



BUSINESS LOAN APPLICATION

Notice to Sole Proprietors: You may apply for credit in your name alone, regardless of marital status.

Instruction: This application must be filled out completely.

IMPORTANT INFORMATION ABOUT OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, Federal law requires the institutions to obtain, verify, and record information that identifies each person who opens an account/loan. What this means: We may also ask to see your driver's license, passport, or other identifying information.

Notice of Joint Intent: If this is an application for joint credit with another entity/person, please indicate below:

We intend to apply for joint credit : _____
Applicant Co-Applicant

TYPE REQUESTED <input type="checkbox"/> LOAN <input type="checkbox"/> LINE <input type="checkbox"/> OTHER _____	AMOUNT REQUESTED _____	TERM REQUESTED <input type="checkbox"/> 1YR <input type="checkbox"/> 2YRS <input type="checkbox"/> 3YRS <input type="checkbox"/> 4YRS <input type="checkbox"/> 5YEARS <input type="checkbox"/> OTHER _____	PURPOSE OF LOAN/LINE: <input type="checkbox"/> NEW <input type="checkbox"/> RENEWAL <input type="checkbox"/> PURCHASE INVENTORY <input type="checkbox"/> CARRY RECEIVABLES <input type="checkbox"/> TRADE FINANCE <input type="checkbox"/> PURCHASE EQUIPMENT <input type="checkbox"/> OTHER BUSINESS PURPOSE: _____
<input type="checkbox"/> UNSECURED <input type="checkbox"/> SECURED <input type="checkbox"/> COLLATERAL _____ GUARANTOR <input type="checkbox"/> YES <input type="checkbox"/> NO			

BUSINESS APPLICANT INFORMATION (Attach a separate sheet if necessary)

LEGAL NAME OF BUSINESS APPLICANT	BUSINESS PHONE	TAX ID NUMBER	DATE BUSINESS ESTABLISHED MO _____ YR _____	
DBA (if applicable)		NO.OF EMPLOYEES	TYPE OF BUSINESS	
KEY CONTACT - BUSINESS TITLE OR POSITION		UNDER CURRENT MANAGEMENT SINCE		
BUSINESS STREET ADDRESS	CITY	STATE	ZIP CODE	
MAILING ADDRESS (if different)	CITY	STATE	ZIP CODE	
<input type="checkbox"/> CORPORATION <input type="checkbox"/> S CORP <input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> GENERAL PARTNERSHIP <input type="checkbox"/> LIMITED LIABILITY COMPANY <input type="checkbox"/> OTHER _____				

PERSONAL INFORMATION ON OWNERS AND GUARANTORS (Attach a separate sheet if necessary)

NAME <input type="checkbox"/> APPLICANT <input type="checkbox"/> GUARANTOR	POSITION	RES. PHONE NO.	SSN	% OWNERSHIP
STREET ADDRESS		CITY	STATE	ZIP CODE
NAME <input type="checkbox"/> APPLICANT <input type="checkbox"/> GUARANTOR	POSITION	RES. PHONE NO.	SSN	% OWNERSHIP
STREET ADDRESS		CITY	STATE	ZIP CODE
NAME <input type="checkbox"/> APPLICANT <input type="checkbox"/> GUARANTOR	POSITION	RES. PHONE NO.	SSN	% OWNERSHIP
STREET ADDRESS		CITY	STATE	ZIP CODE

BUSINESS APPLICANT FINANCIAL RELATIONSHIPS (Attach a separate sheet if necessary)

BANK	ACCOUNT NUMBER	CURRENT BALANCE	AVERAGE BALANCE
ACCOUNT TYPE <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> PERSONAL <input type="checkbox"/> BUSINESS			
BANK	ACCOUNT NUMBER	CURRENT BALANCE	AVERAGE BALANCE
ACCOUNT TYPE <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> PERSONAL <input type="checkbox"/> BUSINESS			

CURRENT BUSINESS LOANS/LINES, Provide details of your business credit relationships (Attach a separate sheet if necessary)

NAME OF CREDITOR	TYPE OF LOAN Sec/Unsec/other	Date of Origination	ORIGINAL AMOUNT	BALANCE OWING	MONTHLY PAYMENT	MATURITY DATE

GENERAL BUSINESS PROFILE (Attach a separate sheet if necessary)

DESCRIBE PRODUCT, SERVICE, OR BUSINESS OPERATION, PROVIDE SAMPLES OF COMPANY BROCHURES, AS APPLICABLE: _____

MANAGEMENT SUCCESSION: INDICATE NAME(S) OF SUCCESSOR(S) TO CURRENT COMPANY MANAGEMENT: _____

COMPANY SALES INFORMATION: STEADY SEASONAL INCREASING DECREASING Annual sales for last fiscal year-end \$ _____

IF INCREASING OR DECREASING, EXPLAIN: _____

IF SEASONAL, DESCRIBE PEAK MONTHS: _____

LIST MAJOR CUSTOMERS: _____

WHAT PERCENT OF COMPANY ANNUAL SALES ARE ATTRIBUTABLE TO MAJOR CUSTOMERS? 10% ___ 20% ___ 30% ___ OTHER ___ %

HAVE THERE BEEN ANY RECENT CHANGES IN COMPANY OWNERSHIP OR MANAGEMENT? YES NO

HAVE THERE BEEN ANY RECENT PRODUCT LINE ADDITIONS OR CHANGES? YES NO

IS THERE ANY FUTURE EXPANSION PLANNED? YES NO

ARE ANY FUTURE CONSOLIDATIONS PLANNED? YES NO

ARE ANY NEW LOCATIONS OR RELOCATIONS PLANNED? YES NO

HAVE THERE BEEN ANY MAJOR CHANGES IN OPERATING RESULTS? YES NO

ARE ACCOUNTS RECEIVABLE ON INVENTORY CURRENTLY PLEDGED AS COLLATERAL? YES NO

IS THE BUSINESS AN ENDORSER, GUARANTOR OR CO-MAKER FOR OBLIGATIONS NOT LISTED O ITS FINANCIAL STATEMENTS?
 YES NO IF YES, INDICATE TOTAL CONTINGENT LIABILITY. \$ _____

IS THE BUSINESS OR GUARANTORS, A PARTY TO ANY CLAIM OR LAWSUIT? YES NO

HAS THE BUSINESS OR ANY PRINCIPAL/OWNER EVEN DECLARED BANKRUPTCY? YES NO

IF YES TO ANY OF THE ABOVE QUESTIONS, EXPLAIN: _____

Signatures (Attach a separate sheet if necessary)

The Applicant/Guarantor named above certifies that all information provided is complete, true and correct and authorizes NOA BANK to obtain credit reports, including consumer credit reports, to check the credit rating of the Applicant/Guarantor. Applicant/Guarantor authorizes the references indicated herein to release credit information to NOA BANK. Applicant/Guarantor authorizes NOA BANK to give information regarding the bank's credit experience with Applicant/Guarantor to other persons, including credit reporting agencies, if this credit is granted.

Each person signing below for the Applicant certifies that he/she is signing on behalf of the Applicant in the capacity indicated next to the signer's name that such signer is authorized to execute this Business Credit Application on behalf of the Applicant.

NOTE: If the Applicant is a corporation, this Application must be signed by the President or Chairman of the Board or any Vice President and one of the following: Secretary, Assistant Secretary, Chief Financial Officer, or Assistant Treasurer. If the Applicant is a partnership, this Application must be signed by all general partners. If the Applicant is a sole proprietorship, this Application must be signed by the owner. If the Applicant is an unincorporated association, this Application must be signed by all members. If the Applicant is the trustee under a trust agreement, this Application must be signed by all trustees. If the Applicant is a Limited Liability Company, this application must be signed by all members or, if appropriate, all managers. If the Applicant is a Limited Liability Partnership, this application must be signed by all partners or, if appropriate, all managers. Each person signing this application must indicate the capacity in which he/she is signing in the space labeled "Title".

Disclosure of Right to Receive a Copy of Appraisal

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 your loan does not close. You can pay for an additional appraisal for your own use at your own cost.

APPLICANT/GUARANTORS SIGNATURE	PRINT NAME & TITLE	DATE
APPLICANT/GUARANTORS SIGNATURE	PRINT NAME & TITLE	DATE
APPLICANT/GUARANTORS SIGNATURE	PRINT NAME & TITLE	DATE
APPLICANT/GUARANTORS SIGNATURE	PRINT NAME & TITLE	DATE
APPLICANT/GUARANTORS SIGNATURE	PRINT NAME & TITLE	DATE

FOR BANK USE ONLY * Disposition of Application

APPROVED
 DENIED
 COUNTER OFFER
 WITHDRAWN

REASON FOR DENIAL _____

COUNTER OFFER _____

METHOD OF NOTIFICATION
 VERBAL
 IN WRITING

COUNTER OFFER _____
 DATE NOTIFIED _____

LOAN OFFICER _____

NOA BANK

If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact NOA BANK at 2400 Pleasant Hill, 3rd floor, Duluth, GA 30096 (Attn: Loan Department), within 60 days from the date you are notified of your decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement.

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 (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 the Federal Deposit Insurance Corporation, Consumer Response Center, 1100 Walnut Street, Box #11, Kansas City, MO 64106

R02/2015