _____

Tax ID#: _____

Business Phone: _____ Cell Phone: _____ Fax Number: _____

Email Address: _____

OFFICERS / PARTNERS / MEMBERS

Only to be completed if the applicant is a Business Entity

Name	% of Ownership	Title	Social Security #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

APPLICANT INDIVIDUAL OR SOLE PROPRIETOR

Is your business a Sole Prop. Business Individual(s)

Applicant Name: _____ Co-Applicant Name: _____

Applicant Birthdate: _____ Co-Applicant Birthdate: _____

DBA Business Name, If applicable: _____

Mailing Address: _____

Physical Address: _____

City/State/Zip: _____

Applicants SSN# _____ Co-Applicant's SSN# _____

Business Phone: _____ Cell Phone: _____ Fax Number: _____

Email Address: _____

INFORMATION ABOUT YOUR BUSINESS

Are you current on all Payroll, Income and Property Taxes? Yes No

Is your business registered with the Secretary of State? Yes No

Is the business or any members a defendant in a suit or legal action? Yes No

Has the business or any members gone through bankruptcy or has a judgment against them? Yes No

Number of Employees (including subsidiaries and affiliates):

At Time of Application _____ If loan is Approved _____ Subsidiaries or Affiliates _____

PROFESSIONALS AND REFERENCES:

I hereby authorize Lender to contact the below listed references

Accountant:	_____	Phone #:	_____
Attorney:	_____	Phone #:	_____
Insurance Agent:	_____	Phone #:	_____
Trade Reference:	_____	Phone #:	_____
Trade Reference:	_____	Phone #:	_____

LOAN REQUEST

Amount \$ _____ Term: _____

Purpose of Loan: _____

Source of Repayment: _____

Type of Collateral Offered

If the purpose of this credit is the purchase, refinance, or improve a residential dwelling, manufactured home park or multi family dwelling and the applicant is a natural person, go to the Demographic Information Section.

Collateral Description or Address	Estimated Value
_____	\$ _____
_____	\$ _____
_____	\$ _____

In addition – Please provide the following:

1. **Business Financial Statements (Balance Sheet & Income Statements) for the last three fiscal years and year-to-date information.**
2. **Business Federal Tax Returns for past three years.**
3. **Current personal financial statement and past three years Federal Tax Returns on each 20% or greater owner. Please provide the complete return with all schedules and attachments, including form K-1's.**
4. **Projections for the next twelve months.**
5. **Any additional information you feel is material in providing us information concerning your loan request.**

ACKNOWLEDGEMENT AND AGREEMENT

Pursuant to the National Privacy Law that took effect July 1, 2001, I authorize Glacier Bank to obtain verification of any information needed to complete my loan request. This information includes but is not limited to my bank account, other assets, employment earning record and the need to order a consumer credit report. I further authorize anyone to accept a photocopy or facsimile of this document as his or her authorization to release such information, including detailed payoff information, to Glacier Bank.

Right to Receive a copy of Appraisal & Valuations for 1st Lien Dwelling secured transactions (Required under 12 CFR § 1002.14). We may order an appraisal to determine the property's value and charge you for this appraisal. We will promptly give you a copy of any appraisal, even if your loan does not close. You can pay for an additional appraisal for your own use at your own cost.

Everything that I/we have stated in this application is correct to the best of my/our knowledge. I/We understand that you will retain this application whether or not my/our request is approved.

Applicant Signature

Date

Applicant Signature

Date

DEMOGRAPHIC INFORMATION OF BORROWER

The purpose of collecting this information is to help ensure that all applicants are treated fairly and that the housing needs of communities and neighborhoods are being fulfilled. For residential mortgage lending, Federal law requires that we ask applicants for their demographic information (ethnicity, race and sex) in order to monitor our compliance with Equal Credit Opportunity, Fair Housing and Home Mortgage Disclosure laws. You are not required to provide this information but are encouraged to do so. You may select one or more designations for "Ethnicity" and one or more designations for "Race". **The law provides that we may not discriminate** on the basis of this information, or on whether you choose to provide it. However, if you choose not to provide the Information and you have made this application in person, Federal regulations require us to note your ethnicity, race, or sex on the basis of visual observation or surname. The law also provides that we may not discriminate on the basis of age or marital status information you provide in this application. If you do not wish to provide some or all of this information, please check below.

Only complete this if the Applicant or Co-Applicant is a natural person and the purpose of credit is to purchase, improve or refinance a dwelling.

Applicant	Co-Applicant
<p>Ethnicity</p> <p><input type="checkbox"/> Hispanic or Latino—Check one or more below</p> <ul style="list-style-type: none"> <input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Other Hispanic or Latino – Print origin, for example Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on: _____. <p><input type="checkbox"/> Not Hispanic or Latino</p> <p><input type="checkbox"/> I do not wish to provide this information</p>	<p>Ethnicity</p> <p><input type="checkbox"/> Hispanic or Latino—Check one or more below</p> <ul style="list-style-type: none"> <input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Other Hispanic or Latino – Print origin, for example Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on: _____. <p><input type="checkbox"/> Not Hispanic or Latino</p> <p><input type="checkbox"/> I do not wish to provide this information</p>
<p>Race: Check one or more</p> <p><input type="checkbox"/> American Indian or Alaska Native – Print name of enrolled or principal tribe: _____.</p> <p><input type="checkbox"/> Asian</p> <ul style="list-style-type: none"> <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian – Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian and so on: _____. <p><input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander</p> <ul style="list-style-type: none"> <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander – Print race, for example, Fijian, Tongan, and so on: _____. <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> I do not wish to provide this information</p>	<p>Race: Check one or more</p> <p><input type="checkbox"/> American Indian or Alaska Native – Print name of enrolled or principal tribe: _____.</p> <p><input type="checkbox"/> Asian</p> <ul style="list-style-type: none"> <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian – Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian and so on: _____. <p><input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander</p> <ul style="list-style-type: none"> <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander – Print race, for example, Fijian, Tongan, and so on: _____. <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> I do not wish to provide this information</p>
<p>Sex</p> <p><input type="checkbox"/> Female</p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> I do not wish to provide this information</p>	<p>Sex</p> <p><input type="checkbox"/> Female</p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> I do not wish to provide this information</p>

FOR BANK USE ONLY

To Be Completed by Financial Institution (for an in person application and subject to Demographic Information)

Was the ethnicity of the applicant collected on the basis of visual observation or surname? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable, Applicant is a business entity	Was the ethnicity of the co-applicant collected on the basis of visual observation or surname? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable, Applicant is a business entity															
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*** Bank Use Only ***																
Existing Glacier Bank Customer? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, description of document(s) used to verify the customer's identity																
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Document Type</th> <th style="width: 20%;">ID number</th> <th style="width: 20%;">Place of Issuance</th> <th style="width: 15%;">Date of Issuance</th> <th style="width: 15%;">Expiration Date</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;">Applicant</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">Co-Applicant</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> </tr> </tbody> </table>	Document Type	ID number	Place of Issuance	Date of Issuance	Expiration Date	Applicant					Co-Applicant				
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