

BUSINESS LOAN APPLICATION

IMPORTANT APPLICATION INFORMATION: Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. When you apply for a new loan account, we will ask for your name, address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. In some instances, we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

CREDIT REQUEST INFORMATION Amount Requested: \$ <input style="width: 150px;" type="text"/> <input type="checkbox"/> New <input type="checkbox"/> Increase <input type="checkbox"/> Renewal <input type="checkbox"/> Business Line of Credit <input type="checkbox"/> Business Term Loan	Purpose of Funds: <input type="checkbox"/> Seasonal Cash Flow <input type="checkbox"/> Carry Receivables <input type="checkbox"/> Purchase Equipment <input type="checkbox"/> Trade Discounts <input type="checkbox"/> Purchase Inventory <input type="checkbox"/> Other _____	TERM (loans only) <input type="checkbox"/> 2 years <input type="checkbox"/> 4 years <input type="checkbox"/> 3 years <input type="checkbox"/> 5 years
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CREDIT REQUEST:
 You may apply for credit in your business/personal name alone, with a spouse or any other person, regardless of marital status.
I am applying (please check one):
 In my individual name alone (My spouse's or registered domestic partner's income will not be used to qualify me unless he/she is a co-applicant)
 In my business name only
 Jointly with my spouse or registered domestic partner Jointly with _____ (who is not my spouse or registered domestic partner)

GENERAL BUSINESS INFORMATION

Business Name / DBA (if applicable)	Business Phone	E-Mail address		
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>		
Business Address	City	State	Zip	
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
Tax I.D. No.	Annual Sales	Date Business Established (mo / yr)	Date of Current Ownership (mo / yr)	# of employees
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Description of Business	Business Checking Balance	Name of Bank (Business Account)		
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>		
Has the Business incurred a loss in the past 3 years?	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Are there any State or Federal taxes owed by the business?	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Is the Business for sale or under agreement that would change the ownership of the business?	<input type="checkbox"/> YES <input type="checkbox"/> NO			

BUSINESS TYPE (CHECK ONE)

Sole Proprietorship
 Corporation
 S. Corporation
 Partnership
 LLC
 Trust
 Other _____

Please provide copies of legal documents (i.e., article of inc., partnership agreement(s), DBA, etc.)

PERSONAL INFORMATION

Principal 1 Name Home Phone % Ownership Do you have ownership in any other companies / businesses? Title

 YES NO

Home Address Social Security Number Date of Birth

City State Zip Time at Address (mo/yr) Monthly Payment

Total Assets Total Liabilities Value of Residence Mortgage Balance Value in Business

Monthly Salary Other Income Monthly Revolving Payments Monthly Note Payments Have you ever declared Bankruptcy?

Current Balance of All Checking Accounts Current Balance of All Savings Accounts Current Balance of All Stocks & Bonds (excluding retirement)

Principal 2 Name Home Phone % Ownership Do you have ownership in any other companies / businesses? Title

 YES NO

Home Address Social Security Number Date of Birth

City State Zip Time at Address (mo/yr) Monthly Payment

Total Assets Total Liabilities Value of Residence Mortgage Balance Value in Business

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Principal 3 Name Home Phone % Ownership Do you have ownership in any other companies / businesses? YES NO Title

Home Address Social Security Number Date of Birth

City State Zip Time at Address (mo/yr) Monthly Payment

Total Assets Total Liabilities Value of Residence Mortgage Balance Value in Business

Monthly Salary Other Income Monthly Revolving Payments Monthly Note Payments Have you ever declared Bankruptcy?

Current Balance of All Checking Accounts Current Balance of All Savings Accounts Current Balance of All Stocks & Bonds (excluding retirement)

For the purpose of obtaining the credit described above, and any future credit granted to the undersigned by the creditor named above, the undersigned, jointly and severally, (1) represent that the above statements are true and complete, (2) authorize the creditor named above, or its agents, to verify them and obtain additional information concerning our credit, employment history or any other information, including credit reports (although creditor may rely on these statements without any further verification), to furnish such information and any other credit experience with me to others, and to answer any questions about our credit experience and other financial relationships with the creditor, and (3) agree to the provisions of any rules, regulations or agreements of the creditor named above governing such credit.

I/We authorize I/We do not authorize Heritage Oaks Bank to consider my application information for placement in the appropriate Bank or SBA loan product. *Government guaranteed loan products (SBA) may include fees separate from Heritage Oaks Bank.*

Date: _____ Signature: _____ Title: _____
 Date: _____ Signature: _____ Title: _____
 Date: _____ Signature: _____ Title: _____

For Bank Use Only: Branch #: _____ Officer / Contact: _____ Date Received: _____
CRA INFORMATION
 USE OF FUNDS ADDRESS: Street Address _____ City _____ State _____ Zip _____

If you would like to have your application considered for Government guaranteed loan products (SBA), please complete the following:

Industry Category: Manufacturer Wholesaler Service Retail

Describe your product / service (if necessary, attach your description):

of current employees # of jobs created by this new credit # of jobs retained by this new credit

Where do you hold your Business Accounts? Current Balance of all Business Deposit Accounts

Current Year Net Profit <input type="text"/>	Net Profit As Of <input type="text"/>	Business Net Worth <input type="text"/>	Business Net Worth As Of <input type="text"/>	Three years Gross Annual Business Revenues Year _____ \$ _____ Year _____ \$ _____ Year _____ \$ _____
Business Assets <input type="text"/>	Business Assets As Of <input type="text"/>	Business Liabilities <input type="text"/>	Business Liabilities As Of <input type="text"/>	

Is your business a franchise? YES NO
 Are any of your business products and services exported? YES NO
 Do you plan to begin exporting as a result of this loan? YES NO
 If yes, please estimate the total export sales this loan will support \$ _____
 Have you, the business or its affiliates ever obtained government financing? YES NO
 *If yes, did any of this financing ever default and cause a loss to the government? YES NO
 *If yes, is the loan current OR paid in full?

Please indicate below if any of the applicants:

- Are you presently under indictment (on parole or probation)? YES NO
Which applicant(s)? _____
- Have you ever been charged with or arrested for any criminal offense other than a minor vehicle violation (including offenses which have been dismissed, discharged, or not prosecuted)? YES NO
Which applicant(s)? _____
- Have you ever been convicted, placed on pre-trial diversion, or placed on any form of probation (including adjudication withheld pending probation for any criminal offense other than a minor vehicle violation)? YES NO
Which applicant(s)? _____
- Are you presently debarred, suspended, proposed for disbarment, declared ineligible or voluntarily excluded from participation in this transaction by any federal department or agency? YES NO
Which applicant(s)? _____
- If a 50% or more owner of applicant business: Are you more than 60 days delinquent on any obligation to pay child support arising under and administrative order, court order, or repayment agreement between the holder and a custodial parent or repayment agreement between a holder and a state agency providing child support enforcement services? YES NO
- Are you a veteran of the armed forces? YES NO
Which applicant(s)? _____
- If yes, was service between June 1964 and August 1973? YES NO
Which applicant(s)? _____
- Is the business or its owners a party to any claim or lawsuit? YES NO
Which applicant(s)? _____
- Does the business or its owners owe any delinquent Local, State or Federal Taxes? YES NO
Which applicant(s)? _____