



| NATURE OF YOUR REQUEST | |
|--|---------------------|
| Loan Request: \$ | Collateral Offered: |
| Term (# months) of Loan: | Loan Purpose: |
| Payment Date: <input type="checkbox"/> 5th <input type="checkbox"/> 10th <input type="checkbox"/> 15th <input type="checkbox"/> 20th <input type="checkbox"/> 25th | |
| <input type="checkbox"/> Operating Line of Credit <input type="checkbox"/> AG Line <input type="checkbox"/> Equipment Loan <input type="checkbox"/> Real Estate Loan <input type="checkbox"/> SBA <input type="checkbox"/> Other | |

| Business Applicant Information: | | | |
|---|--------------------------------|----------------|---------|
| Name (Full Legal Name) | Street Address | City/State/Zip | TIN/SSN |
| DBA (if any) | Mailing Address (if different) | City/State/Zip | Email |
| Primary Contact / Title | Years Established | Phone # | Fax # |
| Type of Business: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> S-Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Non-Profit <input type="checkbox"/> Trust <input type="checkbox"/> Corporation <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Other: | | | |
| Description of Business (Products or Services Offered) | | | |

| Signing Authority and Guarantor Information | | | | |
|---|-------|--------------|----------------|---|
| Name | Title | Home Address | % of Ownership | Guarantor <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Name | Title | Home Address | % of Ownership | Guarantor <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Name | Title | Home Address | % of Ownership | Guarantor <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Name | Title | Home Address | % of Ownership | Guarantor <input type="checkbox"/> Yes <input type="checkbox"/> No |

* All Guarantors must provide a current personal financial statement and copy of their latest IRS Return

| Other Information: | |
|---|--|
| 1. Is the business or any guarantor a defendant in any legal action or suit? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Is the business contingently liable for any debt not disclosed in their financial statement? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Has the business or any guarantor ever declared Bankruptcy? If yes, what year? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Are any assets held separately? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Are any employment, B&O, State or Federal taxes past due? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <i>If you answer "Yes" to any of the above, please attach an explanation.</i> | |

I/We certify that all statements made in this application are true and complete and are submitted for the purposes of obtaining credit. I/We authorize Community First Bank to obtain such information or verification as required concerning the statements made in this application and from any credit reporting agency. I/We agree that the application shall remain the Bank's property whether it is approved or not.
CAUTION! Any willful misrepresentation on this application may result in a fine and/or imprisonment under U.S. Law.

I authorize Community First Bank to automatically deduct my loan payment from my CFB (checking/savings) account # _____ . Deposit account signers must be the same as the loan account signers.

| | | | |
|-------------------|------|-------------------|------|
| Signature / Title | Date | Signature / Title | Date |
| | | | |



**Important Information About New Procedures For Opening an Account
Mandated by the USA PATRIOT ACT**

To help the government fight the funding of terrorism and money laundering activities, the USA PATRIOT ACT, a 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 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.

Additional Information or Schedules Required to Complete a Business Loan Application

For All Businesses:

- 3 Years historical business Balance Sheet (with footnotes)**
- 3 Years historical business Income Statements or Tax Returns**
- Business Plan and/or Operating Budget**
- Current Interim Statement (if more than 3 months since year end)**
- Schedule of Dividends Paid, Owner withdrawals, Capital Injections**
- Schedule of Wages Paid to Owners**

For Equipment Loans:

Provide a list of Equipment including Make, Model, Serial #, Date of Purchase, Cost, Accumulated Depreciation and Estimated Market Value

List of Real Estate Owned (if more than 2 properties)

Outline the Address of each property, Date Purchased, Cost, Rental Income, Monthly Payments & Value

- Current Accounts Receivable and Accounts Payable aging list**
- Copy of Business License, Current State Registrations or Certificates**
- Copy of Business Formation Documents and Resolution or Minutes for Signing Authority**
- Contact information for your Insurance company and/or Agent**

FOR ALL GUARANTORS:

- Current Personal Financial Statement**
- 2 years Complete Tax Returns, including K-1's**
- Schedule of Real Estate owned (include addresses/cost/date purchased/income/payments/value)**

Appraisal Notice (Right to Receive)

NOTICE: If the collateral which will secure this loan is a 1-4 family residence, you have the right to a copy of the appraisal used in connection with your application for credit. If you wish to have a copy, please write to us at the following mailing address: **Community First Bank 6401 W Clearwater Ave., Kennewick WA 99336**. We must hear from you no later than ninety (90) days after we notify you about the action taken on your credit application or no later than ninety (90) days after you withdraw your application. Your written request must contain: Applicant's Name, Property Address, Branch Name where application was taken, Application Date, and mailing instructions for the copy.

If any of the above information is not available, please explain. In certain circumstance all of the above information may not be required. In other circumstances, additional information or schedules may be required. We appreciate the opportunity to consider your request. Should you have any questions, please contact your lending professional at your local branch.

FOR BANK USE ONLY

| | | | |
|--|--|---|---------------------------------------|
| Date Application Taken or Received: | | Application Taken By: | |
| Application Taken: | <input type="checkbox"/> In Person Interview | <input type="checkbox"/> By Mail | <input type="checkbox"/> By Telephone |
| | <input type="checkbox"/> Internet | <input type="checkbox"/> OFAC Completed | |