FULTON SAVINGS BANK
75 South First St
Fulton, NY 13069
(315) 592-3100

COMMERCIAL LOAN APPLICATION

DATE

On the date indicated above, the Applicant submits the following application to the Lender for the purpose of inducing the Lender to grant the Applicant credit accommodations. Applicant understands that all blanks are to be filled in by printing or typewriter, and if there is insufficient space to provide requested information the Applicant will so indicate and provide such information on separate attached schedules.

APPLICANT INFORMATION

BUSINESS NAME		**STREET ADDRESS**	
D/B/A		**CITY**	**STATE** / **ZIP**
TELEPHONE NUMBER		**LEGAL ENTITY:** ☐ *SOLE PROPRIETORSHIP* ☐ *PARTNERSHIP* ☐ *LLC* ☐ *CORPORATION* ☐ *NONPROFIT* ☐ *OTHER:*_____	
TAX ID NUMBER			
STATE & COUNTY WHERE ORGANIZED		**TYPE OF BUSINESS / ACTIVITY**	
FISCAL YEAR END	**DATE STARTED**	☐ *CURRENT FINANCIAL STATEMENTS ENCLOSED*	☐ *CURENT INCOME STATEMENT ENCLOSED*

BUSINESS OWNER(S) INFORMATION

Business Owner 1	**NAME**	**TELEPHONE NUMBER**		**SOCIAL SECURITY NUMBER**
	EMAIL ADDRESS	**TITLE**	**DATE OF BIRTH**	**% OF OWNERSHIP**
	STREET ADDRESS, CITY, STATE, ZIP CODE		☐ *PERSONAL FINANCIAL STATEMENT ENCLOSED*	
Business Owner 2	**NAME**	**TELEPHONE NUMBER**		**SOCIAL SECURITY NUMBER**
	EMAIL ADDRESS	**TITLE**	**DATE OF BIRTH**	**% OF OWNERSHIP**
	STREET ADDRESS, CITY, STATE, ZIP CODE		☐ *PERSONAL FINANCIAL STATEMENT ENCLOSED*	
Business Owner 3	**NAME**	**TELEPHONE NUMBER**		**SOCIAL SECURITY NUMBER**
	EMAIL ADDRESS	**TITLE**	**DATE OF BIRTH**	**% OF OWNERSHIP**
	STREET ADDRESS, CITY, STATE, ZIP CODE		☐ *PERSONAL FINANCIAL STATEMENT ENCLOSED*	

CREDIT REQUESTED

TYPE OF LOAN	LOAN AMOUNT	TERM *(Max 20 years)*

PURPOSE / USE OF PROCEEDS

COLLATERAL

TYPE	If Real Estate, fill in boxes below:
DESCRIPTION / ADDRESS	# OF UNITS
ESTIMATED MARKET VALUE	OCCUPANCY
LIEN POSITION	☐ *LEASES ENCLOSED (If Applicable)*
TOTAL EXISTING LIENS	

LIST OF EXISTING BUSINESS DEBTS

	Debt #1	Debt #2	Debt #3
LENDER			
LOAN TYPE			
ORIGINAL AMOUNT			
CURRENT BALANCE			
MONTHLY PAYMENT *			
MATURITY DATE			
COLLATERAL			

* If collateral is real estate, only include principal and interest portion of monthly payment, do not include escrow portion of monthly payment.

EQUAL CREDIT OPPORTUNITY NOTICE

Were your gross revenues $1,000,000 or less in your previous fiscal year? ◯ **YES** ◯ **NO**

If you answered "yes" and the Creditor denies your application for credit, you have the right to a written statement of the specific reason for denial. To obtain the statement please contact: ***Fulton Savings Bank, Loan Department, 75 South First St., Fulton, NY 13069*** within 60 days from the date you are notified of the creditor's decision. The creditor will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement. The notice at right describes additional protections extended to you.

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (providing the applicant has the capacity to enter into a binding contract); because all or a part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act, the federal agency that administers compliance with this law concerning this creditor is:
FDIC Consumer Responce Center 2345 Grand Boulevard, Suite 100 Kansas City Missouri 64108

The information and the information provided on all accompanying financial statements and schedules is provided for the purpose of obtaining credit for the Applicant(s) or for the purpose of Applicant(s) guaranteeing credit for others. Applicant(s) acknowledge that representations made in this statement will be relied on by Creditor in its decision to grant such credit. This statement is true and correct in every detail and accurately represents the financial condition of the Applicant(s) on the date given below. Creditor is authorized to make all inquiries it deems necessary to verify the accuracy of the information contained herein and to determine the creditworthiness of the Applicant(s). Applicant(s) will promptly notify Creditor of any subsequent changes which would affect the accuracy of this Statement. Creditor is further authorized to answer any questions about Creditor's credit experience with Applicant(s). Applicant(s) are aware that any knowing or willful false statements regarding the value of the above property for purposes of influencing the actions of Creditor can be a violation of federal law, 18 U.S.C. & 1014, and may result in a fine or imprisonment or both.

By signing below, each applicant declares that he/she has read and understands the statement above.

Signature	Title	Date
Signature	Title	Date
Signature	Title	Date