



# Small Business Lending Application

**Important Information About Procedures for Opening a New Account:** To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

**What This Means for You:** When you open an account, we will ask you 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.

## SPECIFICS OF LOAN REQUEST

|                       |                                 |
|-----------------------|---------------------------------|
| Amount of Request:    | Term (No. of Months) Requested: |
| Purpose/Use of Funds: |                                 |
| Collateral:           |                                 |

## BORROWER INFORMATION

|                                                                                                                                                                                                                                                                       |                            |                           |                 |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|-----------------|-----------------|
| Business Name or TBD for New Entities:                                                                                                                                                                                                                                |                            | DBA Name:                 |                 |                 |
| Street:                                                                                                                                                                                                                                                               | City:                      | County:                   | State:          | Zip:            |
| Telephone Number:                                                                                                                                                                                                                                                     |                            | Business Email:           |                 |                 |
| Legal Status:<br><input type="checkbox"/> Partnership <input type="checkbox"/> "C" Corporation <input type="checkbox"/> "S" Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Sole Proprietorship           State of Incorporation/Organization _____ |                            |                           |                 |                 |
| Nature of Business:                                                                                                                                                                                                                                                   |                            |                           |                 |                 |
| Tax ID Number:                                                                                                                                                                                                                                                        | Date Business Established: | Present Management Since: | # of Locations: | # of Employees: |

## BORROWER FINANCIAL INFORMATION

|                                |                    |                                  |
|--------------------------------|--------------------|----------------------------------|
| Most Recent Year's Tax Return: | Gross Revenue:     | Ordinary Business Income (Loss): |
| Depreciation Expense:          | Interest Expense:  | Officer's Compensation:          |
| Total Assets:                  | Total Liabilities: | Net Worth/Equity:                |

## GUARANTOR INFORMATION (for all principals who own 20% or greater)

|                                                                       |             |                       |                |
|-----------------------------------------------------------------------|-------------|-----------------------|----------------|
| 1) Name (First, MI, Last):                                            | SSN:        | % of Ownership:       | Date of Birth: |
| Title:                                                                | Email:      | Mother's Maiden Name: |                |
| Street:                                                               | City:       | State:                | Zip:           |
| Home Phone:                                                           | Cell Phone: |                       |                |
| Affiliate Business Owned: Affiliate Business Name and % of Ownership: |             |                       |                |

## GUARANTOR INFORMATION (for all principals who own 20% or greater) – continued

|                                                                                                                                      |  |                         |                       |                                                                                   |
|--------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------|-----------------------|-----------------------------------------------------------------------------------|
| 2) Name (First, MI, Last):                                                                                                           |  | SSN:                    | % of Ownership:       | Date of Birth:                                                                    |
| Title:                                                                                                                               |  | Email:                  | Mother's Maiden Name: |                                                                                   |
| Street:                                                                                                                              |  | City:                   | State:                | Zip                                                                               |
| Home Phone:                                                                                                                          |  | Cell Phone:             |                       |                                                                                   |
| Affiliate Business Owned: Affiliate Business Name and % of Ownership:                                                                |  |                         |                       |                                                                                   |
| 3) Name (First, MI, Last):                                                                                                           |  | SSN:                    | % of Ownership:       | Date of Birth:                                                                    |
| Title:                                                                                                                               |  | Email:                  | Mother's Maiden Name: |                                                                                   |
| Street:                                                                                                                              |  | City:                   | State:                | Zip                                                                               |
| Home Phone:                                                                                                                          |  | Cell Phone:             |                       |                                                                                   |
| Affiliate Business Owned: Affiliate Business Name and % of Ownership:                                                                |  |                         |                       |                                                                                   |
| 4) Name (First, MI, Last):                                                                                                           |  | SSN:                    | % of Ownership:       | Date of Birth:                                                                    |
| Title:                                                                                                                               |  | Email:                  | Mother's Maiden Name: |                                                                                   |
| Street:                                                                                                                              |  | City:                   | State:                | Zip                                                                               |
| Home Phone:                                                                                                                          |  | Cell Phone:             |                       |                                                                                   |
| Affiliate Business Owned: Affiliate Business Name and % of Ownership:                                                                |  |                         |                       |                                                                                   |
| Are all the above U.S. Citizens? <input type="checkbox"/> Yes <input type="checkbox"/> No                                            |  |                         |                       |                                                                                   |
| If the answer is NO, please list the name of the individual(s) and their country of citizenship and permanent resident alien status. |  |                         |                       |                                                                                   |
| Name:                                                                                                                                |  | Country of Citizenship: |                       | Perm. Resident Alien?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| Name:                                                                                                                                |  | Country of Citizenship: |                       | Perm. Resident Alien?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| Name:                                                                                                                                |  | Country of Citizenship: |                       | Perm. Resident Alien?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| Name:                                                                                                                                |  | Country of Citizenship: |                       | Perm. Resident Alien?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |

## GUARANTOR QUESTIONNAIRE

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| 1. Are you presently subject to an indictment, criminal investigation, arraignment, or other means by which formal criminal charges are brought in any jurisdiction?                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Have you been arrested in the past six months for any criminal offense?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. For any criminal offense – other than a minor vehicle violation – have you ever: 1) been convicted; 2) plead guilty; 3) plead nolo contendere; 4) been placed on pretrial diversion; or 5) been placed on any form of parole or probation (including probation before judgment)?                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Has an application for the loan you are applying for now ever been submitted to SBA or to a Certified Development Company or lender in connection with any SBA program?                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Are you presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency?                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. If you are at least a 50% or more owner of the Applicant business, are you more than 60 days delinquent on any obligation to pay child support arising under an administrative order, court order, repayment agreement between the holder and a custodial parent, or repayment agreement between the holder and a state agency providing child support enforcement services?                                                                                                                                                                                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Are any of your business' products or services exported or do you plan to begin exporting as a result of this loan? If "yes", provide the estimated total export sales this loan will support.                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Is your business a franchise?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Does the Applicant business have any Affiliates? (20%+ ownership in another entity)                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Have you, the Applicant, its Affiliates, or any business owned or controlled by you or any Associates ever obtained a direct or guaranteed loan from SBA or any other Federal agency or been a guarantor on such a loan? (This includes student loans and disaster loans). <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If you answered "Yes", is any of the financing delinquent? <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered "Yes", did any of this financing ever default or cause a loss to the Government? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11. Are any of the Applicant's revenues derived from gambling or from the sale of products or services, or the presentation of any depiction, displays or live performances of a prurient sexual nature?                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 12. Do you anticipate any monthly cash deposits? If yes, please provide an estimate. \$ _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 13. Do you accept Direct Deposits and Wire Transfers? If yes, please attach an explanation.                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 14. Do you own a private ATM?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 15. Are you acting as an internet gambling business?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 16. Do you provide Check Cashing? If yes, please attach an explanation.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 17. Do you provide Money Orders? If yes, please attach an explanation.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 18. Do you provide a lottery service? If yes, please attach an explanation.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 19. Will you be conducting business as a Money Store?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 20. Are you a Politically Exposed Person (PEP)? If yes, please attach an explanation.                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 21. Have you ever file bankruptcy? If yes, please attach an explanation.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Yes <input type="checkbox"/> No |

## INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The following information is requested by the U.S. Small Business Administration in order to monitor that SBA assistance is being provided to diverse populations. You are not required to furnish this information, but please provide both ethnicity and race. For race, you may check more than one designation. If you choose not to furnish ethnicity, race, or gender information, and you have made this application in person, under Federal regulations we are required to note that information on the basis of visual observation or surname. If you do not wish to furnish the information please check the box below. (Lender must review the above material to assure that the disclosures satisfy all requirements to which to lender is subject under applicable state law for the particular type of loan applied for.)

|                             |                                                                                         |                                                 |                                                    |                                 |                                                              |
|-----------------------------|-----------------------------------------------------------------------------------------|-------------------------------------------------|----------------------------------------------------|---------------------------------|--------------------------------------------------------------|
| Co-Applicant                | <input type="checkbox"/> I do not wish to furnish gender, race or ethnicity information |                                                 |                                                    |                                 |                                                              |
| Race (Check all that apply) | <input type="checkbox"/> American Indian or Alaska Native                               | <input type="checkbox"/> Asian                  | <input type="checkbox"/> Black or African American | <input type="checkbox"/> White  | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| Ethnicity                   | <input type="checkbox"/> Hispanic or Latino                                             | <input type="checkbox"/> Not Hispanic or Latino | Gender                                             | <input type="checkbox"/> Female | <input type="checkbox"/> Male                                |

## APPLICANT CERTIFICATION & AUTHORIZATION TO RUN PERSONAL CREDIT

I hereby apply for the loan or credit described in this application on behalf of the applicant business. I certify that I made no misrepresentations in this loan application or in any related documents, that all information is true and complete, and that I did not omit any important information. I agree that any property securing the loan or credit will not be used for any illegal or restricted purpose. Lender is authorized to verify with other parties and to make any investigation of my credit, either directly or through any agency employed by the Lender for that purpose. Lender may disclose to any other interested parties information as to Lender's experiences or transactions with my account. I understand that Lender will retain this application and any other credit information Lender receives, even if no loan or credit is granted. These representations and authorizations extend not only to Lender, but also to any insurer of the loan and to any investor to whom Lender may sell all or any part of the loan. I further authorize Lender to provide any such insurer or investor any information and documentation that they may request with respect to my application, credit or loan.

Lender may be relying on the creditworthiness of an individual other than the Applicant for the business loan. Because of my relationship to the Applicant or my role in the accommodation of the loan, my personal creditworthiness is a factor in the evaluation of the application or accommodations for the loan. By signing below, I authorize Lender to obtain a consumer credit report on me for the purpose of the evaluating the loan applicant.

I authorize Dogwood State Bank to pull Tax Transcripts from the Internal Revenue Service as part of their application process. In addition, I will provide signed 4506t forms for all entities and guarantors involved in this transaction.

|                                |                        |      |
|--------------------------------|------------------------|------|
| Applicant Signature            | Printed Name and Title | Date |
| Guarantor Signature (Required) | Printed Name and Title | Date |
| Guarantor Signature (Required) | Printed Name and Title | Date |
| Guarantor Signature (Required) | Printed Name and Title | Date |
| Guarantor Signature (Required) | Printed Name and Title | Date |