



# COMMERCIAL CREDIT APPLICATION

Credit Request: \$ \_\_\_\_\_

**Customer Credit Information Requirements\***

This application form plus two (2) years' business and personal financial statements.\*\*

\* · Note: Non-profit organizations must include complete business financial statements for all credit requests.

\*\* Financial statements include tax returns and current interims. Start-up businesses must supply projections and business plans.

**Please indicate the type of credit that you are applying for.**

**Ready Reserve Credit** (\$10,000 max.)  
(Overdraft Protection Account)  
Checking Account #: \_\_\_\_\_  
Complete Sections A and D

**Business VISA Cards**  Increase  
Account # \_\_\_\_\_  
Total credit requested: \$ \_\_\_\_\_  
Complete Sections A, B, C and E

**Letter of Credit**  
Amount requested: \$ \_\_\_\_\_  
Maturity Date: \_\_\_\_\_  
Complete Sections A, B, C and D

**Small Business Line of Credit**  
 New  Renew  Increase  
 SBA/Government Guaranteed Loan  
Total credit requested: \$ \_\_\_\_\_  
If renewal, Account # \_\_\_\_\_  
Complete Sections A, B, C and D

**Commercial Mortgage OR**  
 SBA/Government Guaranteed Loan  
 **Business Term Loan**  
 SBA/Government Guaranteed Loan

Term requested: \_\_\_\_\_  
Total credit requested: \$ \_\_\_\_\_  
Down Payment: \$ \_\_\_\_\_  
Purpose: \_\_\_\_\_

Are you interested in credit life and/or disability insurance?  
(Available on Term Loans only)  Yes  No  
Complete Sections A, B, C and D

**A. BUSINESS PROFILE**

Legal Name: \_\_\_\_\_  
Date Established: \_\_\_\_/\_\_\_\_/\_\_\_\_ Tax ID Number: \_\_\_\_\_  
Nature of Business: \_\_\_\_\_  
SIC Code: \_\_\_\_\_ # of Employees: \_\_\_\_\_  
Annual Sales: \$ \_\_\_\_\_

Contact Name and Title: \_\_\_\_\_  
\_\_\_\_\_

Phone #: ( ) \_\_\_\_\_ FAX #: ( ) \_\_\_\_\_  
Street Address (No P. O. Box): \_\_\_\_\_

City / State / ZIP: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City / State / ZIP: \_\_\_\_\_

S Corp  PS Corp  Ltd Partnership  Sole Proprietor  
 Non Profit  C Corp  LLC  Gen Partnership  Other

Account # Balance - CNB Balance - Other Bank

Checking: \$ \_\_\_\_\_ | \$ \_\_\_\_\_ | \$ \_\_\_\_\_

Savings: \$ \_\_\_\_\_ | \$ \_\_\_\_\_ | \$ \_\_\_\_\_

**B. BUSINESS FINANCIAL INFORMATION**

Cash and Marketable Securities: \$ \_\_\_\_\_  
as of \_\_\_\_/\_\_\_\_/\_\_\_\_

Total Assets Total Liabilities Net Worth

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Annual: Depreciation Expense Interest Expense Net Income

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

**C. COLLATERAL**

Please provide information for the assets you wish to use as collateral.

Real Estate  
Street Address: \_\_\_\_\_  
City / State / ZIP: \_\_\_\_\_  
County: \_\_\_\_\_ Appraised Value: \$ \_\_\_\_\_  
Mortgage Holder: \_\_\_\_\_  
Current Mortgage Balance: \$ \_\_\_\_\_

Vehicle  Equipment  Business Assets  Other  
Description: \_\_\_\_\_ Assessed Value: \$ \_\_\_\_\_

If the collateral being used to secure a loan is commercial real estate, please attach a legal description. If the collateral includes a

dwelling you have the right to a copy of the appraisal report used in connection with your application for credit, if any. If you would like a copy, please telephone (513) 746-1520 no later than 90 days after we notify you about the action taken on your credit application.

**D. GUARANTOR INFORMATION**

All business owners must guarantee bank and credit card debt (See below). Use a second application if more than two business owners.

Name/Title 1: \_\_\_\_\_  
Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN: \_\_\_\_\_  
Home Address: \_\_\_\_\_

City / State / ZIP: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

**E-Mail:** \_\_\_\_\_  
Monthly: Gross Income\* Mortgage/Rent Payment  
\$ \_\_\_\_\_ \$ \_\_\_\_\_

Time as Owner: \_\_\_\_\_ Pct of Ownership: \_\_\_\_\_ %  
Personal Assets Personal Debts Personal Net Worth  
\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Name/Title 2: \_\_\_\_\_  
Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN: \_\_\_\_\_  
Home Address: \_\_\_\_\_

City / State / ZIP: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

**E-Mail:** \_\_\_\_\_  
Monthly: Gross Income\* Mortgage/Rent Payment  
\$ \_\_\_\_\_ \$ \_\_\_\_\_

Time as Owner: \_\_\_\_\_ Pct of Ownership: \_\_\_\_\_ %  
Personal Assets Personal Debts Personal Net Worth  
\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

\* Income from alimony, child support or separate maintenance payments need not be revealed if you do not wish to have it considered as a basis for repayment of this obligation.

**E. CREDIT CARD REQUESTS** (Guarantors: Please sign bottom of form.)

Name \_\_\_\_\_  ATM  Check  
Name \_\_\_\_\_  ATM  Check  
Authorized Users – No signature required

Name \_\_\_\_\_  ATM  Check  
SSN: \_\_\_\_\_ Card Limit: \$ \_\_\_\_\_

Name \_\_\_\_\_  ATM  Check  
SSN: \_\_\_\_\_ Card Limit: \$ \_\_\_\_\_

**NOTICE:** The Ohio laws against discrimination require that all creditors make credit equally available to all credit worthy customers, and that credit reporting agencies maintain separate histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law .

**Applicant Statement and Signatures.** By signing this application, the Guarantor and the Business (1) as to the bank card and/or credit card as indicated above to be issued by the bank (a) request a credit account to be established in the name of the business, (b) request bank cards to be issued on that account to the individuals, employees or partners listed on this application, and (c) agree to be bound by the terms and conditions of the agreement governing use of the card(s) which will be forwarded to the Business in the event this application is approved; and (2) generally, (a) authorize the investigation, receipt and exchange of credit information and trade references on the Guarantors, principals/owners and the Business, (b) agree to promptly provide additional information requested, (c) warrant the Authorized Business Signer has all requisite authority to sign this application on behalf of the Business, and (d) certify the information herein and other supporting information submitted to the bank is true and correct in all respects.

Signature of Authorized Business Signer (Must be an individual authorized to obligate the Business).

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**G. GUARANTOR SIGNATURES**

Each Guarantor unconditionally guarantees, and promises to pay, jointly and severally, all present and future obligations and liabilities of the Business identified in this application ("Business") under all agreements with The Community National Bank and its assignees ("Bank") and any extensions, increases, modifications or renewal thereof, governing any business loans, including without limitation, any credit cards issued to the Business. It shall not be necessary for Bank to resort to or to exhaust its remedies against the Business or any other party liable with respect to such guaranteed obligations, or to resort to or marshal any property held as security therefore, before calling upon Guarantor(s) for payment or performance hereunder Guarantor(s) waives all notices and defenses to which Guarantor(s) might otherwise be entitled by law, including but not limited to Business' lack of authority to enter into this Agreement, any Lost or stolen credit card losses any fraudulent or other unauthorized use of a credit or other bank card and all notices of all increase in the approved credit, and waives presentment demand for payment, notice of dishonor, protest and notice of protest and nonpayment. Guarantor authorizes Bank or any credit bureau or other investigative agency used by Bank to investigate the information on this application at any time. Guarantor further authorizes Bank and its affiliates to share all information provided on this application or in any credit bureau report, or experience or other information regarding this account.

Signature of Guarantor: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of Guarantor: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_