

## Charlotte State Bank & Trust Commercial Credit Application

Your Name(s)			
Legal Name of Borrowing Entity <i>(N/A if Borrowing as an Individual)</i>			
DBA (if applicable)		Tax I.D. Number	
Purpose of Loan:		Amount Requested:	
Owner and Guarantor Information			
Name	Social Security Number	% Ownership	Title

**Equal Credit Opportunity Notice:** The Federal **Equal Credit Opportunity Act** prohibits creditors from discriminating against credit applications on the basis of race, color, religion, national origin, sex marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or 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 Response Center  
1100 Walnut St, Box #11  
Kansas City, MO 64106

In accordance with Section 326 of the USA PATRIOT ACT signed October 26, 2001, Federal law requires that effective October 1, 2003, all financial institutions 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 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.

**Right to Obtain a Statement of Reasons**

If your gross annual revenues in the previous fiscal year \$1,000,000.00 or less and your application is denied, you have a right to receive a written statement of the specific reasons for this denial. To obtain this statement, please contact:

**Charlotte State Bank & Trust, Attention: Loan Operations, 1100 Tamiami Trail, Port Charlotte, FL 33953**

within sixty (60) days from the date that you were notified of our decision. We will send you a written statement of reasons for denial within thirty (30) days of receiving your request. The notice below describes additional protections extended to you.

**APPRAISAL NOTICE:** If the collateral which will secure this loan is a first lien, 1-4 family dwelling, you have the right to a copy of the appraisal used in connection with your application for credit.

We may order an appraisal to determine the property's value and charge you for this appraisal. We will promptly give you a copy of any appraisal, even if you loan does not close. You can pay for an additional appraisal for your own use at your own cost.

**(If signed below by more than one party, it is acknowledged that it is the intent of all parties to apply for joint credit)**

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Borrower Date

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Borrower/Guarantor (circle one) Date

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Borrower/Guarantor (circle one) Date

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Borrower/Guarantor (circle one) Date

## Personal Financial Statement prepared for Charlotte State Bank & Trust

Name (s) \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ Business# \_\_\_\_\_

E- mail \_\_\_\_\_ Cell# \_\_\_\_\_

ASSETS	Market Value	LIABILITIES	Monthly Pmt.	BALANCE
Cash-Checking & Savings CDs, Money Market Accounts	\$	Auto Loans / Leases	\$	\$
Stocks & Bonds-Marketable Securities*:				
IRA('s) & Retirement Plan Balances*:  <i>*Please provide copy of Summary page from Statements from all brokerage and retirement accounts</i>		Other Loans		
Real Estate – total from attached Schedule		Total Real Estate Loans	Total from Attached	\$
Automobiles		Credit Cards		
Boats, RV's, Airplanes		Other		
Personal Property				
Other:				
Net Worth Business				
<b>Total Assets</b>	<b>\$</b>	<b>Net Worth: \$</b>	<b>Total Liabilities</b>	<b>\$</b>

### Contingent Liabilities/Guarantor

Name of Borrowing Entity	Name of Bank/Lender	Purpose/Collateral	Loan Balance	Monthly Payment
			\$	\$
			\$	\$
			\$	\$

The information contained in this statement is provided to induce you to extend or continue the extension of credit to the undersigned or to others upon the guaranty of the undersigned. The undersigned acknowledge and understand that you are relying on the information provided herein in deciding to grant or continue credit or to accept a guaranty thereof. Each of the undersigned represents, warrants and certifies that the information provided herein is true, correct and complete. Each of the undersigned agrees to notify you immediately and in writing of any change in name, address, or employment and of any material adverse change (1) in any of the information contained in this statement or (2) in the financial condition of any of the undersigned or (3) in the ability of any of the undersigned to perform its (or their) obligations to you. In the absence of such notice or a new and full written statement, this should be considered as a continuing statement and substantially correct.

Date \_\_\_\_\_ Signature \_\_\_\_\_ *Signature Required* \_\_\_\_\_ *Social Security Number* \_\_\_\_\_

Date of Birth \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_ *Signature Required* \_\_\_\_\_ *Social Security Number* \_\_\_\_\_

Date of Birth \_\_\_\_\_

**Schedule of Real Estate** (attach separate sheet if necessary)

Description	Purchase Date (MM/YY)	Purchase Price	Current Market Value	Lender	Mortgage Balance	Monthly Payment	Monthly Rental Income
<b>TOTALS</b>			\$		\$	\$	\$